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)	**31 January 2023 – 9.30am**

Present

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

In Attendance

Gaye Boyd, Deputy Director of People
Louise Bussell, Chief Officer, Community Services
Lorraine Cowie, Head of Strategy and Transformation
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer, Argyll and Bute HSCP
Ruth Fry, Head of Communications and Engagement
Deborah Jones, Director of Strategic Commissioning, Planning & Performance (afternoon)
David Park, Interim Deputy Chief Executive
Elisabeth Smart, Consultant in Public Health, Item 10
Katherine Sutton, Chief Officer, Acute Services
Nathan Ware, Governance & Corporate Records Co-Ordinator (from 12.30pm)
Prof. Brian Williams, Head of Health and Social Care Sciences, UHI
Alan Wilson, Director of Estates, Facilities and Capital Planning
Natalie Booth, Board Services Assistant

1 Welcome and Apologies for absence

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

Apologies for absence were recorded from Fiona Hogg and Kate Patience-Quate. Gaye Boyd was in attendance deputising for Fiona Hogg. Brian Williams had noted that he would have to step out during the meeting.

The Chair thanked Kate Patience-Quate for her work as Interim Director of Nursing and congratulated L Bussell on her appointment as Nurse Director.

Congratulations were expressed toDr Andrew Kent from the Trauma and Orthopaedic Unit at Raigmore who had been awarded the OBE for his services to UK health support overseas and during the pandemic in the New Year Honours list, which follows his recent Global Citizenship Award at the Scottish Health Awards.

Congratulations were also given to Dr Iain Kennedy on his appointment as Chair of BMA Scotland.

2 Declarations of Conflict of Interest

A Christie stated 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 Minutes of Meeting of 29 November and Action Plan

The Board **approved** the minutes of 29 November 2023 as an accurate record subject to an amendment to item 9, NHS Highland Engagement Framework, third bullet point as follows: "Careful thought should be given to ***the commissioning of*** advocacy services especially in relation to work with those with lived experience and groups such as Highland Senior Citizens".

The Board **Noted** the Action Plan, with attention having been drawn to the actions now closed.

4 Matters Arising

There were no matters arising.

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

The Chief Executive acknowledged the dedication of the workforce in facing the challenges during the winter months with December having proved a particular challenge across health and social care throughout the region, and similarly in other health boards.

- Feedback from teams had noted the usefulness of the new Operational Pressures Escalation Levels (OPEL) notification system which helps to assess the level of activity at Raigmore Hospital. Plans are underway to roll out this system across NHS Highland. This will assist with planning around unscheduled care resilience and both scheduled care and waiting lists.
- Work was ongoing to strengthen the relationship in Integrated Children's Services that sit within Highland Council to address early intervention and arrangements.
- Work to improve Maternity Services and address the significant workforce challenges had begun and progress had been made to ensure a balance between midwifery-led births and Community Midwifery Units. A full business case would return to the next meeting of the Board.
- The Chief Executive commented that progress with the National Treatment Centre (NTC), referred to at item 11, had been very positive and the forthcoming opening of the NTC was greatly anticipated.

Following discussion, the Board, **noted** the update.

6 NHS Highland Dual Language Logo and Branding

R Fry introduced the report and confirmed that NHS Highland's Gaelic Language Plan (GLP) included a commitment to develop and use a dual-language Gaelic/English logo. This action was dependent on approval from NHSScotland and, ultimately, the Cabinet Secretary. Approval had now been granted and NHS Highland would shortly be able to begin using the new logo with a gradual roll-out focussing on the areas where replacement signage was needed.

In discussion, the following points were addressed:

- It was confirmed that the new logo would be available for the Board to see imminently, and it was expected that it would be similar to the one used by NHS Western Isles.
- It was asked if the rollout of the logo should start with patient-facing facilities. Once the design was available roll-out could be planned according to the most suitable sites. The Chair confirmed that funding would be available from Bòrd na Gàidhlig for some aspects of the signage.
- A Wilson confirmed the National Treatment Centre would have to adhere to signage plans for the UHI Inverness campus. Further details would be supplied concerning the nature of bilingual signage for the site. On this matter, P Dudek confirmed discussions were continuing about the Memorandum of Understanding with the University of Highlands and Islands.
- The Chair referred to the discussions he and the Chief Executive had with, the Director General, Caroline Lamb, and the Cabinet Secretary at the opening of Badenoch and Strathspey Hospital, and acknowledged that they had been very receptive to the idea of the new logo.

Thanks were expressed to R Fry and her team and to Nicola Thomson, Gaelic development officer.

The Board **noted** the report and took **Substantial assurance.**

PERFORMANCE AND ASSURANCE

7 Integrated Performance and Quality Report

D Park provided an overview of the report the contents of which had been seen in separate parts by the relevant governance committees. He highlighted that the Vaccination programme was ongoing, but uptake had been lower than anticipated particularly for COVID boosters but was in line with national uptake rates. There were improvements in the waiting times delivery of Drug and Alcohol services. Scheduled Care had faced challenges to return to full capacity since the pandemic, but progress continued to be made. While Cancer Services 31-day performance had shown further improvement, the 60-day performance had seen some deterioration. This was particularly a challenge across urology and colorectal pathways and an alignment of the Cancer Performance Recovery Board with the Scheduled Care Performance Recovery Board was underway.

In discussion, the following questions were raised:

- Responding to queries about Cancer Services data, it was explained that Governance Committees were presented with the data closer to its live status. The consolidated Board report was presented for assurance purposes.
- K Sutton noted a significant challenge around both the 31-day and 62-day cancer targets. Work was underway to derive predictive performance measures to help assess the volumes of patients passing through the pathways. B Peters commented that Scottish Government strategy and policy addressed early diagnosis and a couple of Health Boards had invested in creating early diagnostic centres. K Sutton advised that Highland was engaged with the Centre for Sustainable Delivery and that specialist nursing roles had been developed to look at how the workforce can be enhanced locally to address the challenges in areas such as Urology.
- Consideration was being given to developing local access to Pituitary MRI scanning and there were questions around the capital infrastructure for buildings and accommodation for cancer treatment.
- T Allison noted that NHS Highland vaccination rates had risen to above the average for Scotland since the publication of the Board report. Formal confirmation from the Joint Committee for Vaccination Immunisation of a vaccination programme for the coming year was awaited. A limited COVID vaccination programme was expected in the spring for

particularly vulnerable people, and it was anticipated that the main programme would align with the programme for influenza in the autumn.

- L Bussell noted that work was underway to address delayed discharge figures in several different areas of the service across Highland.
- There were significant challenges around delays related to Care Homes and Care At Home where issues of capacity and sustainability of service needed to be addressed.
- T Allison noted that action needed to improve alcohol and drug interventions had recently been raised at the Performance Oversight Board. From a national perspective, T Allison chaired the Public Health Group addressing maximizing alcohol interventions.
- As well as addressing the impact of lifestyle choices to reduce the risk of developing cancer, the impact of inequalities on health outcomes was an important consideration.
- In terms of encouraging smoking cessation, there is a need to revise the approach to address tobacco control and tackling addiction.
- It was possible that a degree of public complacency had contributed to the recent lower take-up rates of COVID vaccination. Higher numbers of vaccination uptake could be found among the older people due to a greater awareness of vulnerability.
- G Boyd advised that retirement data for December and January had not yet been collated and there was significant work underway to collate sickness absence and staff turnover data.
- K Sutton noted that the dedicated Unscheduled Care Performance and Recovery Board within Acute Services worked closely with clinicians to ensure their involvement in decisions. Clinicians had proposed ways of keeping elective activity going through the winter period and elective orthopaedic operating had continued throughout winter by ringfencing the ward for high priority cases.
- B Peters noted how clinicians had been key to managing the additional safety and infection control measures and other challenges since the pandemic, and there were plans to extend the ringfencing approach to other surgical areas.
- L Bussell noted significant improvement in waiting times for psychological therapies and paid tribute to the Director of Psychology, Alison Turnbull-Jukes, who had been instrumental in leading this piece of work.
- Post diagnostic support for people with dementia had seen lower figures in North Highland as opposed to Argyll and Bute. Work was underway to understand how parity could be achieved.

Following discussion, the Chair commended staff for their performance in the face of difficult circumstances.

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

The Board took a short break at 10.55am and the meeting resumed at 11.10am

8 Finance Assurance Report

Heledd Cooper reminded the Board that the 2022/2023 financial plan submitted to Scottish Government in March 2022 showed an initial budget gap of £42.272m with a proposed Cost Improvement Programme of £26.000m. No funding source was identified to close the residual gap of £16.272m. The circulated report summarised the position at Month 9 and provided a forecast through to the end of the financial year.

For the period to end December 2022 (Month 9), an overspend of £24.488m was reported. A year end position of a £22.631m overspend was forecast based on the current operational position, mitigating actions from the recovery plan, benefits from the New Medicines fund and a reduction in CNORIS expenditure. The year to date position included slippage against the savings plan of £12.488m with slippage of £16.962m forecast at financial year end.

H Cooper provided a verbal update on the budget position for 2023-2024 for which planning guidance had been received with the first draft Plan to be sent to Scottish Government by 9 February 2023. Pay allocation had been confirmed and it was assumed that funding on any pay inflation would be fully funded with the allocation for next year showing an additional 2% uplift on the baseline. A savings target of £25 million to reduce the budget gap was proposed, which represented just over 3% of the overall allocation. A National Sustainability and Value Programme had been established by Scottish Government to examine opportunities for reductions in spending and areas of better value, such as realistic medicine, cost improvement programmes, and supporting workforce and supplementary staffing at a national level. Work was ongoing to look at different savings opportunities across Health Boards with the intention of sharing good practice. Projections for next year did not include any carry forward or brokerage assumptions.

During discussion, H Cooper confirmed that there were still some reserves for Adult Social Care but that their use was part of an ongoing conversation with Highland Council around managing the financial position into next year, in the knowledge of anticipated additional pressures. It was noted that the financial position was similar across all Health Boards and Highland was not an outlier. The Chair noted there was an intense focus on this topic by the national Chairs Groups and the national Chief Executives Group.

Following consideration of the report, the Board took **Limited** assurance and **Noted** the content and form of the report.

9 Director of Public Health's Annual Report

The Board had received the 2022 Director of Public Health Annual Report which focussed on the prevention of ill health. The Report included case studies that demonstrated the value of prevention, and recommendations for action for both NHS Highland and partners.

Speaking to the Annual Report, T Allison highlighted the importance of raising the profile of prevention in Public Health. Themes such as Disability Adjusted Life Years, a measure of the impact of different diseases on health were explored in relation to areas such as efforts to tackle the impact of smoking on lung cancer. Further development in the systemisation of preventative activities would contribute to the aim of raising the prevention profile.
In discussion, the following matters were addressed:

- It was queried whether the government's Levelling Up Agenda and Green Freeports could contribute to the Public Health agenda to reduce inequalities. Discussion was invited outwith the meeting to identify collaborative opportunities with the University of the Highlands and Islands (UHI). T Allison noted the financial challenges for the work and that there is a need to be clear about the outcomes in addressing and engaging with opportunities.
- Reference was made to the use of Community Link workers and a recent Argyll and Bute IJB development session on the theme of GIRFE (Getting it Right for Everyone). T Allison noted the opportunity for Highland to learn from the GIRFE work as piloted by Argyll and Bute and how learning could be shared and effectively applied throughout the whole Board area. F Davies, Chief Officer Argyll and Bute IJB, commented on the benefit of a shared responsibility to the population across public bodies to address the issue of prevention. The IJB's Transformation Board was determined to progress its prevention workstream even in the context of financial challenges.

During discussion, the following comments were made:

- It was suggested that the report be shared with the Highland Community Planning Partnership for its consideration, together with a recent report from the Health Foundation about implementation of collaborative policy and practice on health inequalities.
- It was recognised that identifying the precise level of public expenditure on prevention was a challenge as there was an overlap between prevention and treatment. Nonetheless, previous work carried out by Scottish Government on the percentage of budget spend on prevention would be a helpful starting point to focus this activity in conjunction with delivery of the Together

We Care Strategy theme 'Stay Well'. Board members supported this approach as an area for more detailed analysis to better embed the principles of prevention and relate it to NHS Highland's performance framework and to quality impact assessments.

- Responding to a comment on the need to promote individual responsibility, T Allison highlighted the need to focus on education and behavioural change. He drew attention to the numerous influences on health and wellbeing which could render behaviour change more difficult.

The Chair asked for a progress report on recommended actions in six months' time.

Following discussion, the Board **NOTED** the Annual Report, took **Substantial** assurance from it and **AGREED** that a progress update be brought back for Board consideration in six months' time.

10 Alcohol and Drug Partnership Annual Report

The Board had been provided with the Highland Alcohol and Drugs Partnership Annual Report agreed by the Highland Community Planning Partnership on 9 December 2022 and submitted to the Scottish Government. Introducing the item, T Allison advised that the report before the Board related only to the Highland Council area and that a report for Argyll and Bute would be submitted later.

Alcohol continued to be a leading cause of illness and early death in Scotland. 1245 people died from conditions caused by alcohol in Scotland in 2021 and in the Highland Council area this number was 61. Drug-related deaths had increased since 1996 but since 2013 the upward trend had been steeper. For Scotland, in 2021, there were 1,330 drug-related deaths and in Highland the number was 35. Scottish Government had made substantial investment into reducing drug related deaths. Of relevance to the NHS was the introduction of the Medication Assisted Treatment (MAT) Standards.

It was noted that implementation of the MAT standards would require significant effort and that the teams involved had limited capacity. Links were now in place with external organisations such as Planet Youth or Winning Scotland to assist with evaluation work. Universities were also involved and the national data collection system, DAISy (Drug & Alcohol Information System) for Scotland assisted with assessing treatment and implementation of standards.

The following points were made in the discussion on the Report:

- The central role of NHS Highland as a lead agency and integration authority was fully acknowledged in terms of carrying out due diligence. The common aim between the ADPs for Highland and Argyll and Bute was to encourage a mature approach to alcohol and its health effects.
- Discussions had been held with the Minister for Drugs Policy to discuss the practical challenges of delivering a same day or rapid service across the geography of Argyll and Bute. While recognising the challenges, additional focus would be required to adopt the MAT standards and make them relevant and effective for the region.
- It was confirmed that a recent Scottish Government consultation had discussed these issues in a broad sense.

Following discussion, the Board **AGREED** to take moderate assurance from the report and **NOTED** the challenges relating to service delivery and health improvement.

Members took a lunch break at 1.05pm. The meeting reconvened at 1.35pm.

11 National Treatment Centre (NTC) Progress Update

The Board had received a progress report on the development of the National Treatment Centre (NTS-H) covering construction and technical commissioning, tenders and mobilisation, and recruitment and staffing.

Speaking to the report, D Jones advised on the progress being made across all areas of the programme and the range of risks and associated mitigation plans in place aimed at ensuring the Centre could open as planned on Monday 3rd April. Significant effort has been made to secure the clinical and support staff required with further recruitment effort ongoing. A detailed process of transfer and mobilisation had been developed to ensure that the building was equipped, that staff would be fully orientated to the location and receive training ready for the opening in April. Scottish Government had confirmed the Cabinet Secretary for Health and Social Care's availability to officially open the National Treatment Centre Highland on Monday 5th June 2023.
In discussion,

- It was acknowledged that some staff would transfer from Raigmore Hospital and their transition was being supported through the commissioning model. A detailed programme of work was underway to address any potential impact. In the short term, some agency staffing would be used to address any shortfall of NHS employed staff. Ophthalmic nursing staffing will be phased in at the NTC and it was expected that ophthalmic theatres would be open by July and operating at capacity by September.
- A handover plan had been put in place to provide assurance on the commissioning and delivery of the building and its workings.
- Given the high-profile nature of the project, there was a need for clear communications to manage patient and community expectations in terms of where treatments would take place. It was important to highlight that the Centre was a 'national' treatment centre dealing with speciality treatment and addressing national rather than local hospital wait times. Further communication work would be addressed through the associated website, social media and in discussion with the NTC-H Clinical Director.
- A series of open day events were planned for staff and Primary Care colleagues who work within the Third and Independent sector partners based on the campus. The Scottish Ambulance Service also planned to hold a media day.
- Letters were to be sent imminently to pre-assessed patients about which facility they would be asked to attend.

The Board **noted** the report and took moderate assurance from the information provided.

12 Corporate Risk Register

The Board had received a report providing an overview extract from the Corporate Risk Register, awareness of risks that were being considered for closure or additional risks to be added and an update on the processes being developed.

Speaking to the report, B Peters commented on how the Corporate Risk Register was now aligned closer to NHS Highland's strategic intent. Executive ownership of risks was scrutinised through Governance Committees and risks were reviewed by the Risk Management Steering Group and the Executive Director Group. Financial risks would be aligned with the 2023-24 financial position at the beginning of the new financial year. There was progress on the overall risk system and a report would be submitted to the March meeting of the Audit Committee.
In discussion the following comments were made:

- The rating for some of the new risks would be assigned in early course. These risks had been included in the report for the Board's early awareness and ratings would be assigned for the next iteration of the report.

- Risk 1056, on Statutory and Mandatory Training compliance, had been an ongoing risk with no discernible improvement. A request was made that examples of good practice should be sought from other Boards to assist with improvements in levels of compliance. The Board's Whistleblowing Champion relayed feedback he had received on Statutory and Mandatory training from visits he had held. The challenges around recruitment and capacity for trainer sessions had since been followed up.
- The Board would consider risk matters and risk appetite at a future development session with a report to be brought to a future Board meeting.

The Board took **Substantial** assurance from the report and agreed to undertake further work in a development session where risk appetite and alignment with the Board Strategy would be considered ahead of a decision paper.

GOVERNANCE

13 Annual Review of Code of Corporate Governance

The Board had received a report seeking approval of revised sections of the Code of Corporate Governance that had been considered and recommended by the Audit Committee on 6 December 2022.

In speaking to the report R Daly advised that the updates related to reviews of some of the Board's Committee Terms of Reference, confirmation of inclusion of the new Board members Code of Conduct and revisions to the Fraud Policy and Action Plan. The Terms of Reference for Staff Governance and Remuneration Committees would be brought for final approval at the Board meeting at the end of March. It was also noted that due to recent changes of Committee Chair positions, details of the Fraud Champion would require to be revised.

Taking into consideration the comments raised, the Board took substantial assurance from the report and:

(a) **Approved** the revisions to the Code of Corporate Governance as proposed by the Audit Committee;
(b) **Noted** that Remuneration and Staff Governance Committees' ToRs would be considered by the Audit Committee and brought to the Board in March; and
(c) **Noted** that the Revised Code of Corporate Governance would be published on the Board's website after the meeting.

14 Governance and other Committee Assurance Reports

The Board confirmed that assurance had been provided by the Board Governance Committees, the Area Clinical Forum and the Argyll and Bute IJB, and **Noted** the minutes below and associated agreed actions.

(a) Draft minute of Audit Committee 6 December 2022

The Committee Chair advised that an additional meeting had been scheduled for February to address management progress with audit actions and to receive some Internal Audit reports to relieve pressure on the scheduled meeting in March. It was also noted that the Information Commissioner Office was currently carrying out an audit of NHS Highland's compliance with data protection legislation.

(b) Draft minute of Staff Governance Committee 11 January 2023

The Committee Chair advised that a qualitative overview had been received from the Whistleblowing Champion. Important discussion had been held about metrics for workforce reporting with helpful contributions from Staff Side to consider how the data might be used for planning and forecasting. An update was also given on Medical Education's innovative work.

(c) Draft minute of Highland Health and Social Care Committee of 11 January 2023

The Committee Chair highlighted that an update had been presented on the ongoing fragility of the Care Home and Care at Home sectors. The Committee received its first district level reports which provided a good insight into local level work. The Committee would experiment with the structure and content of the district level reports with a view to achieving comparability. A Community Risk Register had been considered by the Committee. Discussions were ongoing to better address health improvement, public health and prevention and embed it more fully in the Committee Work Programme.

(d) Draft minute of Clinical Governance Committee of 12 January 2023

The Committee Chair drew the Board's attention to the substantial assurance received by the Committee on Infection Prevention and Control. The report showed the diligent work carried out during a time when flu was rife across Raigmore Hospital and that targets for two of the key indicators had been met, only just missing out on the third target.

He requested that the Board minutes record a formal note of thanks to those individuals involved.

(e) Draft minute of Area Clinical Forum of 12 January 2023

The Forum Chair said that the meeting had been productive and thanked the members of the Board and Executive team who attended and contributed to the discussion.

(f) Draft minute of Argyll and Bute IJB of 23 November 2023

The IJB Chair noted that in addition to the minutes of the November meeting, a more recent meeting had been held the previous week. She advised that performance data for Argyll and Bute could be found on the IJB's website together with the Annual Report. The Chief Social Work Officer report from the same meeting was also recommended to colleagues.

(f) Draft minute of Finance, Resources & Performance Committee of 06 January 2023

The Committee Chair noted that productive discussion had taken place on the current financial position, on the funding of Adult Social Care and on plans to address the gaps in funding.

15 Any Other Competent Business

None.

Date of next meeting - 28 March 2023

The meeting closed at **2.23pm**

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.*	*Pam Cremin* *Fiona Davies* *Boyd Peters*	***December 2022***	***Partially COMPLETED*** *Considered at Board Briefing session 24 January 2023*
NHSH BOARD MEETING 31 JANUARY 2023				
31/01/23	***5 Chief Executive's Report – Verbal Update on Emerging Issues*** *Maternity Services Business Case to be presented to the March 2023 Board meeting.*	*Katherine Sutton*	***March 2023***	***To be confirmed*** *An update will be provided by the Chief Executive at the meeting on 28 March 2023 meeting.*

Agenda Item 5

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**28th March 2023**
Title:	**Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Rhiannon Boydell, Head of Strategy and Transformation**

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Delivery Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

The North Highland Integrated Performance and Quality Report (IPQR) is a set of performance indicators used to provide a bimonthly update on the performance of our health and care system. Data is supported by a narrative on the specific outcome areas from the Executive Lead to give assurance.
We are continuing to review the IPQR to ensure it meets the needs and assurances the Board requires.

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 IPQR is an agreed set of performance indicators across the health and social care system.

2.3 Assessment

As per Appendix 1

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

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

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Through the relevant Governance Committees.

4 Recommendation

The NHS Highland Board are asked to:

- To accept moderate assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- The annual delivery plan and winter plan continue to support mitigation plans where possible.

4.1 List of appendices

The following appendices are included with this report:

- **IPGR Performance Report, March 2023**

Integrated Performance and Quality Report

March 2023

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee.

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

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

Integrated Performance & Quality Report

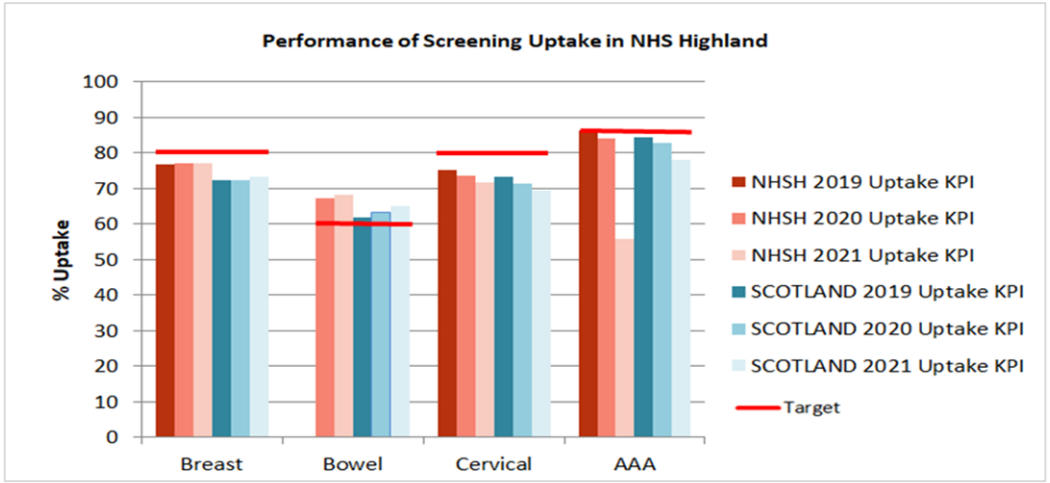
Objective 1 **Our Population**
Outcome 3 **Stay Well (Screening)**
Priority 3A ***"Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population"***

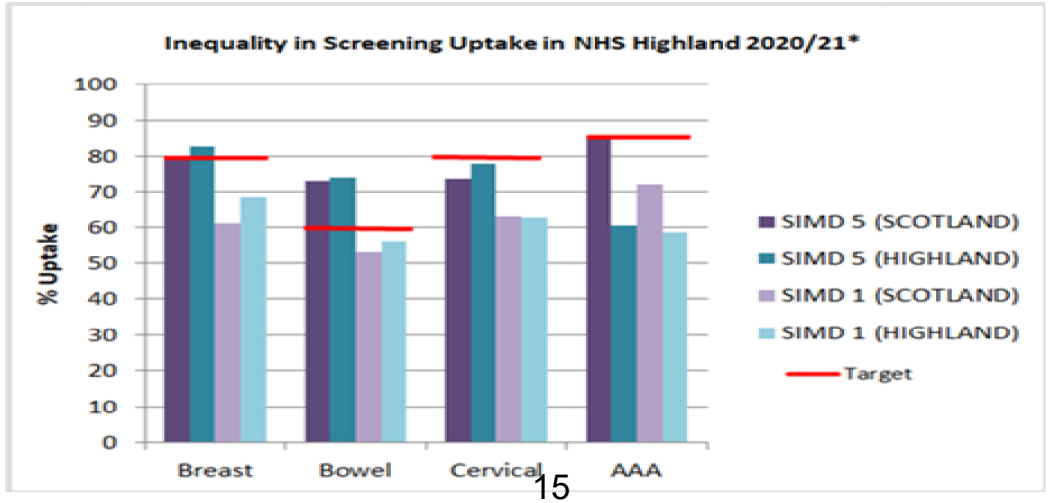
Dr Tim Allison,
Director of Public Health

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

In Scotland there are 6 adult, 1 preschool and 2 newborn screening programmes.
The 6 adult programmes are: Bowel cancer screening (men and women between 50-74), Breast cancer screening (women between 50 to up to age 71), Cervical cancer screening (women and anyone with a cervix between 25-64), Abdominal Aortic Aneurysm (AAA) screening for men aged 65, Diabetic Eye screening (from age 12 with Type 1 or Type 2 diabetes), and Pregnancy screening. The newborn programmes are bloodspot and hearing screening, and the preschool programme is vision screening.

Adult screening was paused during the COVID pandemic. Since remobilisation, all programmes have had to address the needs of those not invited during this gap whilst inviting newly eligible people.





Performance Overview
Comparing screening performance to previous year results and against Scottish benchmarks demonstrates that screening participation for NHSH is consistently higher than seen throughout Scotland.

The exception to this is for AAA screening in 2021 when pressures in the Argyll & Bute resulted in a backlog in men being invited for screening. This position is now improved as a result of improvements and capacity increases, and the backlog of overdue men in Argyll & Bute has now been removed.

There are no formal KPIs for Diabetic Eye Screening (DES). New DES KPIs have been developed but not yet released nationally. However, management data has assured that appointment capacity has returned to pre-COVID levels. There is currently no KPI monitoring data for Pregnancy and Newborn screening due to data issues within BadgerNet. There are no KPIs for Child Vision screening.

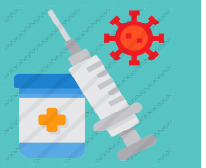
Screening uptake is consistently higher in least deprived areas (SIMD 5). A screening and inequalities plan is being finalised outlining focused activities to address equality gaps and widen access to screening.

The publication of screening programme statistics by Health Improvement Scotland (HIS) for review of data up to the end of March 2022, is expected to be released and published from March 2023 on the HIS website.

Together We Care
with you, for you

Integrated Performance & Quality Report

Objective 1 **Our Population**
Outcome 3 **Stay Well (Vaccinations)**
Priority 3A ***"Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population"***

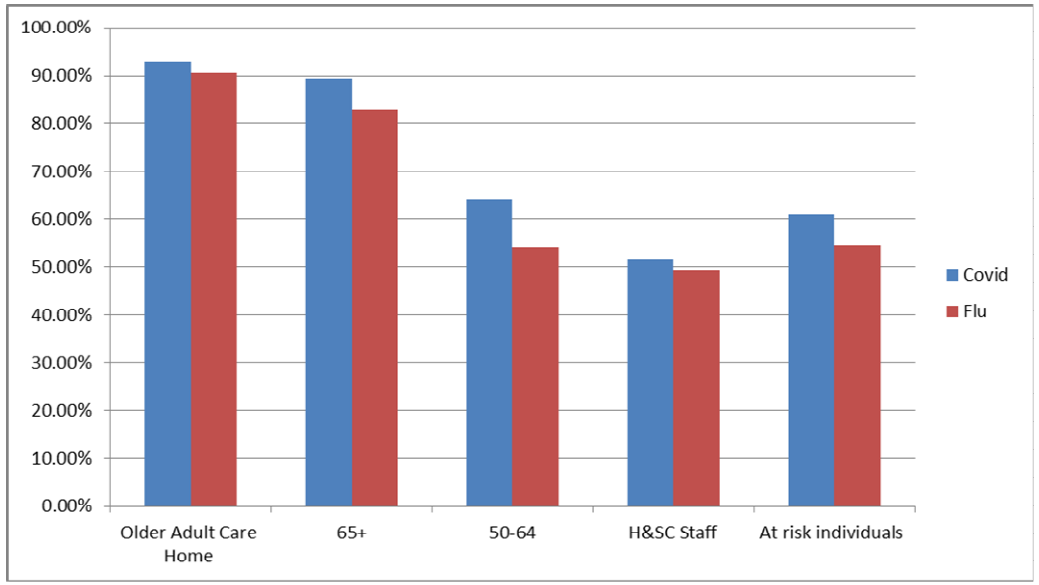


Dr Tim Allison, Director of Public Health

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

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

Vaccination uptake as at 18/12/2022



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

Performance Overview

COVID and influenza vaccination winter uptake has overall been slightly higher in NHSH compared with the average for Scotland. Also, for care home residents and health and social care staff the local rates have exceeded national averages. Argyll and Bute uptake is higher than that for Highland. The latest figure for overall uptake for COVID vaccination was 73% against a target of 80%. The spring vaccination campaign will soon be starting.

Overall Vaccination uptake by Health Board

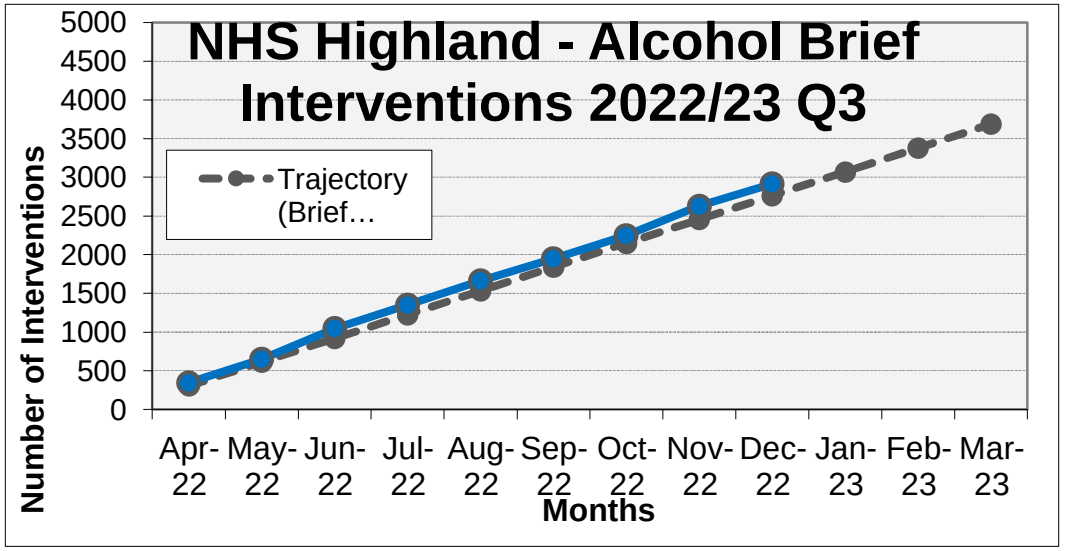
NHS Board	Covid	Flu
Ayrshire & Arran	73.9%	64.5%
Dumfries & Galloway	77.7%	71.2%
Fife	72.7%	64.4%
Grampian	73.5%	64.7%
Highland	72.7%	63.9%
Tayside	73.4%	64.5%

Integrated Performance & Quality Report

Objective 1 **Our Population**
Outcome 3 **Stay Well (Alcohol Brief Interventions)**
Priority 3B **"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"**

Dr Tim Allison, Director of Public Health

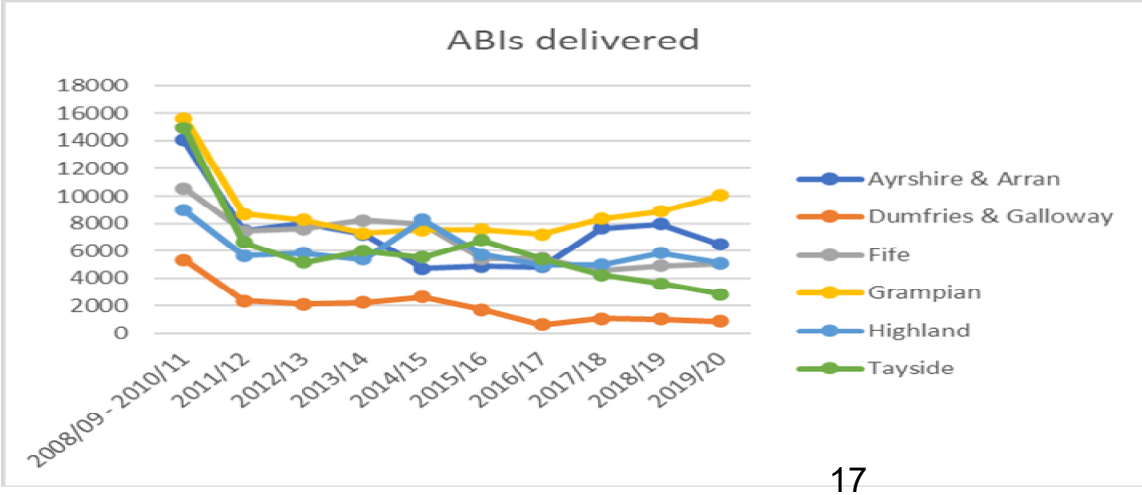
Alcohol is an important factor in the health of the population and Alcohol Brief Interventions (ABIs) are a significant way to address this.
The target for ABI's is to deliver 3688 ABI's in priority settings (Primary Care, A&E and Antenatal) and expand delivery in wider settings (quarterly)
There is currently no specific targeted focus on inequalities.
The Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement is currently being revised and updated.



Performance Overview

NHS Highland is currently above target with 2945 ABIs completed in total during the first 3 quarters of 2022/23 (above trajectory of 2764).

However, current activity is not spread evenly, and the overall target is being achieved through the work of a part of the system. The majority of activity is being achieved through the work of general practice in north Highland. Work is under way to ensure delivery of the intervention within other parts of the system.



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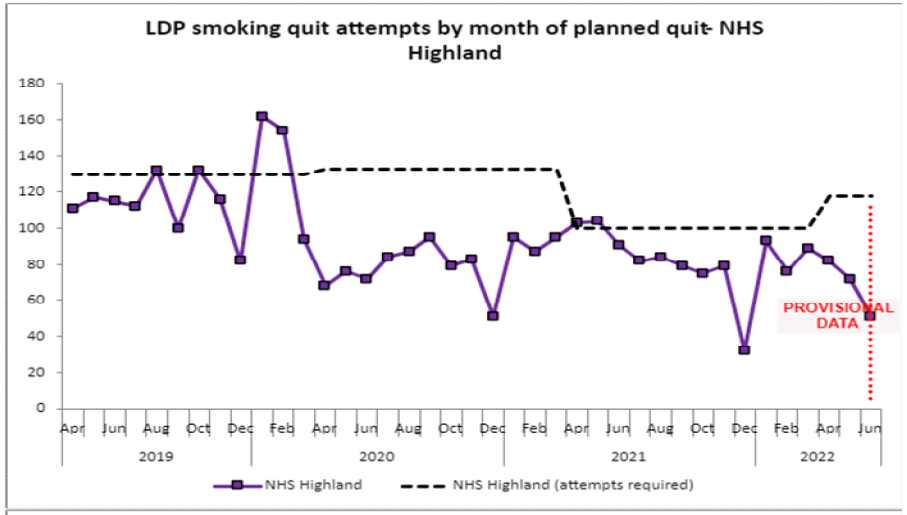
Integrated Performance & Quality Report

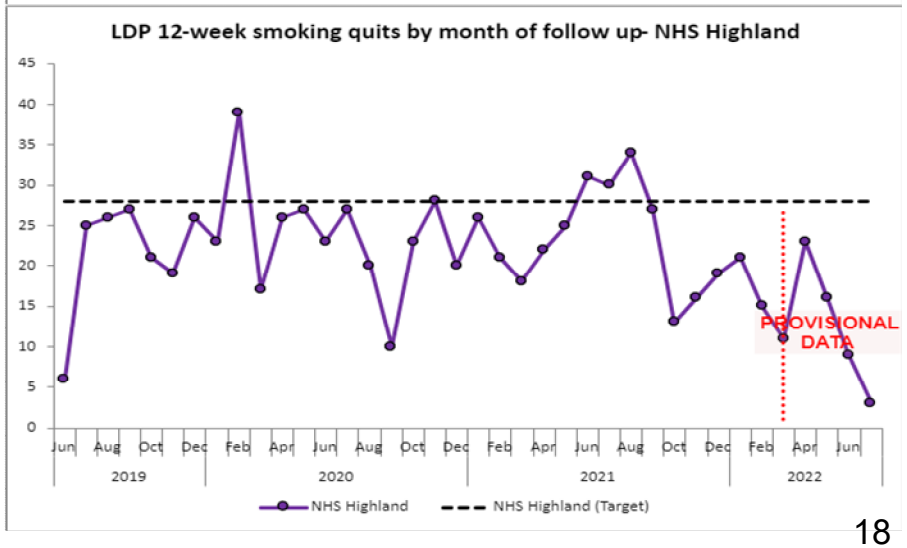
Objective 1 **Our Population**
Outcome 3 **Stay Well (Smoking Cessation)**
Priority 3B **"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"**

Dr Tim Allison, Director of Public Health

Smoking cessation is one of the most effective ways to prevent disease and improve the health of the population.
The target for smoking cessation is based on quits in deprived areas where the burden of smoking is the greatest.

Future targets are currently being negotiated with Scottish Government with representation from NHS Highland. This may include increasing reach and success, particularly with priority groups.





Performance Overview

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 57 successful quits were achieved in the first quarter at 12 weeks in the 40% most deprived (significantly below trajectory of 84).

There are significant issues with capacity and data quality with Community Pharmacies and work is under way to remedy this. Referrals from health professionals in particular have dropped significant since the beginning of COVID. Work is taking placed with the aim of improving this.

The national target has remained the same for the last 5 years with only 3 of 15 Boards reaching the LDP target in 2020/21 and 4 reaching the target in 2019/20.

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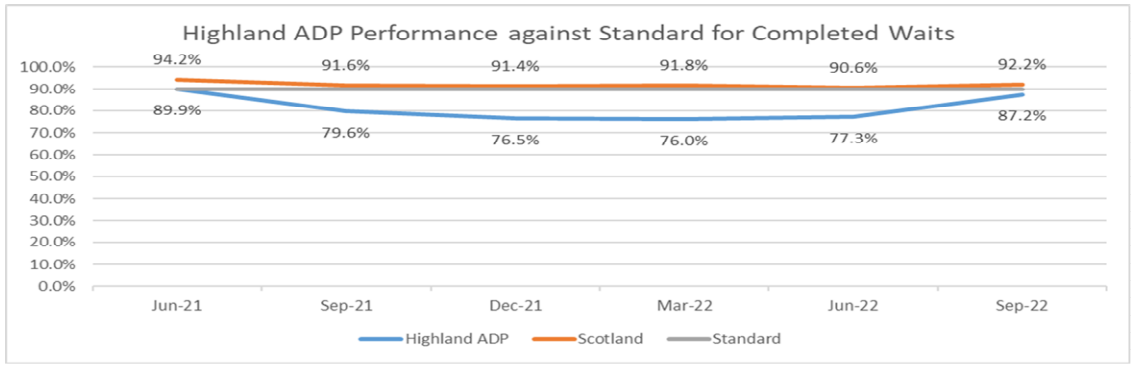
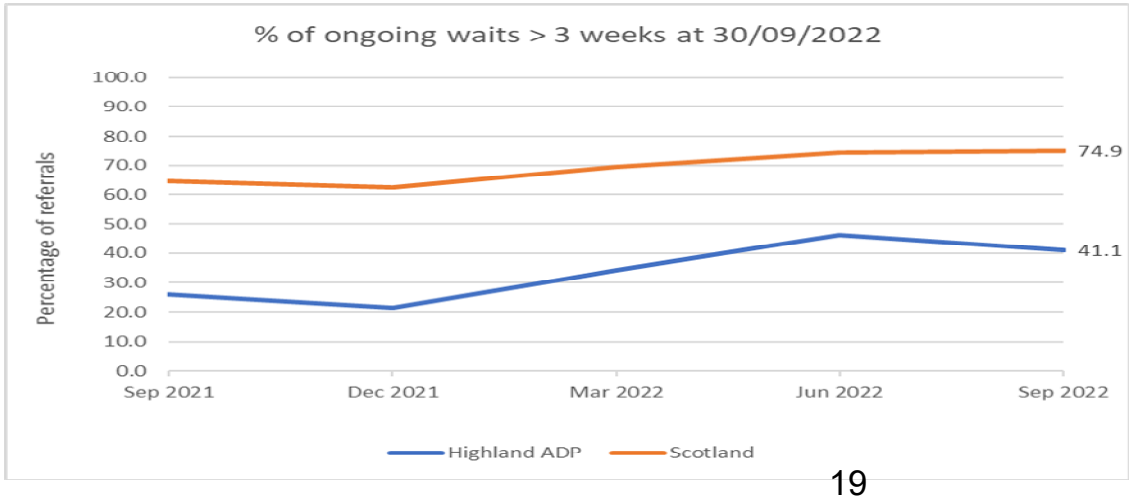
Objective 1 **Our Population**
Outcome 3 **Stay Well (Drug and Alcohol waiting times)**
Priority 3B ***"No patient will wait longer than 3 weeks for commencement of treatment"***

Pam Cremin
Interim Chief Officer, NHHSCP

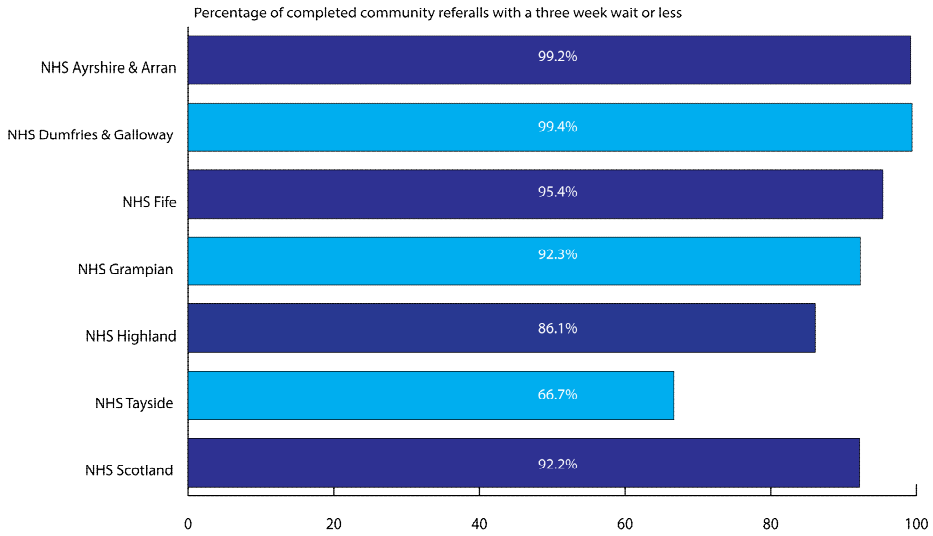
As identified last quarter there has been and continues to be a marked improvement in ADP performance against completed waits. In addition, there has been a reduction in the % of ongoing waits of more than 3 weeks. This relates to the service implementing new approaches and recruiting to new posts to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

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





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



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Objective 1 Our Population
Outcome 1 Start Well (Maternity Services)
Priority 1A, 1C *"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"*

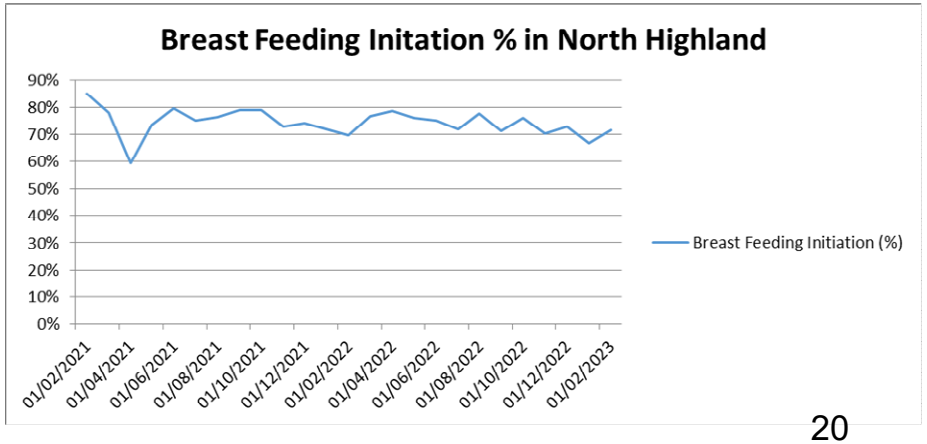
Katherine Sutton
Chief Officer, Acute

Start Well aims to give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy. The Maternity & Neonatal Programme Board is the collective strategic governing body to ensure we meet Start Well objectives through robust and rigorous planning, escalation and risk management.
Workforce planning is integral to the success of Start Well, and focussed discussions are actively underway to seek to address gaps across maternity and neonatal services.
Further work is to be done in understanding CMU models of care and how this vital part of maternity services can be utilised to create additional capacity within acute sites, and ensure NHS Highland is able to offer a maximised suite of available care and delivery options for women and their families.
The recently developed business case due to be submitted to Scottish Government is a key component to provide the foundations to develop maternity services to meet current and future demand and Best Start policy expectations for mothers and families in the Highlands.

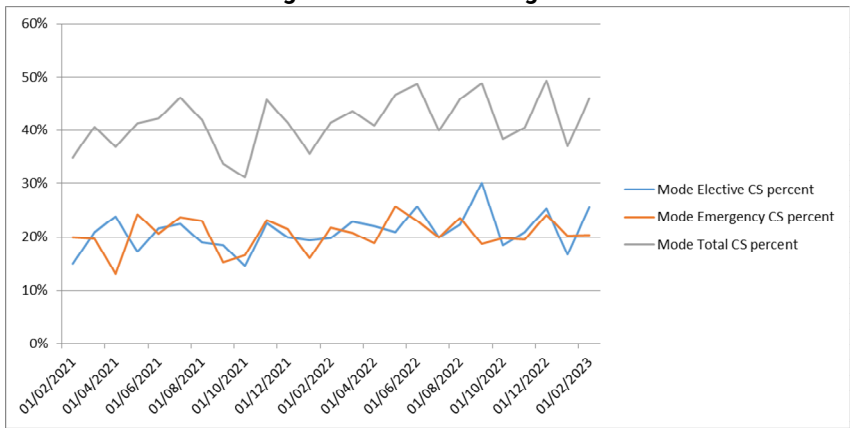
CMU locality	Number of women choosing CMU as place of birth	Actual number of CMU births	Actual CMU birth as % of total women choosing CMU birth	Total number of births for locality	Actual CMU birth as % of total women giving birth from locality
Skye and Lochalsh	16	7	43.8%	91	7.7%
Fort William and Lochaber	45	19	42.2%	181	10.5%
Caithness	14	9	64.3%	253	3.6%

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

The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will be booked for antenatal care by the 12th week of gestation. NHS Highland performance is 84.0% and is one of the highest performing boards in Scotland as at June 2022.



C-Section Trends in N. Highland as a % of all Registrable Births



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Objective 1 Our Population
Outcome 2 Thrive Well (CAMHS)
Priority 2C *"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 Programme Board has a clear focus on the following workstreams:
· Clinical Modelling
· Clinical Governance, risk & performance
· Workforce & Finance
· E-health
· Service User & Carer Experience
· Colleague Experience

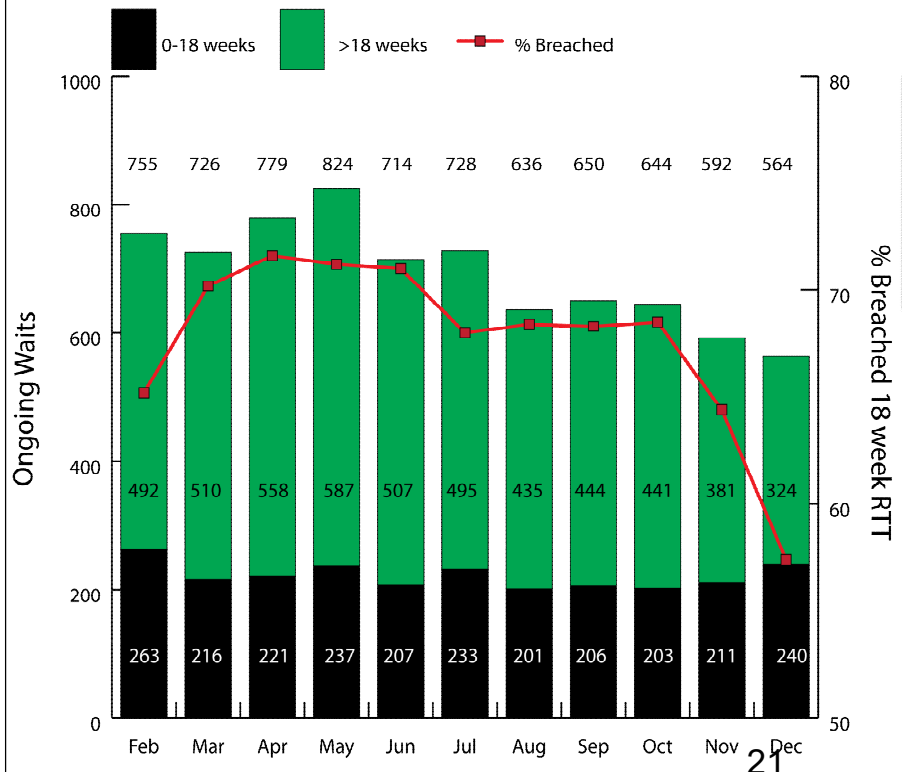
Sub-groups have been established with identified leads and refreshed improvement outcomes aligned with the national specification. Close engagement with Scottish Government colleagues is ongoing. The updated Improvement Plan was submitted to Scottish Government in January 2023, including updated information on completed milestones. Integrated Highland Council, NHS Highland service management work is ongoing, including work being undertaken to develop service user and carer participation in service development and delivery work targeting a return to locality based services for core service provision whilst maintaining our current successful urgent care model. Development of our intensive home treatment model and service provision for young people presenting with eating disorder is underway. Diversification of interventions, including a focus on early intervention of group work provision and partnership delivery across specialist CAMHS, School Nursing, Primary Mental health and Third sector partners are within the planning stage.

67.3% CAMHS current performance

Performance Overview

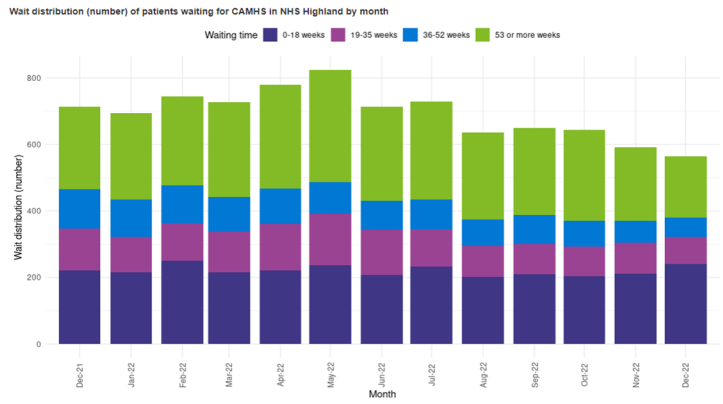
The national target for CAMHS is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. As we continue to address the longest waits this impacts this percentage as expected.
A total of 564 children and young people are waiting to be seen of which 324 have waited over 18 weeks and 240 under 18 weeks. 183 have waited over 1 year, the longest wait being over 3 years. This is a significant reduction since September.

CAMHS waiting list Dec 2022

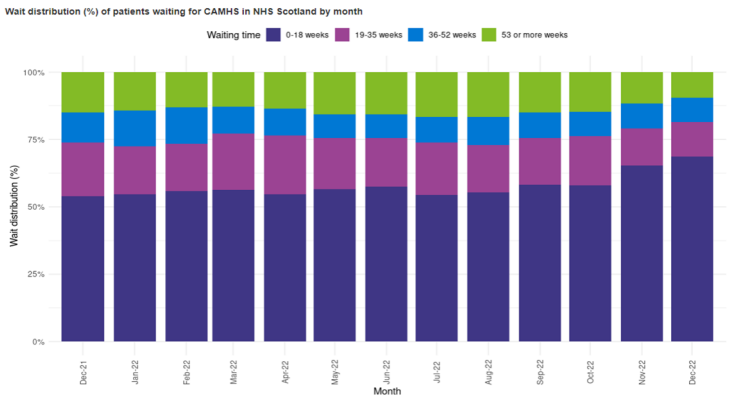


Years	NH	A&B
1-2	117	9
2-3	54	0
3-4	3	0
4+	0	0

Average Length of wait bands in NHSH



Average Length of wait bands in NHS Scotland



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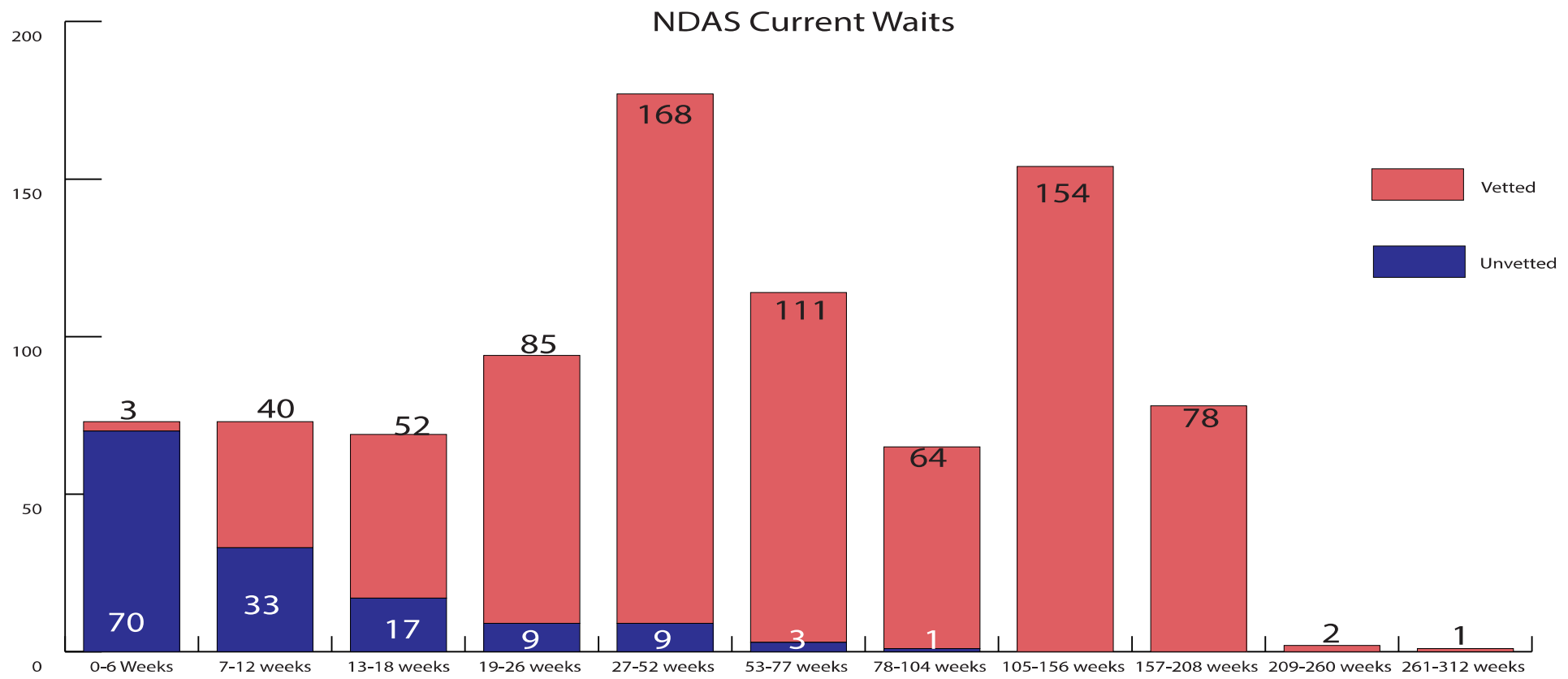
Katherine Sutton
Chief Officer, Acute

The Neurodevelopmental Assessment Service is an integrated service for NHS Highland and Highland Council. At the time of writing there are 677 children and young people waiting to start assessment, with waits of up to 3 years. A further 75 CYP are part way through assessment, with some waiting more than 3 1/2 years to conclude where Clinical Psychology input is required. Total waits have reduced for the last 3 months from a high number of 879 in Nov 2022 to 754 currently (15% reduction).Skill mix has been altered and recruitment to newly developed Neurodevelopmental Practitioner posts has been successful. Neurodevelopmental Support Practitioners are being trialled through a Test of Change. Plans are being developed to further reduce waiting times with an extra 170-200 assessments per year, beyond the current rate with an aim of reducing numbers waiting by approximately two thirds and waiting times to within 1 year, and by March 2025 to within the target dependent on staffing and ongoing funding.

Integrated Performance & Quality Report
Objective 1 Our Population
Outcome 2 Thrive Well (NDAS / Integrated Childrens Services)
Priority 2C ***"Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"***

Performance Overview
There are 758 vetted C&YP waiting to start the assessment process with a further 142 unvetted referrals recorded with a significant proportion waiting more than 2 years.



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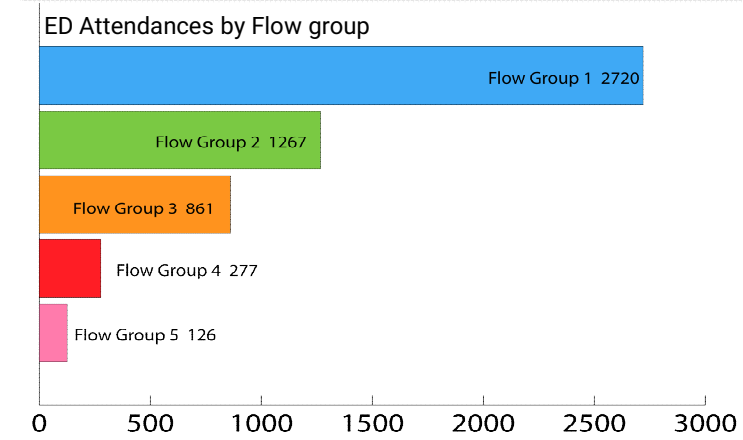
Katherine Sutton
Chief Officer, Acute

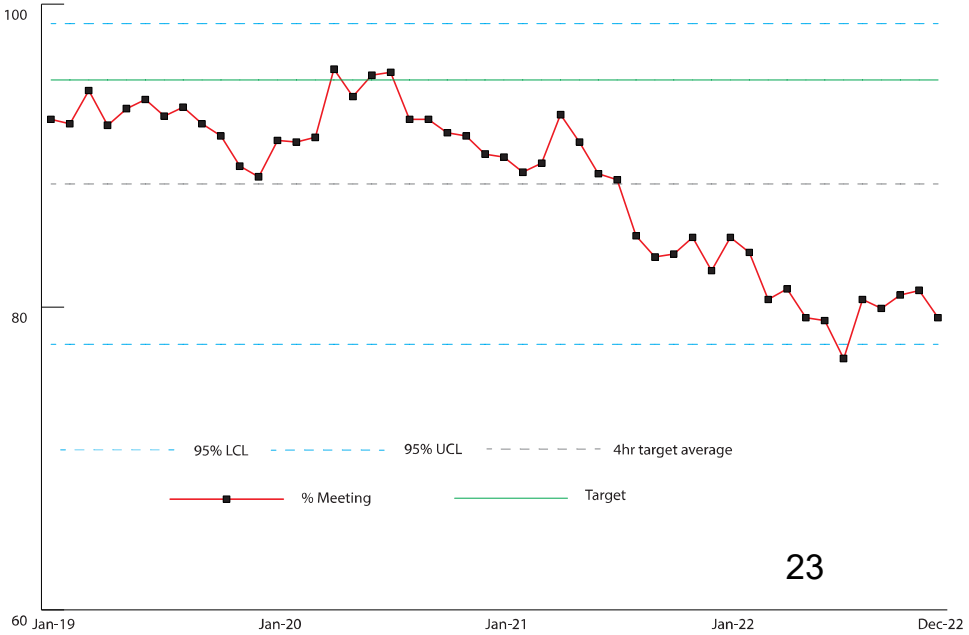
Within Raigmore which is the most challenged site in terms of flow and performance significant improvement work is being progressed through the unscheduled care programme board:
The work is focussed on improving the performance by flow group with a number of initiatives to support improvement and a return to the expected standard of performance.
In addition to focussed work within the hospital work is progressing in an integrated way across community and acute management teams.
This work will support the required transformational change to redesign services to meet need.

Integrated Performance & Quality Report

Objective 3 **In Partnership**
Outcome 11 **Respond Well (Urgent and Unscheduled Care)**
Priority 11B ***"Ensure that those people with serious or life threatening emergency needs are treated quickly"***

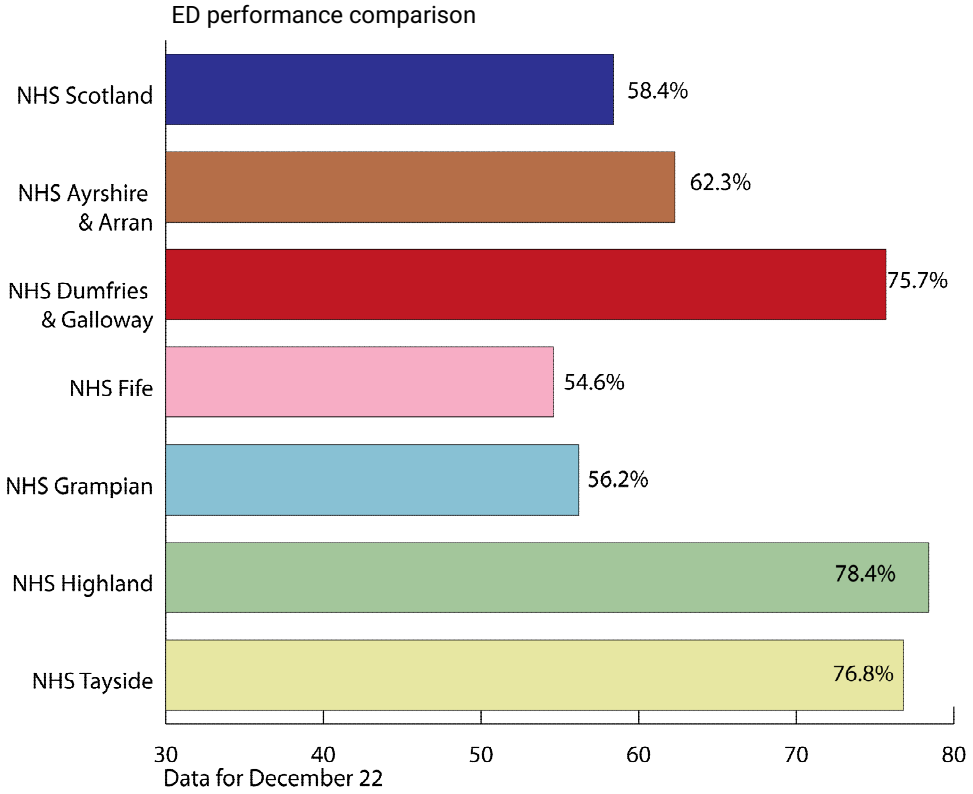
78.4% current performance Scottish average 64.1%





23

Performance Overview
The national target for ED is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 78.4%.



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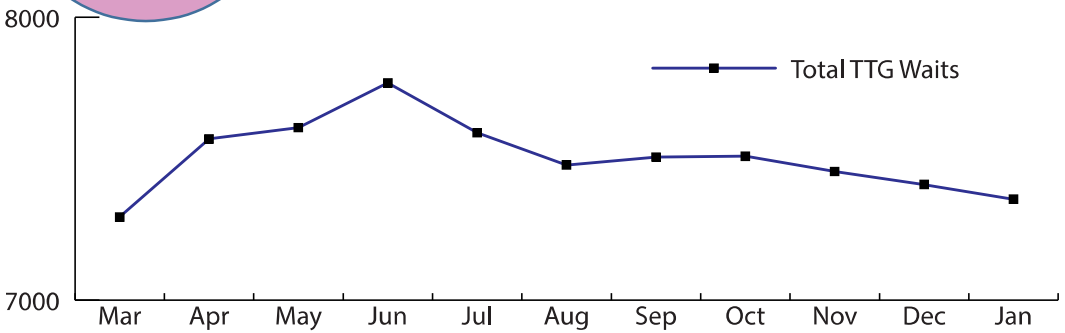
Integrated Performance & Quality Report

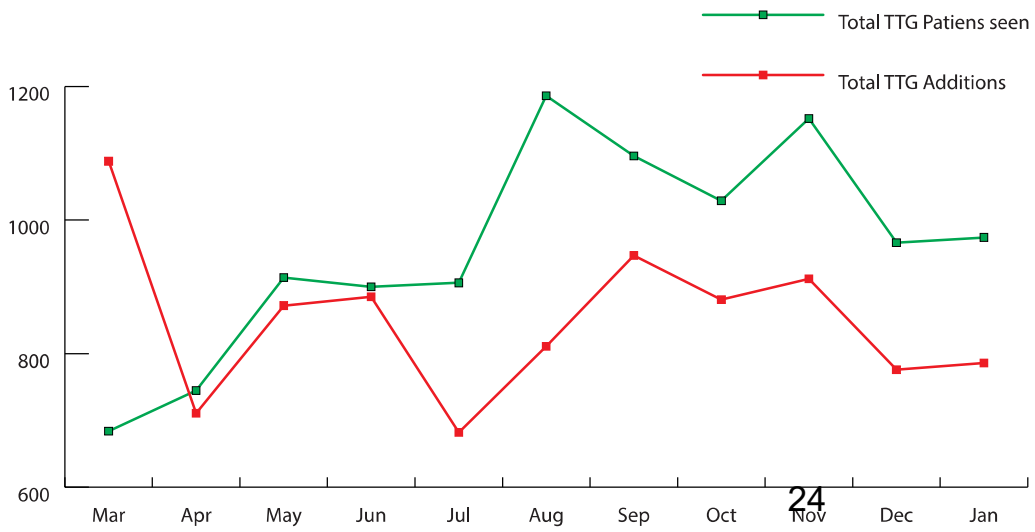
Objective 3 — **In Partnership**
Outcome 12 — **Treat Well (TTG)**
Priority 12A — ***"Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible"***

Katherine Sutton
Chief Officer, Acute

Plans are in place to increase capacity for Orthopaedics as the National Treatment Centre opens in Spring 2023 and revolutionise pathways for all eye care services.
The greatest challenge for elective care has been the ongoing bed pressures due to a significant winter and emergency pressures including a high number of non-acute patients.
Robotic assisted surgery continues to offer benefits with a total to date of 234 cases carried out using the robot.
The benefits are significant, with a reduction in length of stay by at least one day per patient and a reduction in the number that require at least one night in SHDU. Patients have virtually no post operative complications and a quicker recovery time.
Day case surgery is being increased We have delivered same day arthroplasty surgery and ERCP on a day case basis. Further plans to increase the volume of day case surgery are being progressed. Utilising the capacity that will become available when the Ophthalmology service relocates in April 2023.
Detailed planning is ongoing to examine ways of enhancing the productivity of the NHS Highland core capacity through transformational intervention.

56.1% current performance Scottish Average 55.5%

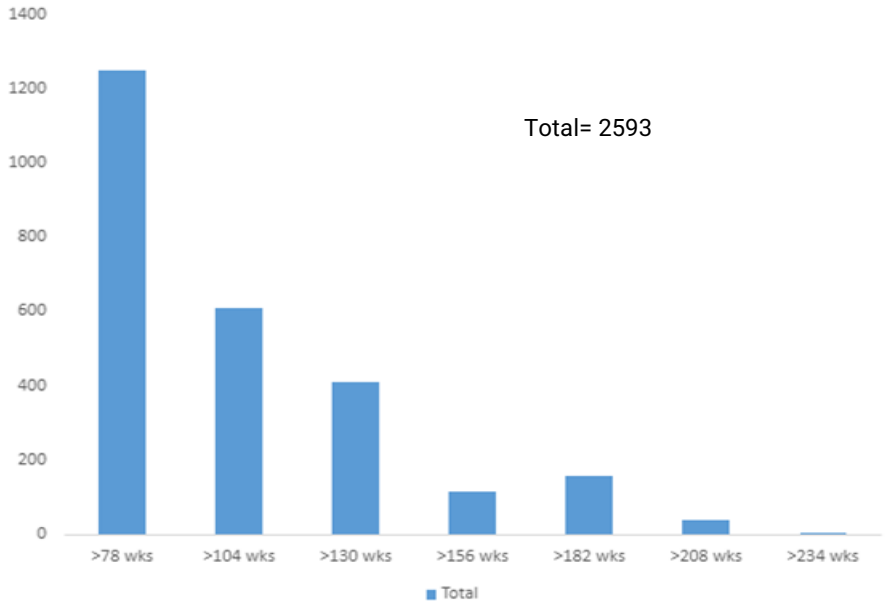




Performance Overview
The national target for TTG is that no patient will wait >12 weeks from decision to treat to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 56.1% related to the overall TTG target.
a) No > 78 week waits for inpatient/daycases by September 2023*
b) No > 52week waits for inpatient/daycases by September 2024*
The TTG waiting list is reducing. There is focused work on reducing our population waits of >2 years .

Against National target of 0 patients waiting over 104 weeks as at 30th September 2022, NHS Highland had 679 patients waiting over 104 wks at this date.

Projected TTG waits over 78 weeks September 2023 as at 1st January 2023



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Integrated Performance & Quality Report

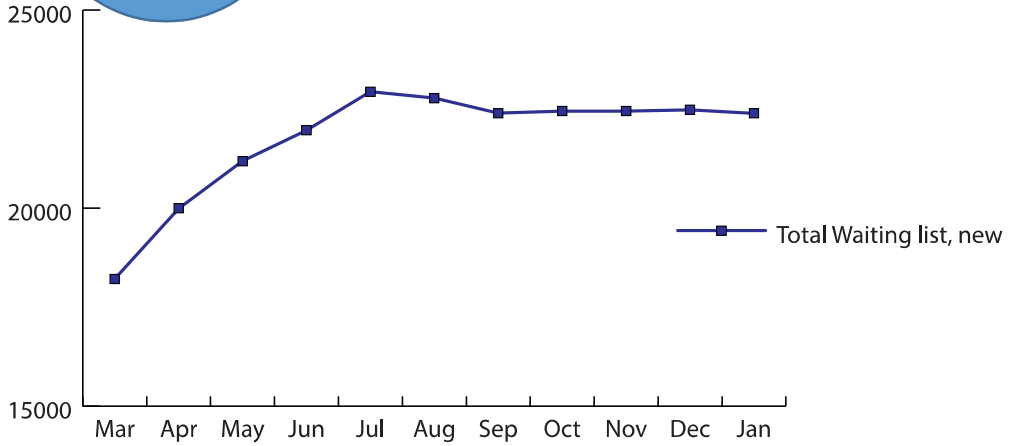
Objective 3 In Partnership
Outcome 12 Treat Well (Outpatients)
Priority 12B *"Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources"*

Katherine Sutton
Chief Officer, Acute

We are focusing 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. We are linking closely with The Centre for Sustainable Delivery for efficiency improvements. There have been significant improvements in the number of patients waiting longer than we would wish for a first outpatient appointment. We have reduced the number of patients waiting over 52 weeks significantly from a peak of 2,409 in July 2022 to 1,857 at the end of December 2022. We are expecting this to further reduce to approximately 1,600 by the end of March 2022.
The most significant backlog is currently in Ophthalmology with approximately one third of long waiting patients.
NHS Highland, throughout 2022-2023, has achieved this reduction by a combination of different initiatives including significant modernisation of delivery. This includes use of patient initiated returns, ACRT and virtual activity where possible. We have also developed a "patient hub" methodology which is a digital patient engagement system with a view to reducing DNAs and maximising clinic efficiency.

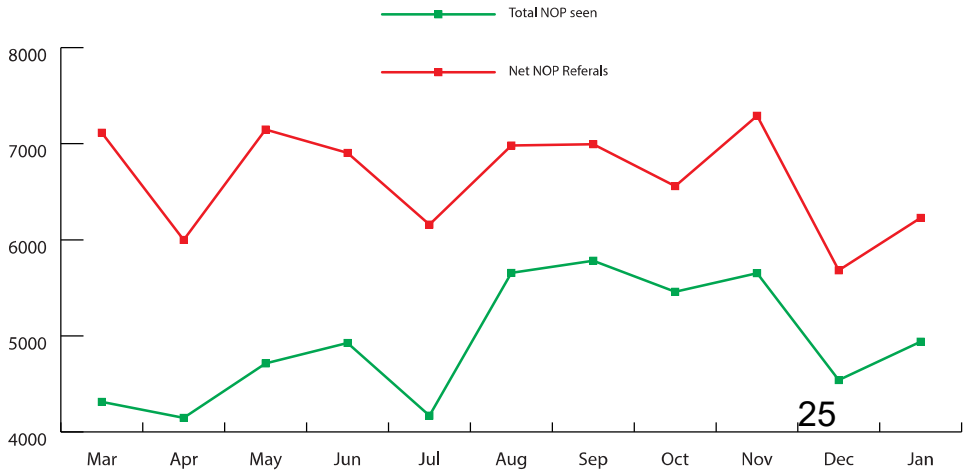
63.0% current performance Scottish average 63.3%

New Outpatients - demand, activity & queue



F2F appts Dec 22: 77%

DNA rate Dec2022: 6.49%

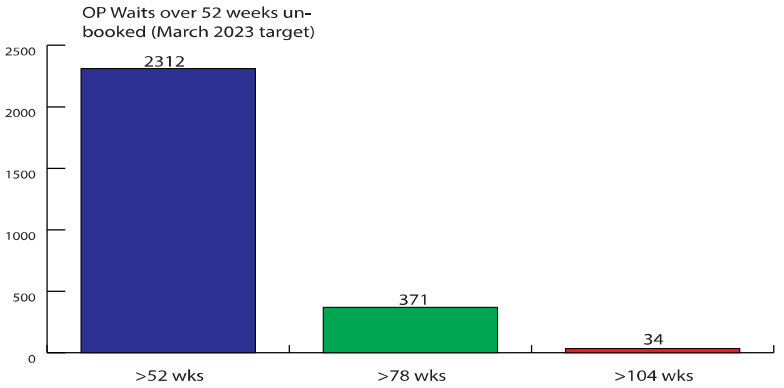


Performance Overview
The national target for outpatients is that no patient will wait >12 weeks from referral to appointment however SG have recently added interim targets for the majority of specialties that are described below. The 63.0% related to the overall OP target.

a) No >78 week waits for new outpatients by December 2022 is the next target to reach.
b) No >52 week waits for new outpatients by March 2023

The *total new outpatient list size has remained static and monthly activity is not able to meet demand. Total new outpatients seen has increased in August with referrals also increasing. If new outpatient numbers increase this will see more of our population being added to the TTG waiting list.*

Against National target of 0 patients waiting over 104 weeks as at 31st August 2022, NHS Highland had 4 patients waiting over 104 wks at this date.
Against National target of 0 patients waiting over 78 weeks as at 31st December 2022, NHS Highland had 478 patients waiting over 78 wks at this date.



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Integrated Performance & Quality Report

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"***

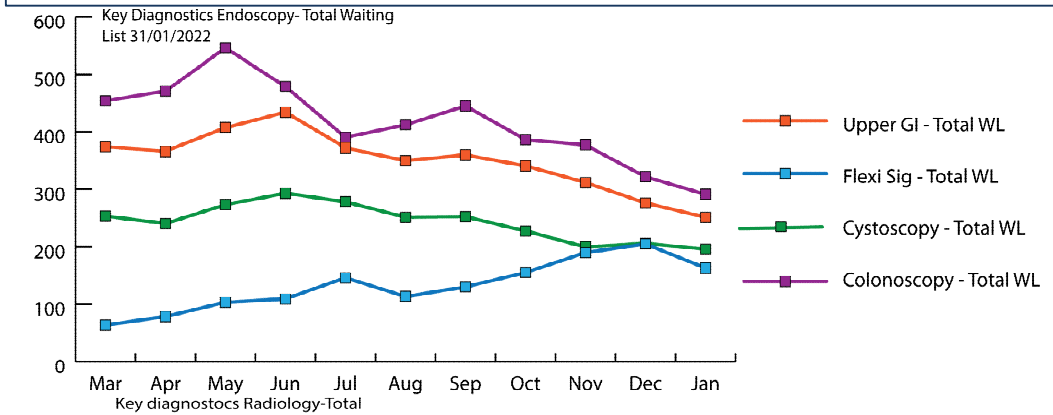
Katherine Sutton
Chief Officer, Acute

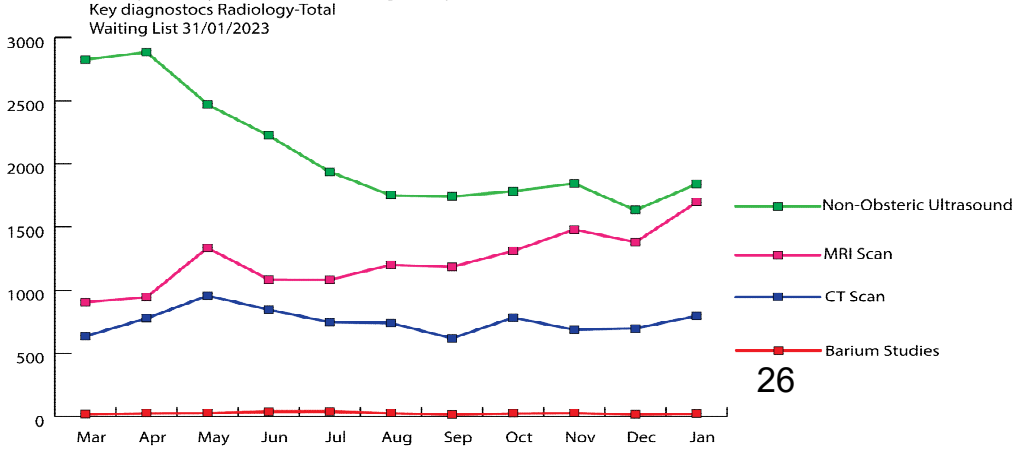
Endoscopy: Endoscopy services contribute to our cancer recovery. We are in the process of developing a single NHS Highland wide Endoscopy service which standardises patient access across the NHS Highland area. The Endoscopy Team are in the process of seeking JAG accreditation which will be a significant achievement for NHS Highland and mean staff training can take place in the Highlands.

Radiology: MRI is the most challenged speciality. Additional MRI capacity is being provided through a North of Scotland visiting service. Capacity planning is ongoing with government.

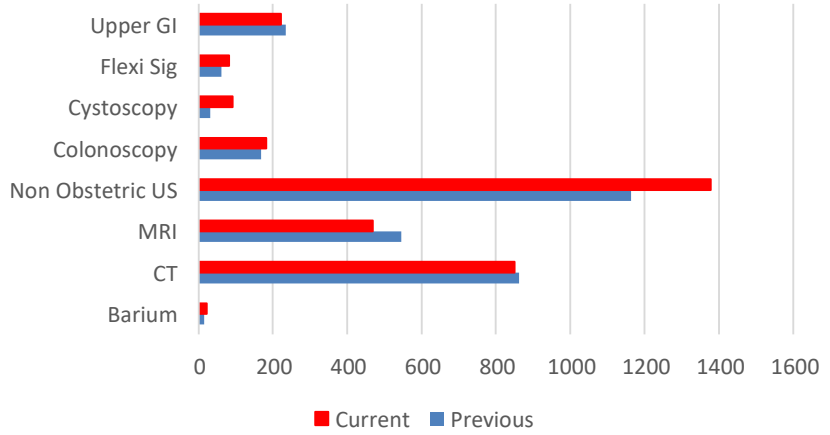
Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. *We have 5072 people waiting for a key diagnostic test. 1590 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.*





8 KEY DIAGNOSTICS January 2023	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper GI	291	222
Flexible Sigmoidoscopy	196	83
Colonoscopy	251	182
Cystoscopy	163	92
CT Scan	729	850
MRI Scan	1590	469
Barium Studies	14	22
Non Obstetric Ultrasound	1838	1378
Total	5072	3298



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Katherine Sutton
Chief Officer, Acute

The Board's performance against the 31 day standard has improved during the course of 22/23 with the performance in December in line with the Scottish average at 94.5 per cent. The performance in the autumn did deteriorate as a result of challenges in the Breast pathway with staff absence resulting in a drop in capacity. This has since been addressed.
The Board's 62 Day performance is an area of concern. The graph demonstrates a Board performance of 69.7 per cent against the Scottish average of 72.1.A senior manager has been aligned to address both cancer and diagnostic performance. With cancer services realigned to The Clinical Support Directorate. Prioritisation of cancer patients will be rigorously scrutinised.

Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 13 — **Journey Well (Cancer Care)**
Priority 13A, 13B, 13C — ***"Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment*** *and personal support"*

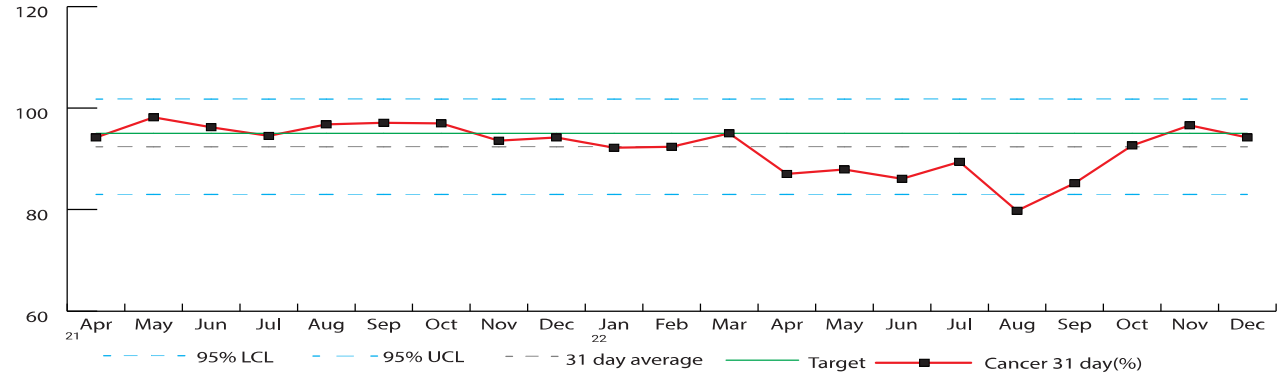
Performance Overview
The national targets for cancer are a) 95% of all patients diagnosed with cancer to begin treatment within 31 days b) 95% of USC referrals to begin treatment within 62 days
Performance for the 31 day target remains static and there is a slight increase in performance of the 62 day performance.

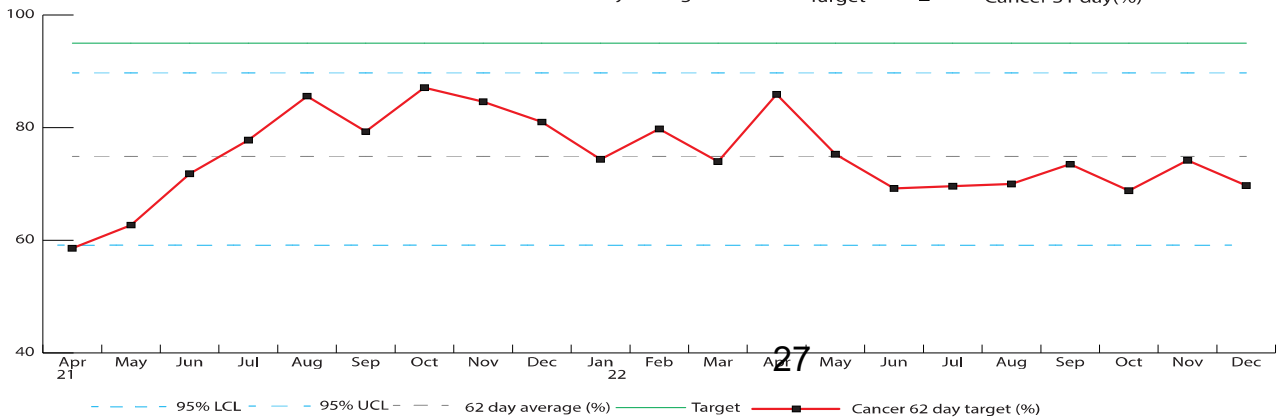
31 day performance

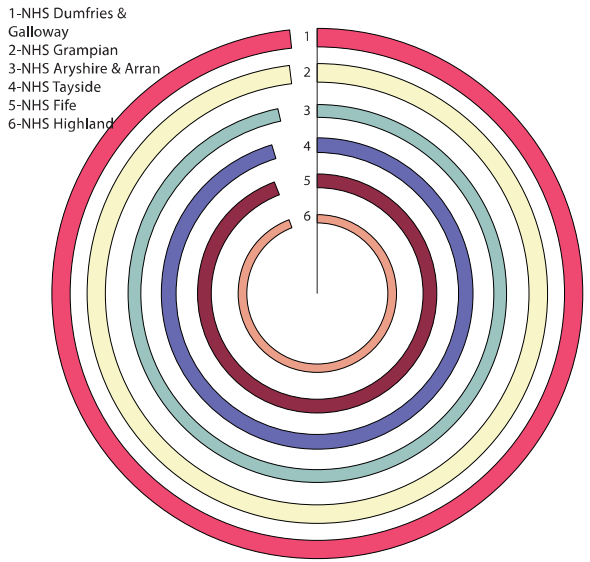
94.2% current performance Scottish Average 94.5%

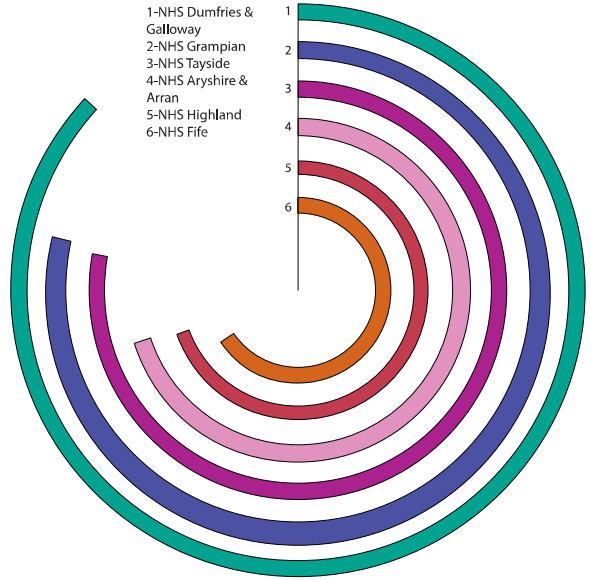
62 day performance

69.7% current performance Scottish Average 72.1%









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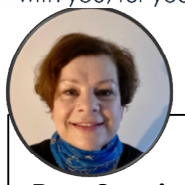
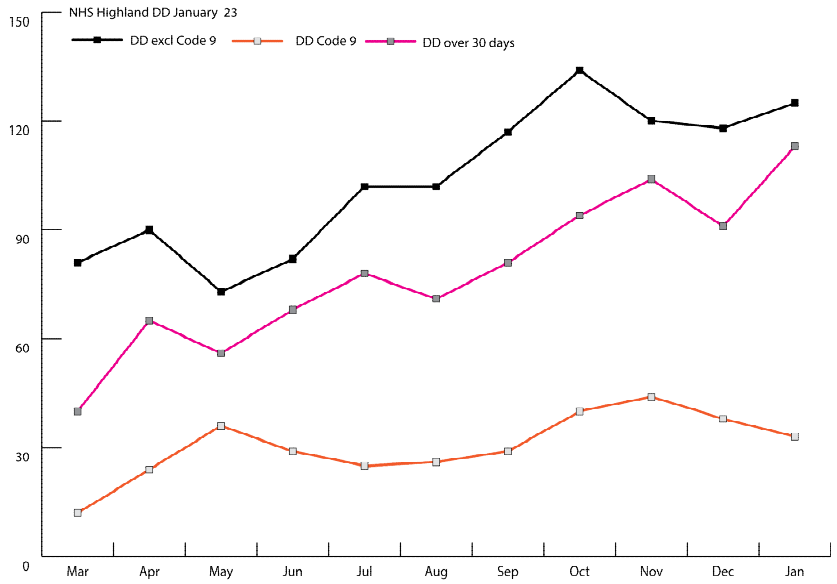
Integrated Performance & Quality Report

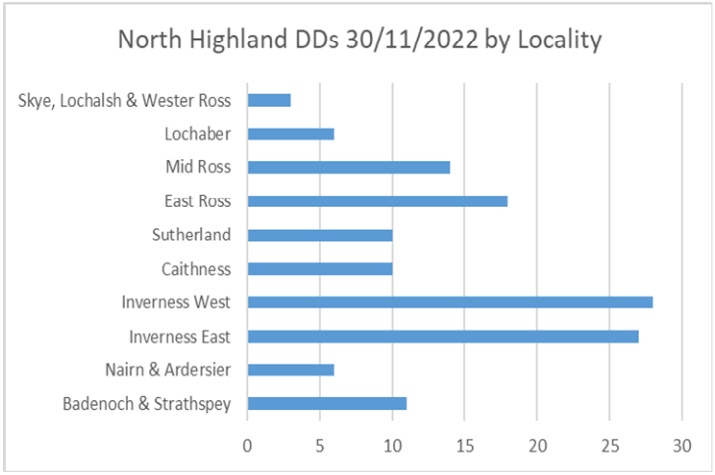
Objective 3 **In Partnership**
Outcome 11 **Respond Well & Care Well (Delayed Discharges)**
Priority 11C ***"Ensure that our services are responsive to our population's needs by adopting a "home is best" approach"***



Pam Cremin
Interim Chief Officer, NHHSCP

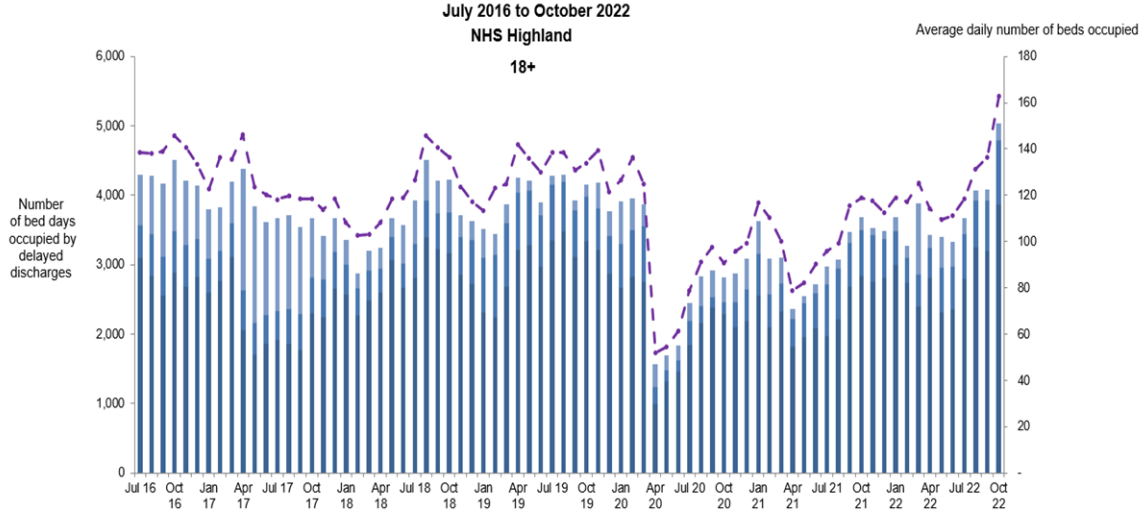
The number of patients experiencing delays to discharge continues to be a significant challenge.
Whilst the number of DDs has reduced since the previous reporting period, the overall position remains variable. Important factors that impact on DDs are the reducing number of care home beds (loss of a total of 104 beds within the past year) with further care home closures imminent. In addition, regularly there are a significant number of beds unavailable due to staffing challenges. Capacity within care at home services also remains an ongoing challenge. Service redesign and development work continues, aimed at improving flow, reducing length of stay and DDs. This is a priority area of service development and includes implementation of an agreed planned date of discharge for all patients and systems to establish community pull.





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 158 delayed discharges @ November m/e with 33 of those code 9 (complex) 113 delayed discharges are >30 days.*

Chart 1 - Bed Days Occupied by Delayed Discharges



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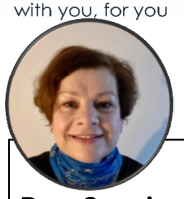
Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 9 — **Care Well (Adult Social Care)**
Priority 9A, 9B, 9C — **"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"**

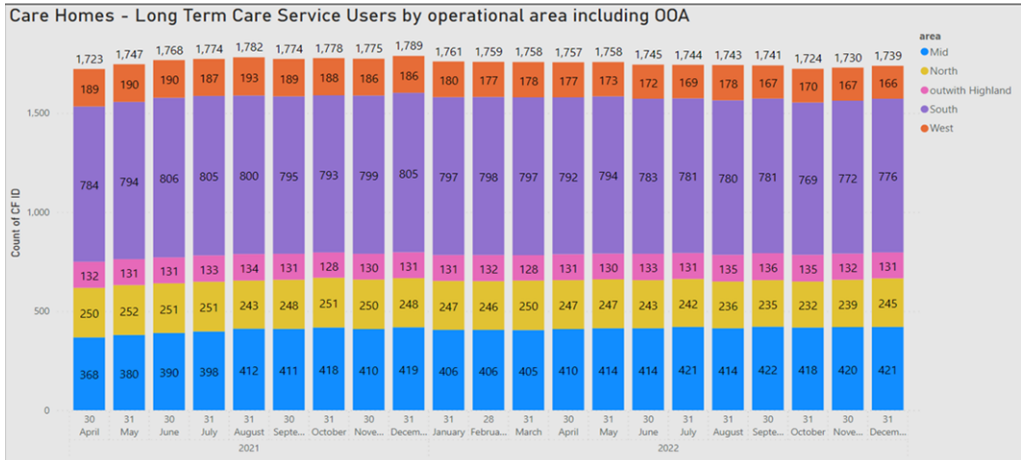


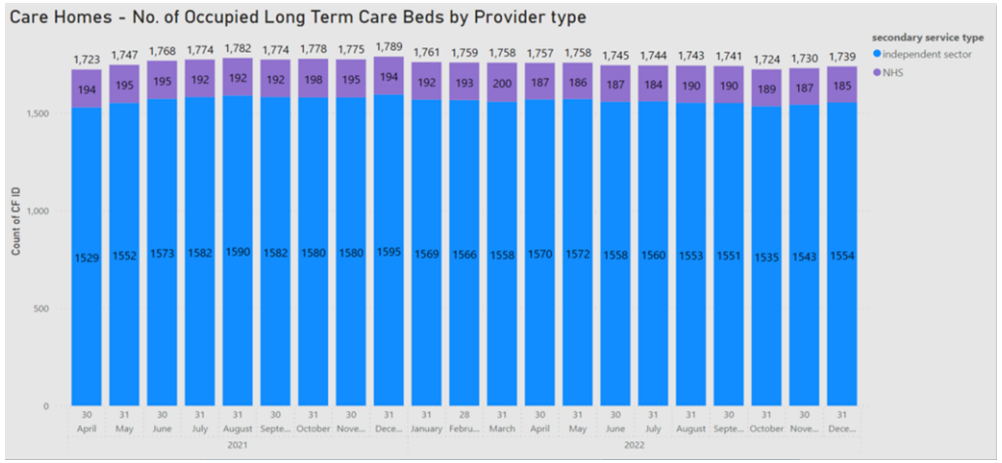
Pam Cremin
Interim Chief Officer,
NHHSCP

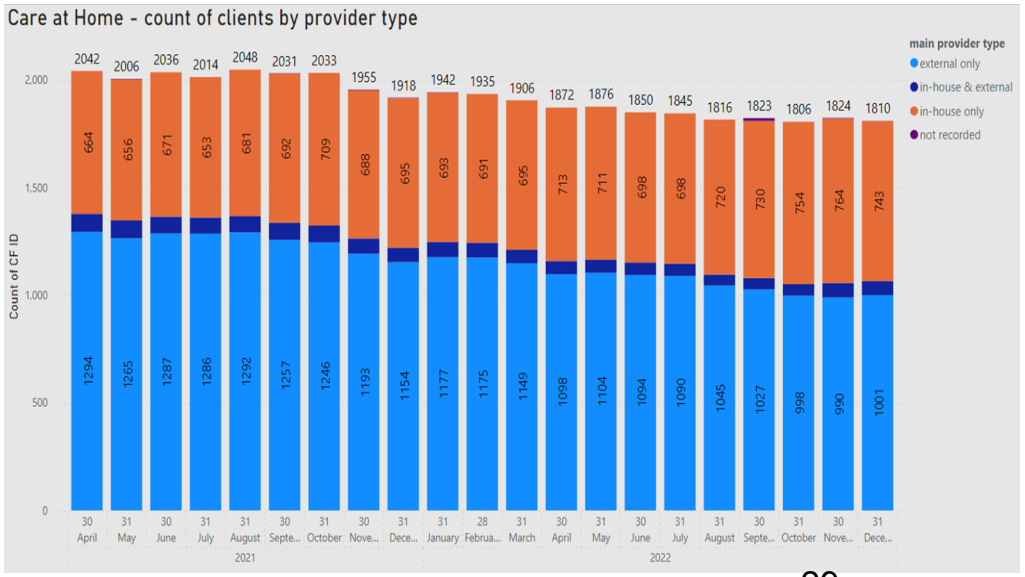
Narrative yet to be confirmed.

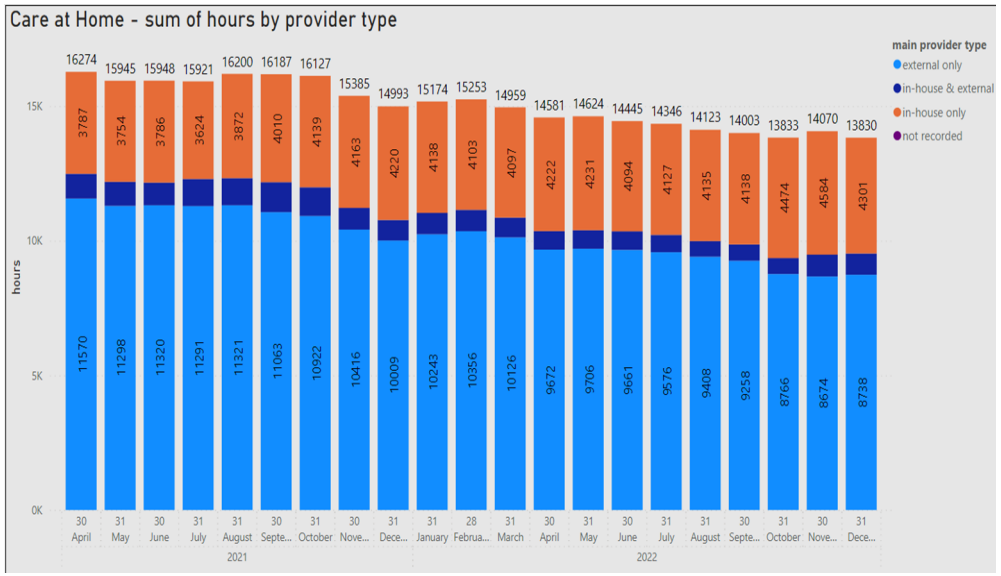
Care Homes
The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.

Care at Home
After a period of significant and sustained reduction in the number of people receiving external care at home due to workers leaving employment, the last two months have seen a stabilising of that position; however we are concerned that this is a temporary situation.
Low levels of recruitment continues to be the key concern expressed by providers in our frequent discussions.
NHS and external care at home and care home providers continue to operate in a pressurised environment working in collaboration despite sustained staffing pressures









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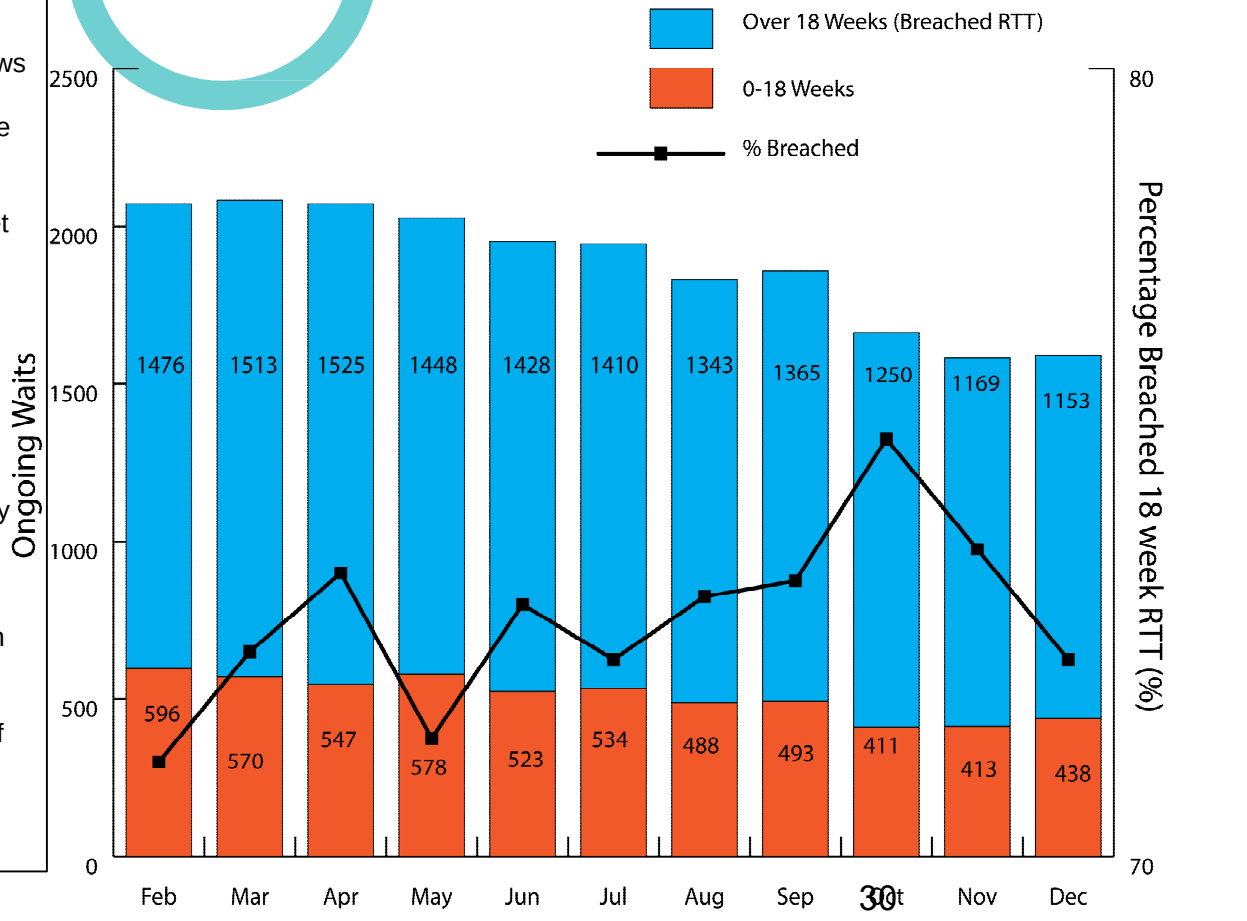
Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 10 — **Live Well (Psychological Therapies)**
Priority 10A, 10B, 10C — ***"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"***

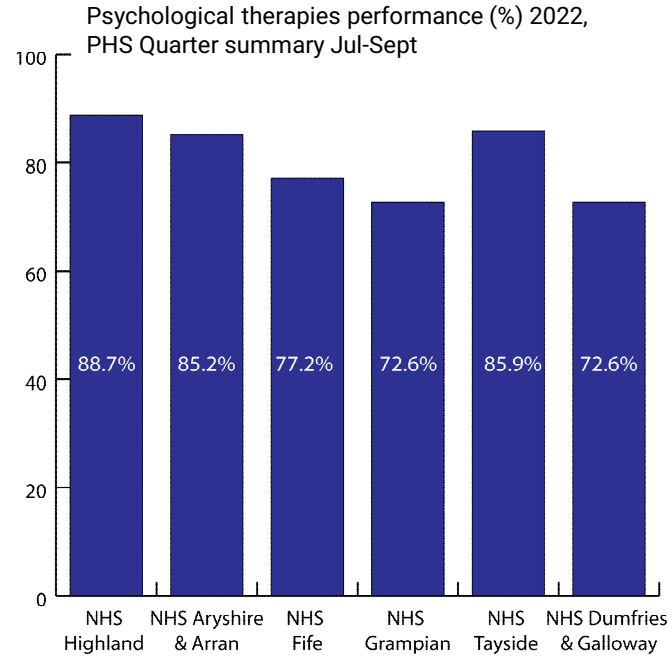
Pam Cremin
Interim Chief Officer,
NHHSCP

The information provided shows a sustained trajectory of reduced ongoing waits and the Board benchmarks positively across Scotland.
This is in line with the work set out in the comprehensive psychological therapies improvement plan.
Whilst we are moving in the right direction there is still a significant amount of work to do. The team have dedicated staff triaging both the general adult and the neuropsychology waiting lists and developing much clearer pathways for referrals for the future.
Recruitment remains the main challenge with lower levels of psychology staff in post than other boards. The Director of Psychology is actively leading on improving this position.

87.4% PT December performance NHS Scotland Sept 81.2%



Performance Overview
The national target is that 90% of our population commence psychological therapy based treatment within 18 weeks of referral.
December 2022: Current performance
87.4%
We have 1591 of our population waiting to access PT services. 1153 patients are waiting >18 weeks (72.5% breached target) of which 755 have been waiting >1year. Of the 1591 waiting, 339 of those are waiting for North Highland neuropsychology services of which 307 are waiting > 1 year .



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Integrated Performance & Quality Report

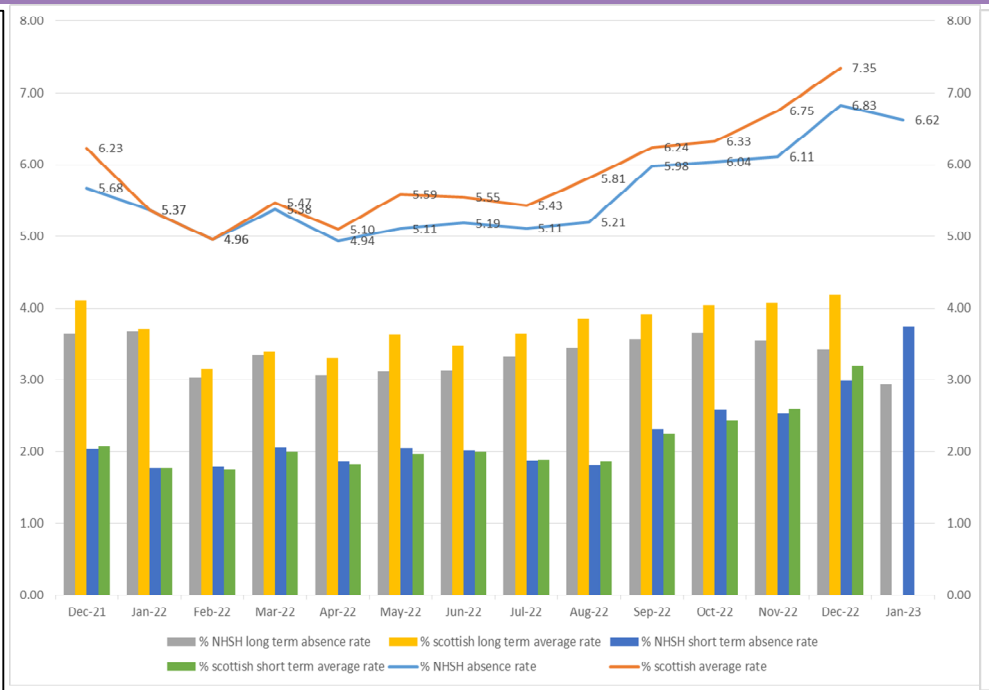
Objective 3 Our People

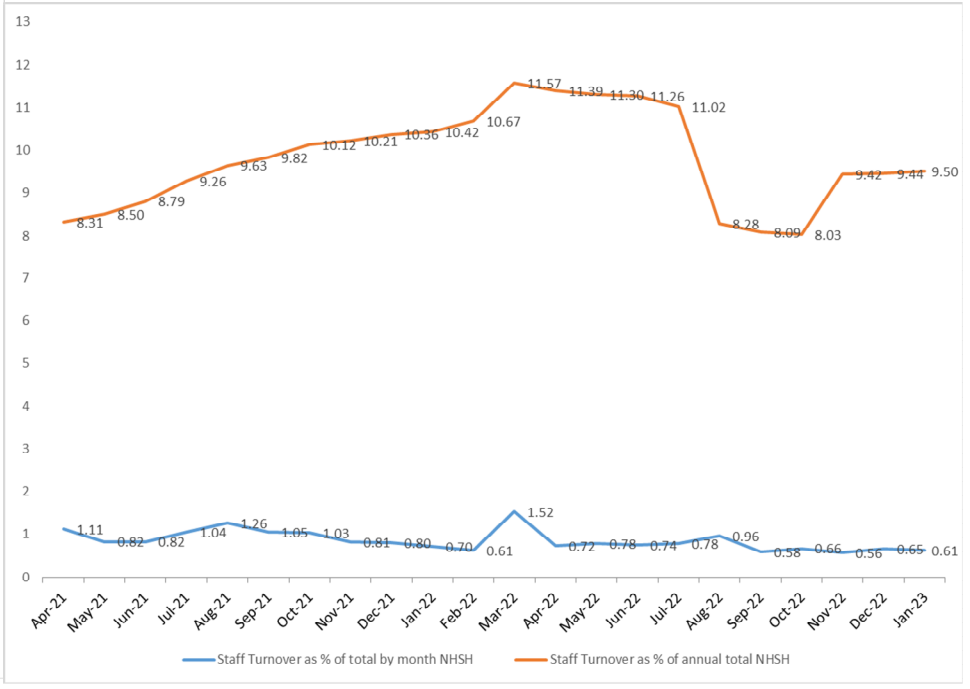
Fiona Hogg
Director of People & Culture

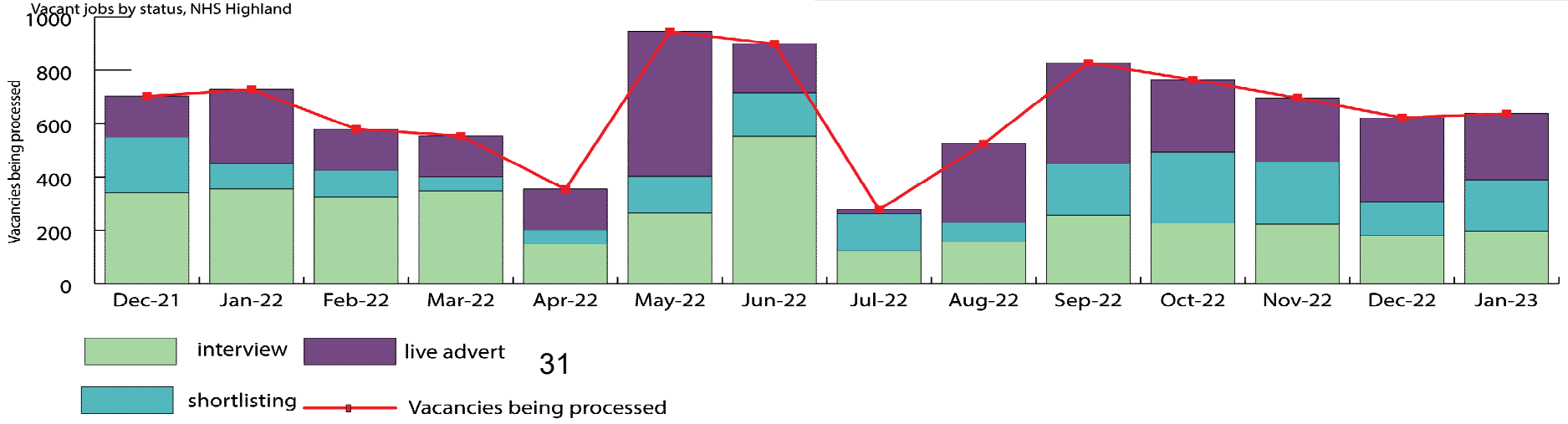
Sickness absence continues to remain above 6% since October 2022 although we are still below the national rates which is 7.35% as of December 2022, this increase compared to past years is mainly being driven by short term absence increases, with Dec 21 at 2.03% and Dec 22 at 2.99% as whilst long term absence accounts for more, it's slightly reduced from 3.65% in Dec 21to 3.43% in Dec 222. Short term absences in Cold, Cough, Flu remain high as well as gastro-intestinal problems, and 25% don't specify, which we are addressing with managers. Return to work conversations and a focus on practical wellbeing such as taking breaks, taking leave, availability of food and fluid, reflective practice and rest areas are part of our actions on this. Long term absences are mostly related to other musculoskeletal problems and Anxiety/stress and early intervention and engagement with Occupational Health and active management and conversations whilst off make a return more successful.

Turnover remains consistent with no specific reasons identified Work is in progress with launch of our new exit survey being available from March which will help to inform our data further. We are also gathering more information on retire and return take up and how to factor this in.

Recruitment volumes remains high with a large number of posts moving through Job Train, we are working on time to recruit data, and better use of recruitment campaigns and always on adverts are encourages, which are more efficient and can lead to greater engagement and promotion. A prioritisation process is underway to ensure our workforce needs are aligned to our revised 3 year financial plan.







Clinical Governance
February 2022

Stage 2 Complaints information – December 2021 to December 2022 (EXTRACT 22.02.23) *excludes cases with stage of further correspondence and SPSO*

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Context by Dr. Boyd Peters
Medical Director

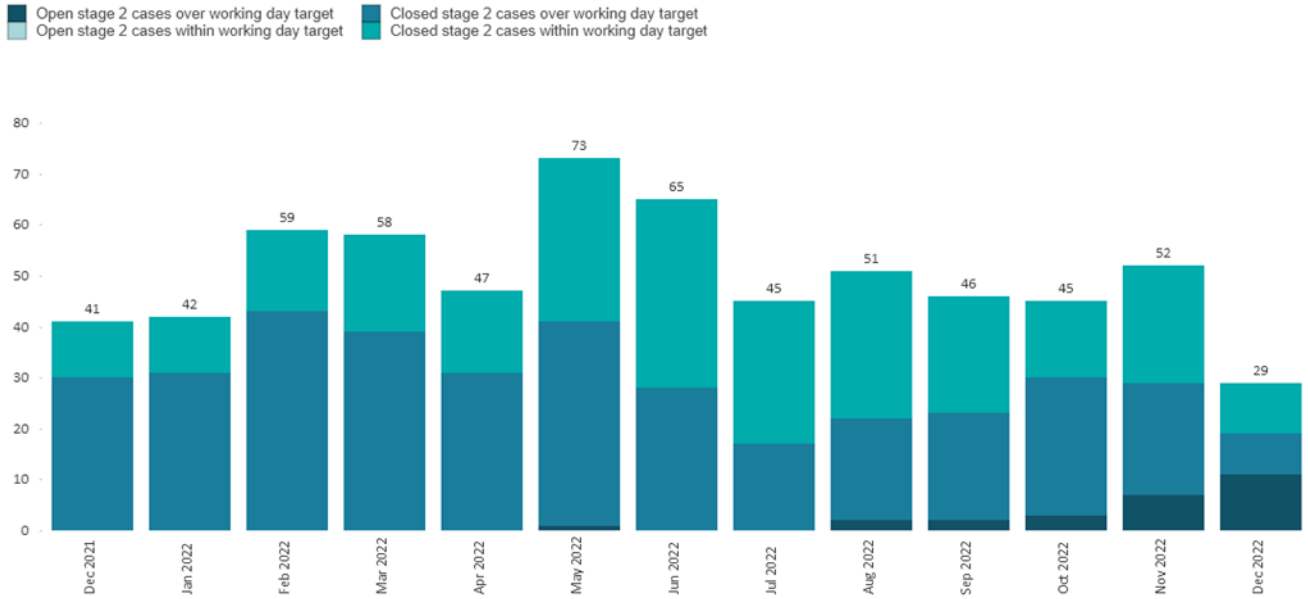
Complaints:

Data show performance against 20 working day target response time improved in July but since then there has been a decline. Performance was 34% in December 2022. This continues to be closely monitored through EDG and SLTs. Weekly meetings are held with the Feedback Team and the Operational Units to ensure progress is being made. New reports are being prepared to identify volumes of high- level complaints.

NHS Highland stage 2 case overview

26 cases open (been longer than 20 days)	**75.7** Average time open (days)
357 cases closed (took longer than 20 days)	**48.2** Average time to close (days)
0 cases open (still less than 20 days)	**270** cases closed (in less than 20 days)
57% of cases were closed over working day target	**90%** cases received and opened within 3 working days

Working day status graph displaying number of stage 2 cases received for NHS Highland over last 13 months



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

	Dec -21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Highland	27%	26%	27%	33%	34%	44%	57%	62%	57%	50%	33%	44%	34%
Argyll & Bute	33%	33%	25%	60%	0%	14%	0%	38%	67%	14%	14%	29%	50%
Acute	21%	30%	34%	21%	32%	63%	64%	72%	64%	59%	32%	50%	30%
HHSCP	42%	7%	14%	67%	44%	20%	59%	70%	38%	57%	46%	41%	35%

Clinical Governance
January 2023

Freedom of Information – October 2021 to October 2022 (EXTRACT 12.12.22)

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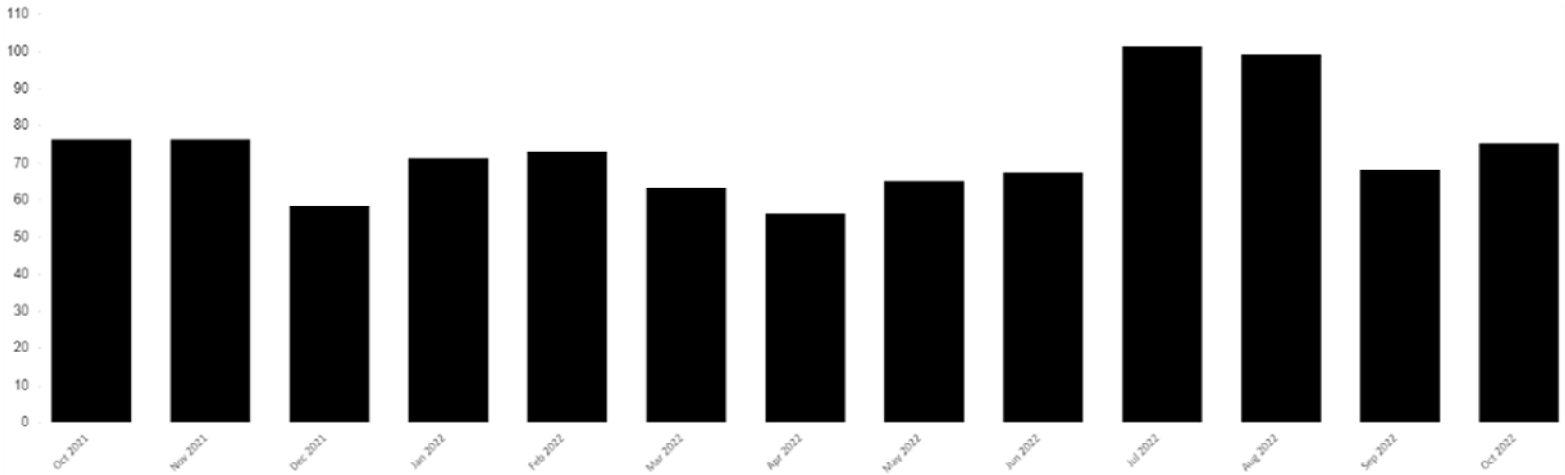
Context by Dr. Boyd Peters
Medical Director

Freedom of Information:

The Board is under a Level 2 Intervention by the Scottish Information Commissioner. E ach quarter we require performance requires to be above 90%.

The performance target is 95% of FOI being responded to within 20 working days. The first quarter compliance was 92%. The second quarter was 99%. Performance of 96% was achieved in October. Increased activity in July & August was noted, thought to be linked to parliamentary recesses.

Number of freedom of information requests received in NHS Highland over last 13 months



NHS Highland working day % performance (closed within 21 days) over last 13 months

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
%	62%	87%	81%	90%	68%	86%	96%	95%	90%	95%	100%	100%	96%

Clinical Governance
November 2022

Adverse Event information – November 2022 to January 2023 (EXTRACT 22.02.23)

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

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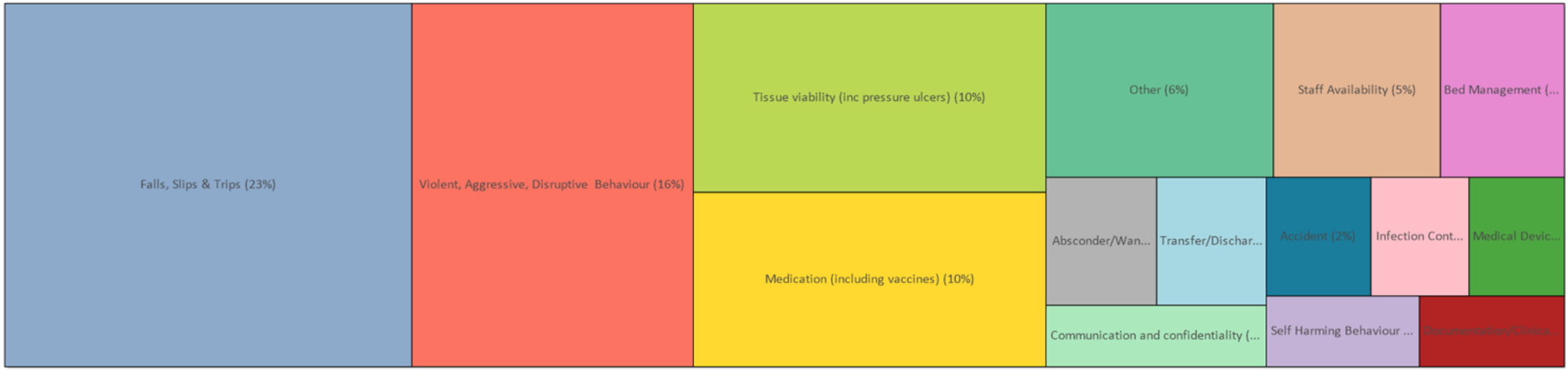
Context by Dr. Boyd Peters
Medical Director

Adverse Events:

The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories. New categories of adverse events have been added to datix and new guidance notes prepared. Over the last two months there has been a reduction in adverse events classified as " other"

Top 15 adverse event categories recorded in NHS Highland last 3 months % Share (November 2022 – January 2023)



Clinical Governance
November 2022

Adverse Event information – January 2022 to January 2023 (EXTRACT 22.02.23)

	Risk	Mitigation
1	Operational pressures adversely affect datix reviews	Ensure processes supported in operational units
2	Reduced Organisational learning, missed opportunities to learn/improve	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

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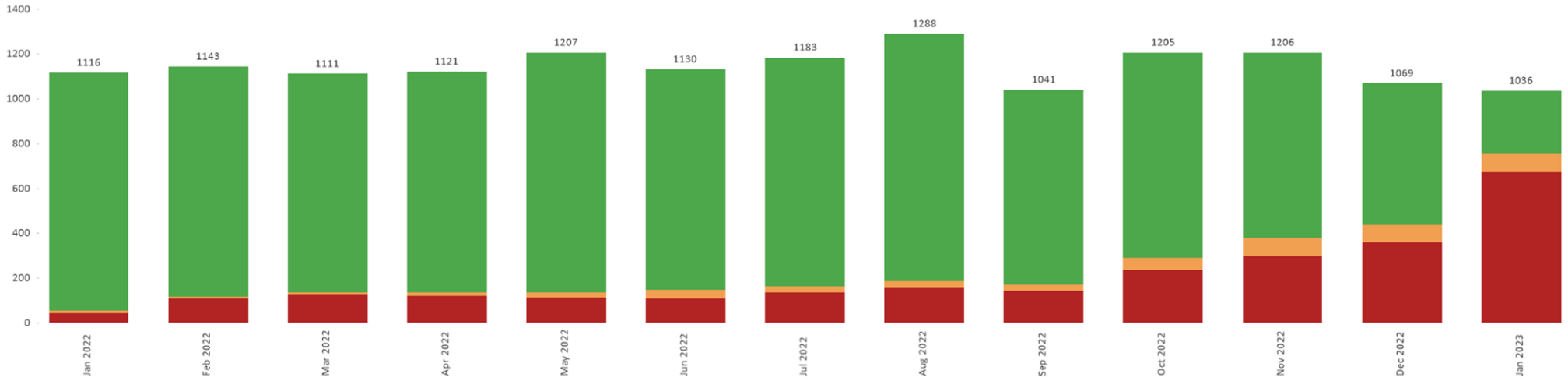
Context by Dr. Boyd Peters
Medical Director

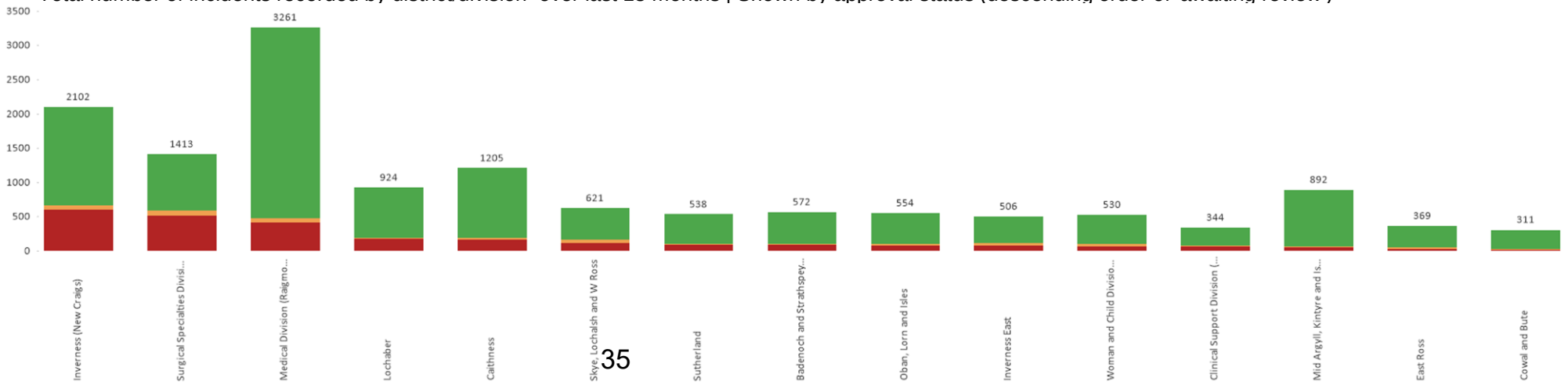
Adverse Events:
The number of datix adverse events have shown a decline in the last two months. This is being monitored. A rise in number of Datix awaiting review continues to be a concern. Work is in progress to reduce the number of adverse events awaiting review, with quarterly reports being issued to the Operational Units.

Total number of incidents recorded in NHS Highland over last 13 months | Shown by month and approval status

Count	Awaiting_Review	In_Review	Final_Approval
14845	2631	489	11725



Total number of incidents recorded by district/division over last 13 months | Shown by approval status (descending order of 'awaiting review')



Clinical Governance
November 2022

Significant Adverse Event Review information – January 2022 to January 2023 (EXTRACT 22.02.23)

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

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Context by Dr. Boyd Peters
Medical Director

SAERs:

Reported numbers of SAERs remains low, giving rise to the question of whether there should be others which have not been identified. There are four SAERs that have taken longer than the nationally agreed target of 26 weeks. All SAERs are being reviewed by the CGST and discussions are ongoing with relevant Operational Units to ensure progress is being made.

Number of SAERs declared in NHS Highland

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

Open SAERs declared in NHS Highland over working day target by month declared

July 2020 – 1
September 2021 – 1
April 2022 – 1
July 2022 - 2

Clinical Governance
November 2022

Hospital inpatient falls – January 2022 to January 2023 (EXTRACT 22.02.23)

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Context by Louise Bussell
Nurse Director

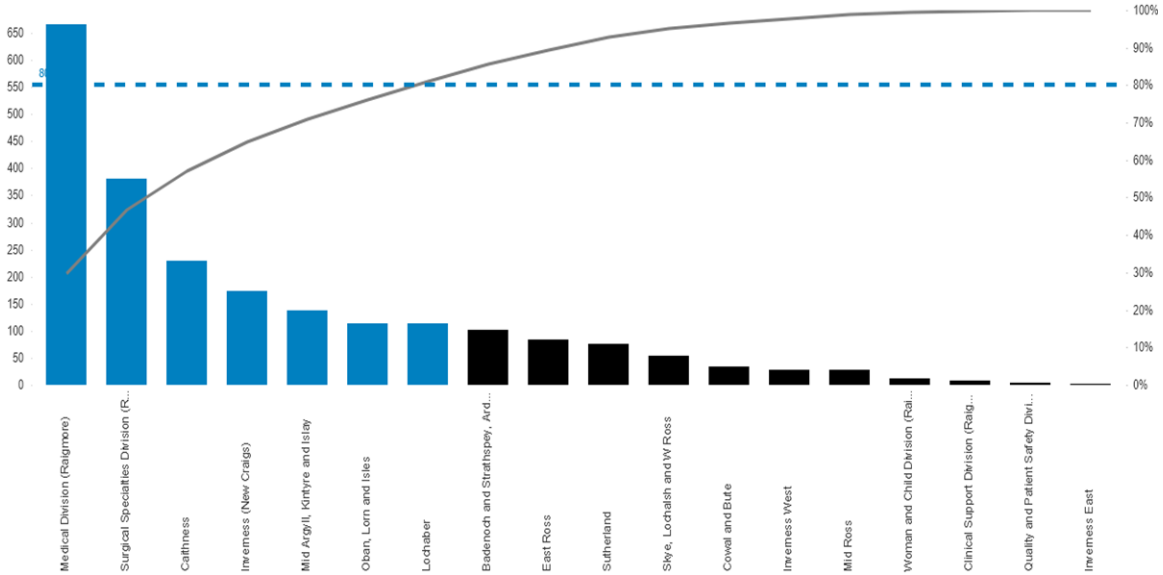
7of the last 9 months have been below the 13 months rolling average for total falls as have falls with harm. Falls with harm remain consistent as a proportion of total falls and therefore continued focus on reducing all falls is critical.

Work is ongoing to review the falls policy and complete the review of the bed rails policy and risk assessment. Both should be concluded before the next CGC.

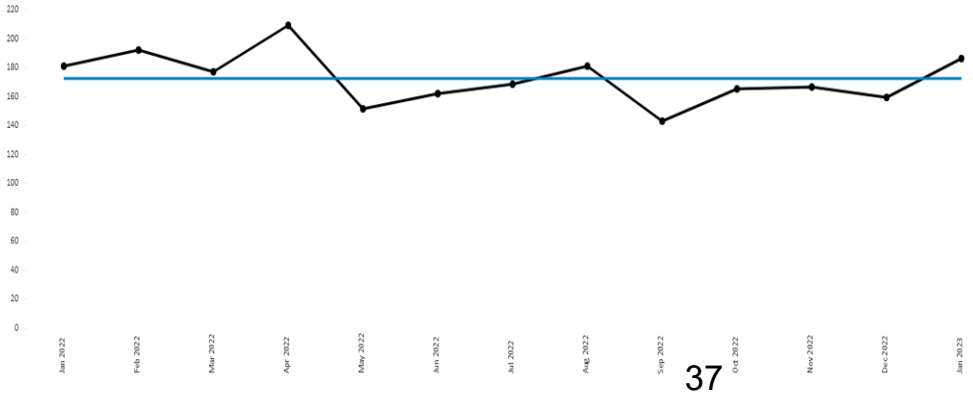
Work is ongoing to develop the datix reporting system to capture increased detail about risk assessment and mitigation to facilitate better understanding of primary and secondary prevention of falls and offer assurance that approriate steps are being taken. This will also help us target quality improvement support to target trends in cause.

	Risk	Mitigation
1	Staffing challenges remain a significant risk in the acute environment, with regular instances of staff working in unfamiliar areas colleagues and often with reduced staffing numbers and skill mix.	Key principles of falls prevention are universally applied as part of essentials of safe care. Quality improvement work being undertaken to review falls risk assessment paperwork. Daily care plan to be rolled out by end April 2023 Patients' mobility status and falls risk to be communicated as part of shift handover and at bed space using 'I can' Regular monitoring of staffing level and escalation of concerns.
2	The Increasing complexity and frailty of patients in our care facilities.	Regular review of staff support required to care for those with higher need. Education sessions on delirium and End PJ paralysis principles being delivered to promote principles of positive risk taking and safe mobilisation

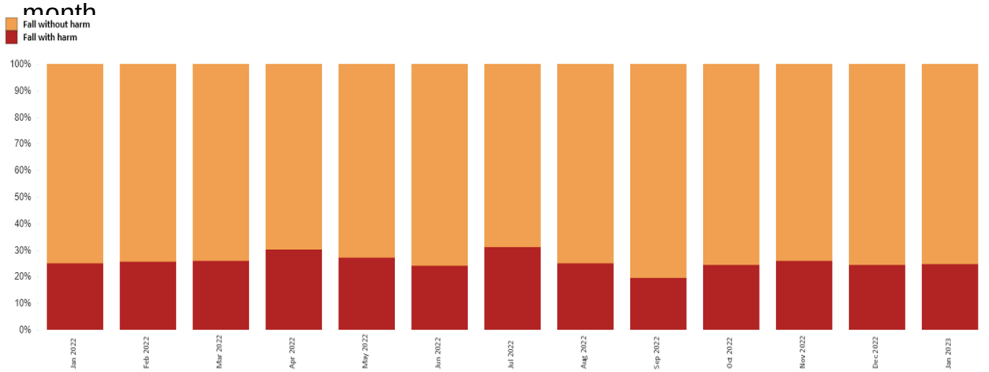
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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



Hospital inpatient falls with harm V inpatient falls without harm (%) over last 13 month



Clinical Governance
November 2022

Infection Prevention, E Coli, SAB and C Diff Infection HCAI Rates per 100,000 population (EXTRACT 22.02.23)

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Context by Louise Bussell
Board Nurse Director

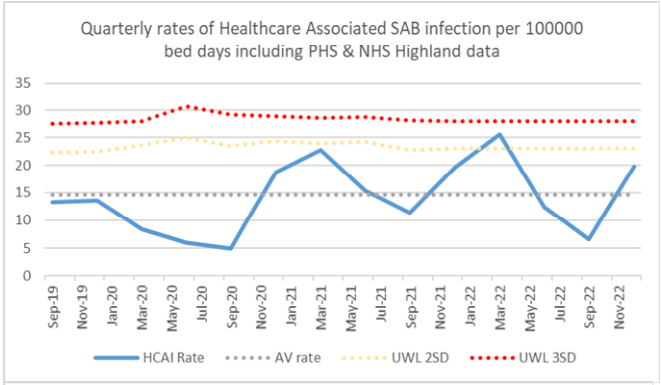
Published data from ARHAI (antimicrobial Resistance Healthcare associated infection) Scotland for the Oct -Dec quarter will not be available till March 2023. Unvalidated NHS Highland data for quarter 4 (Jan – Mar 23) will not be available until 7.4.2023.

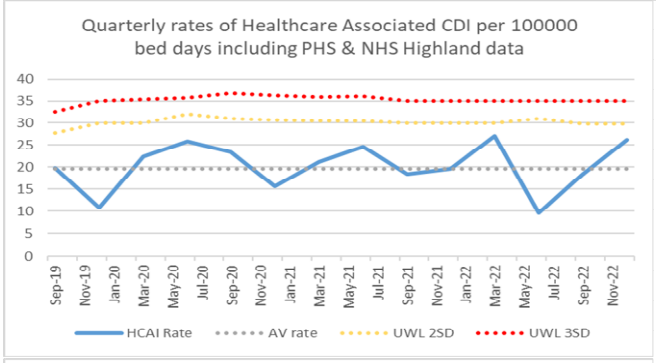
NHS Highland data for the first 3 quarters of the year (April to Dec) identifies NHS Highland is not on track to meet the performance rate for EColi bacteraemia and CDI infections. However we remain within predicted limits. NHS Highland SAB rate is at 12.8 which is on track to meet the performance target.

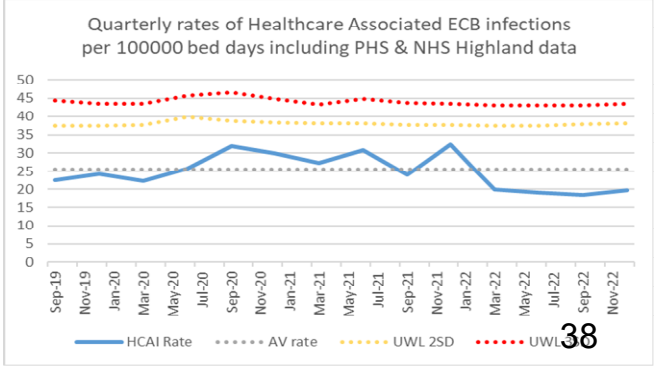
The Infection Prevention and Control team actively monitor each patient with a reported episode of infection, for learning points and to prevent future occurrences.

A plan is in place to identify how levels of infection may be improved over the forthcoming year.

A detailed IPC report is submitted to each Clinical Governance Committee for discussion and assurance







	Risk	Mitigation
1	Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus, Bacteraemia, Clostridium difficile and E coli infections	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the operational units. Where present themes are addressed through specific action plans.
2	Sustained, increased pressures on Infection Prevention and Control specialists due to workload and new untrained staff being supported in post	Additional capacity provided to enhance IPC clinical resource with non- recurring SG funding due to end March 2023. Discussions in place with accountant and Board Nurse Director re additional funding, and workload review of IPC team

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2022/2023 including validated and published data by Public Health Scotland, and NHS Highland unvalidated data

Period	Apr-Jun 2022 Q1 (Validated by PHS)	Jul-Sep Q2 (Validated by PHS)	Oct-Dec Q3 (NHS Highland data)	Jan-Mar Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	12.4	6.6	19.7	n/a
SCOTLAND	17.3	17.1	n/a	n/a
C. DIFF				
NHS HIGHLAND	9.6	18.4	26.2	n/a
SCOTLAND	14.3	13.1	n/a	n/a
E.COLI				
NHS HIGHLAND	19.2	18.4	19.7	n/a
SCOTLAND	34.8	36.2	n/a	n/a

Clinical Governance
November 2022

Tissue Viability – January 2022 to January 2023 (EXTRACT 22.02.23)

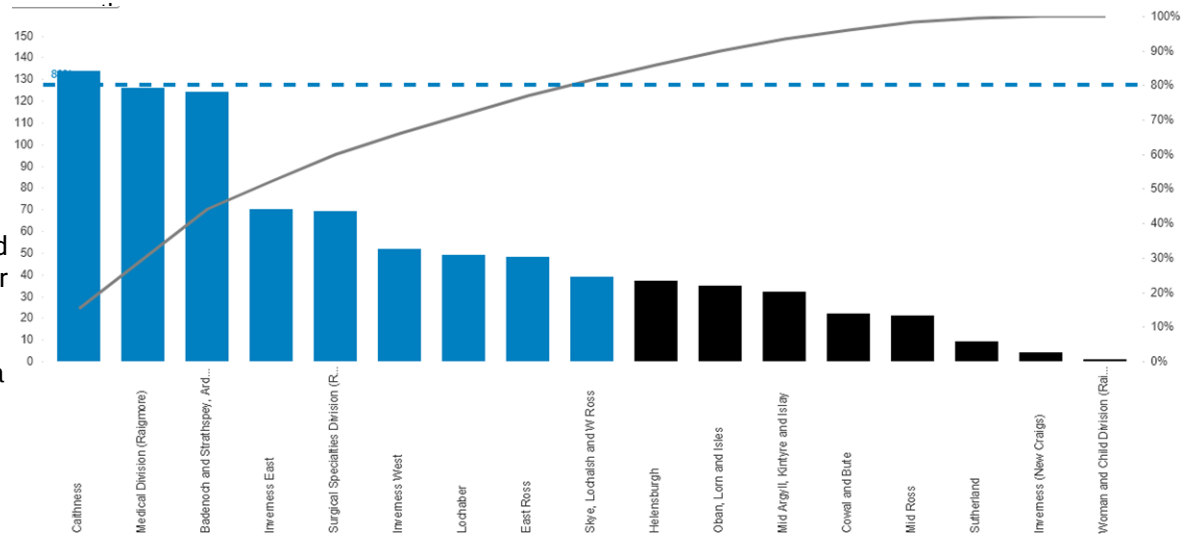
	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	1.Reprofiling and development of new pan Highland senior Tissue Viability nurse post to be appointed - this post will provide enhanced senior clinical nurse leadership to lead the pan Highland TV service review and redesign 2.Additional fixed term nursing support for Care Homes as part of SG commitment to enhanced care home support to increase capacity to deliver preventative work in Care Homes and with Care @ Home teams 3.Designated Quality Improvement Practitioner to provide focussed support for pressure ulcer prevention across all care settings 4. Development of monthly TV Newsletter to provide ongoing updates and features on wound care products and practice to support generalists to upskill in wound care management
2	Demand for specialist Tissue Viability advice and support continues to increase and referrals to the NHSH e-clinic are beginning to outstrip existing capacity	1. Changes to the e-clinic referral pathway to educate referrers to other routes for accessing support before specialist input is required 2 All below ankle wounds referred to podiatry for specialist review and shared care 3.Review and monitoring impact of enhanced care home support to referral rates.

Together We Care
with you, for you

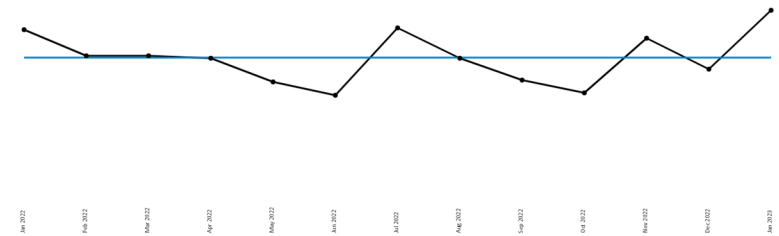
Context by Louise Bussell Board Nurse Director

Healthcare Improvement Scotland, Scottish Patient Safety Programme have convened a national working group to refocus and launch the Pressure Ulcer Prevention Programme with targets to be agreed for hospitals and Care Homes in early 2023. NHSH Highland agreed in the TVLG to commenced by focusing on a 10% reduction of hospital acquired pressure ulcers . A key clinical/ leadership post for this service has now been appointed to. Pressure relieving equipment has been reviewed and equipment purchased. Wound Formulary now available on the TAM.

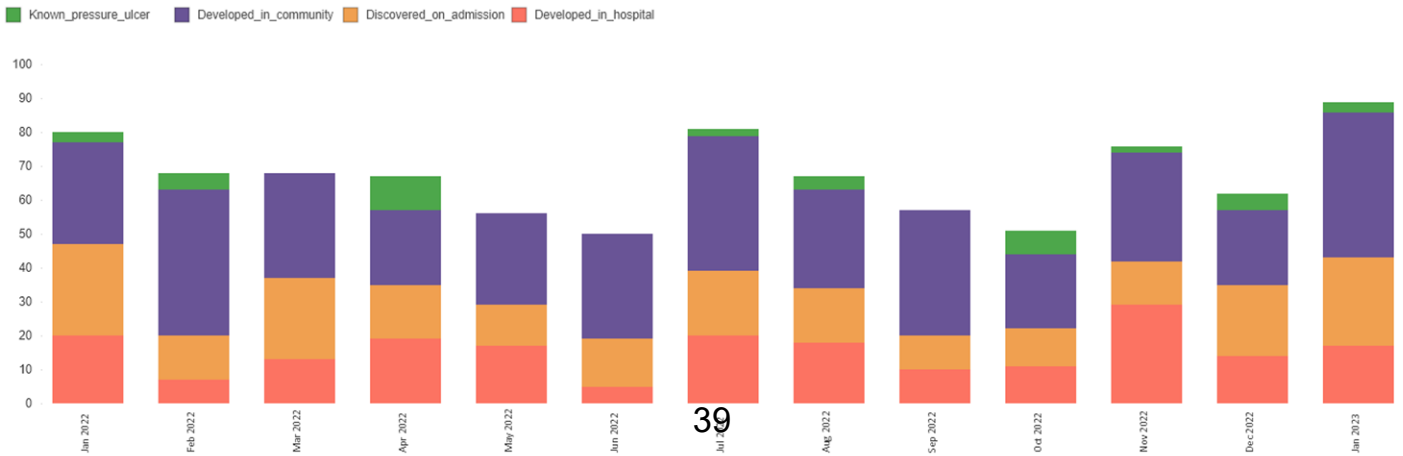
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13



Run chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months



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



Developed_in_hospital	200
Discovered_on_admission	222
Developed_in_community	409
Known_pressure_ulcer	41

Appendix: IPQR Contents

Slide #	Report	Frequency of Update
2	Performance of screening uptake in NHS Highland	Yearly
2	Inequality in screening uptake in NHS Highland 2020/21	Yearly
2	Diabetic eye screening	Rolling 12 months
3	% of people fully vaccinated plus booster by age group	Monthly
3	% of people fully vaccinated plus booster aged 40 yrs+(Combined)	Monthly
4	NHS Highland-Alcohol brief interventions 2022/23 Q2	Monthly
4	ABIs delivered	Yearly
5	LDP smoking quit attempts by month of planned quit-NHS highland	12 weeks
5	LDP 12-week smoking quits by month of follow up-NHS highland	12 weeks
6	Highland ADP performance against standard for completed waits	Quarter
6	% of of ongoing waits> 3 weeks at 30/09/2022	Quarter
6	% of completed community referrals with a 3 week wait or less	Monthly
7	Breast feeding initiation	Ad hoc
7	C-section rates	Ad hoc
7	Antenatal Care by 12th week of gestation	Yearly
8	CAMHS waiting list	Monthly

Appendix IPQR contents Cont.

Slide #	Report	Frequency of update
8	Wait distribution (%) of patients waiting for CAMHS in NHS highland by month	Monthly
8	Average length of wait bands in NHS Scotland	Monthly
9	NDAS performance (%) against target	Monthly
9	NDAS: Number waiting for assessment to start	Monthly
10	ED attendances by flow group	Monthly
10	ED performance Benchmarking	Monthly
10	NHS highland ED 4hr wait performance	Monthly
11	TTG Waitlists	Monthly
11	Projected TTG waits over 78 weeks September 2023 at 30th November 22	
12	New outpatients-Demand, activity & queue	Monthly
12	Projected outpatient waits over 78 weeks December22 as at 30th November 22	
13	Key diagnostics Endoscopy-Total waiting	Monthly
13	Key diagnostics Radiology-Total waiting	Monthly
13	Monthly waiting list Comparison	Monthly
14	31v62 day performance	Monthly
14	NHS board comparison 31 day performance	Monthly

Appendix IPQR contents Cont.

Slide #	Report	Frequency of update
14	NHS board comparison 62 day performance	Monthly
15	Detect Cancer early-% diagnosed at stage 1 (Breast)	Yearly
15	Detect Cancer early- % diagnosed at stage 1 (Lung)	Yearly
15	Detect Cancer early-% diagnosed at stage 1 (Colorectal)	Yearly
15	Detect Cancer early- % diagnosed at Stage 1 (Combined)	Yearly
16	NHS Highland DD November 22	Monthly
16	North Highland DD's by Locality	Monthly
16	Delayed Discharge all types up to October 22	Monthly
17	Care homes-Long term care service user by operational area including OOA	Monthly
17	Care homes-No. Of occupied long tern care beds by provider types	Monthly
17	Care at Home services-Count of clients by provider type	Monthly
17	Care at Home services-Sum of hours by provider type	Monthly
18	Total PT waiting list	Monthly
18	Psychological therapies performance(%) 2022	Quarterly
19	Number of Individuals Relating to PDS Standard – Benchmarked Up to Q2 FY 22/23	Quarterly
19	Number of Individuals Diagnosed and Referred for PDS – NHS Highland	Monthly

Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board Meeting**
M Meeting date:	**28 March 2023**
Title:	**Finance Report – Month 11 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:

- 5 Year Strategy, Together We Care, with you, for you.
- Annual Operation Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 11 2022/2023 (February 2023).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26.000m proposed. No funding source was identified to close the residual gap of £16.272m. This report summarises the position at Month 11 and provides a forecast through to the end of the financial year.

2.3 Assessment

For the period to end February 2023 (Month 11) an overspend of £22.312m is reported. A year end position of a £20.000m overspend is forecast based on the current operational position, mitigating actions from the recovery plan, benefits from the New Medicines fund and a reduction in CNORIS expenditure. The YTD position includes slippage against the savings plan of £15.043m with slippage of £16.445m forecast at financial year end.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

It is only possible to give limited assurance at this time due to the limited progress on savings delivery and the ongoing utilisation of locums and agency staff. During this ongoing period of financial challenge the development of a robust recovery plan is required to increase the level of assurance – this is currently being developed.

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.

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the Quality Impact Assessment tool the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government recognise the financial challenge on all Boards for 2022/2023. However, there continues to be an expectation that Boards will deliver, as a minimum, the position as set out within their financial plan. For NHS Highland this means no more than an overspend of £16.272m.

3.4 Risk Assessment/Management

There is a high risk NHS Highland will overspend on its 2022/2023 revenue budget by more than £16.272m. The Board continues to look for opportunities both locally and nationally to bring the forecast overspend down.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

None.

3.8 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
- Monthly financial reporting to Scottish Government

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

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Capital Expenditure at Month 11

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**28 March 2023**
Title:	**Finance Report – Month 112022/2023**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Financial Plan

1.1 NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26.000m proposed. At the time of submission no funding source was identified to close the residual gap of £16.272m. It is now anticipated that SG will provide financial support by way of repayable brokerage. This report summarises the position at Month 11 and provides a forecast through to the end of the financial year.

1.2 Financial reporting submissions to Scottish Government have reverted to monthly during 2022/2023 recognising the severity of the financial challenge that all Boards are facing.

2 Financial Position YTD & Forecast

2.1 For the 11 months to the end of February 2023 NHS Highland has overspent against the year-to-date budget by £22.312m and is reporting an adjusted forecast of £20.000m at financial year end taking into account the current position, mitigating actions from the recovery plan, additional New Medicines funding and a reduction in the CNORIS estimate of expenditure.

2.2 The expectation of SG is that NHS Highland will deliver, as a minimum, a year end financial position in line with its financial plan submission. For NHS Highland this means no more than a £16.272m overspend. The adjusted forecast reported at the end of month 11 is £3.728m adrift from the position presented in the financial plan.

2.4 The YTD position includes slippage against the CIP of £15.043m with slippage of £16.445m forecast through to financial year end.

2.5 A breakdown of the year-to-date position and the year-end forecast is detailed in Table 1.

Table 1 – Summary Income and Expenditure Report as at February 2023

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,122.088	**Total Funding**	973.365	973.365	-	1,122.088	-
	Expenditure					
422.092	HHSCP	383.347	390.346	(6.999)	429.692	(7.600)
260.479	Acute Services	239.578	261.054	(21.476)	284.613	(24.134)
191.562	Support Services	129.346	123.183	6.163	179.828	11.734
874.133	**Sub Total**	**752.271**	**774.583**	**(22.312)**	**894.133**	**(20.000)**
247.955	Argyll & Bute	221.094	219.244	1.850	247.955	-
	Management Actions A&B			**(1.850)**		
1,122.088	**Total Expenditure**	**973.365**	**993.827**	**(22.312)**	**1,142.088**	**(20.000)**

2.6 A breakdown of the forecast by unachieved savings and the net operational position is detailed in Table 2.

Table 2 – Breakdown of YTD & Forecast

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m	Operational (Over)/Under £m	Savings Unachieved £m
1,122.088	**Total Funding**	973.365	973.365	-	1,122.088	-		
	Expenditure							
422.092	HHSCP	383.347	390.346	(6.999)	429.692	(7.600)	(1.319)	(6.281)
260.479	Acute Services	239.578	261.054	(21.476)	284.613	(24.134)	(18.035)	(6.098)
191.562	Support Services	129.346	123.183	6.163	179.828	11.734	14.320	(2.587)
874.133	**Sub Total**	**752.271**	**774.583**	**(22.312)**	**894.133**	**(20.000)**	**(5.034)**	**(14.966)**
247.955	Argyll & Bute	221.094	219.244	1.850	247.955	-	1.478	(1.478)
	Management Actions A&B			**(1.850)**				
1,122.088	**Total Expenditure**	**973.365**	**993.827**	**(22.312)**	**1,142.088**	**(20.000)**	**(3.555)**	**(16.445)**

3 Highland Health & Social Care Partnership

3.1 The HHSCP is reporting a YTD overspend of £6.999 with this forecast to increase to £7.600m by financial year end. Table 3 shows the breakdown across service areas and the split between Health & Social Care.

Table 3 – HHSCP Breakdown as at February 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
233.024	NH Communities	212.797	217.379	(4.581)	239.897	(6.874)
48.475	Mental Health Services	44.345	44.831	(0.486)	49.243	(0.768)
143.719	Primary Care	130.040	131.066	(1.026)	144.473	(0.754)
(3.126)	ASC Other includes ASC Income	(3.836)	(2.930)	(0.906)	(3.922)	0.796
422.092	**Total HHSCP**	**383.347**	**390.346**	**(6.999)**	**429.692**	**(7.600)**
	HHSCP					
257.931	Health	233.943	240.910	(6.966)	265.531	(7.600)
164.161	Social Care	149.404	149.436	(0.033)	164.161	-
422.092	**Total HHSCP**	**383.347**	**390.346**	**(6.999)**	**429.692**	**(7.600)**

3.2 Within Health the forecast position reflects:

- £4.180m of unachieved savings
- £1.331 of service pressures in Enhanced Community Services, Palliative Care & Chronic Pain Services
- £0.961m agency/ locum costs in the LD/ Dementia Unit
- £0.705m relating to minor works undertaken at New Craigs – these works were required for operational reasons during the pandemic but were delayed.
- £0.225m relating to additional costs re Alness and Invergordon reverting to a 2c practice.

3.3 £17.185m has been incurred on supplementary staffing at the end of month 11.

3.4 Adult Social Care is currently reporting a breakeven position with funding being drawn from the funds held by Highland council over financial year end. Slippage on the ASC element of the CIP of £2.100m has been covered by this funding drawdown.

4 Acute Services

4.1 Acute Services are reporting a YTD overspend of £21.476m with this forecast to increase to £24.134m by financial year end. Table 4 provides more detail on this position.

Table 4 – Acute Services Breakdown as at February 2023

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
68.386	Medical Division	62.670	70.530	(7.861)	76.725	(8.339)
19.197	Cancer Services	17.603	18.248	(0.644)	20.136	(0.939)
61.147	Surgical Specialties	56.455	59.660	(3.206)	64.823	(3.676)
32.333	Woman and Child	29.704	29.153	0.551	31.773	0.560
44.286	Clinical Support Division	40.576	40.181	0.395	43.936	0.350
(2.467)	Raigmore Senior Mgt & Central Cost	(2.280)	5.980	(8.260)	7.157	(9.624)
11.258	NTC Highland	10.722	11.196	(0.474)	11.563	(0.305)
234.140	**Sub Total - Raigmore**	**215.448**	**234.947**	**(19.499)**	**256.113**	**(21.973)**
12.571	Belford	11.519	12.512	(0.993)	13.655	(1.084)
13.768	CGH	12.610	13.595	(0.985)	14.844	(1.076)
260.479	**Total for Acute**	**239.578**	**261.054**	**(21.476)**	**284.613**	**(24.134)**

4.2 £6.098m of unachieved savings is reflected in the forecast position.

4.3 The forecast position has improved by £2.096m from month 9 – the main driver behind this movement is the application of funding for pay awards which has generated a benefit due to the number of vacant posts.

4.3 However the following pressures remain and are the main drivers for the operational overspend:

- £12.985m of additional staffing costs to cover vacancies and unfunded beds
- £1.167m of Acute Drugs (improved from month 9 due to receipt of further rebates)
- Pressures resulting from lower than anticipated Scheduled Care allocation - £3.000m

5 Support Services

5.1 Support Services are reporting a YTD underspend of £6.163m with this forecast to increase to £11.734m by financial year end. This is a significantly improved position from that reported at month 9 and reflects further unplanned allocations from SG and delivery of mitigating actions from the recovery plan.

5.2 The forecast position includes £2.578m of unachieved savings.

5.3 Table 5 breaks this position down across service areas.

Table 5 – Support Services breakdown as at February 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
64.614	Central Services	14.422	6.063	8.359	49.973	14.642
41.789	Corporate Services	37.560	38.162	(0.601)	42.662	(0.872)
47.142	Estates Facilities & Capital Planning	42.444	42.765	(0.321)	47.681	(0.539)
12.618	eHealth	11.637	12.007	(0.370)	13.123	(0.505)
25.399	Tertiary	23.282	24.187	(0.905)	26.390	(0.991)
191.562	**Total**	**129.346**	**123.183**	**6.163**	**179.828**	**11.734**

5.4 Within Estates & Capital Planning & eHealth the overspend position continues to be driven by costs which would previously have been charged to Covid and unachieved savings.

5.5 Out of area placements continue to drive the forecast overspend within Tertiary.

5.6 No further benefit is expected to accrue from recovery plan mitigating actions.

6 Argyll & Bute

6.1 Argyll & Bute are currently reporting a breakeven position both year to date and forecast. This position is being delivered from management actions to reduce costs and the benefit of unexpected funding allocations from SG.

6.2 The forecast position includes slippage on savings of £1.478m.

Table 6 – Argyll & Bute breakdown as at February 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
120.000	Hospital & Community Services	110.016	109.572	0.444	119.448	0.552
36.458	Acute & Complex Care	33.254	33.840	(0.586)	36.844	(0.386)
9.269	Children & Families	8.456	8.044	0.412	8.769	0.500
59.112	Primary Care, Prescribing & Dental inc GMS	53.372	54.415	(1.043)	60.291	(1.179)
9.764	Estates	8.582	8.752	(0.170)	10.014	(0.250)
5.307	Management Services	4.742	4.586	0.156	5.134	0.173
8.045	Central/Public health	2.673	0.036	2.637	5.155	2.890
-	Management Actions	-	-	(1.850)	2.300	(2.300)
247.955	**Total Argyll & Bute**	**221.094**	**219.244**	**-**	**247.955**	**-**

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 £15.043m with £16.445m of savings forecast to be unachieved by the end of the financial year. Risk around delivery of the balance of the CIP (£0.893m) is medium risk.

7.2 Table 7 provides a summary of the savings position at month 11.

Table 7 Savings at Month 11

	Target £000s	YTD Target £000s	YTD Achieved £000s	Variance £000s	Achieved Future Mths £000s	Forecast Annual Savings £000s	Forecast Variance
NH Communities	9,293	8,519	2,898	(5,621)	57	57	(6,281)
Acute	8,457	7,752	2,029	(5,723)	184	146	(6,098)
Corporate	2,692	2,468	438	(2,029)	10	-	(2,244)
Estates & Facilities	1,100	1,008	1,008	-	92	-	-
E Health	400	367	57	(310)	-	-	(343)
A&B	4,058	3,720	2,359	(1,361)	214	6	(1,478)
Total Savings M11	**26,000**	**23,833**	**8,790**	**(15,043)**	**556**	**209**	**(16,445)**
Achieved Future Months			**556**				
Total Savings Achieved			**9,346**				

8 Financial Risk

8.1 At this stage of the financial year no further risks have been identified. There remains uncertainty around some anticipated allocations – assuming that outstanding allocations will be received at a level in line with previous year.

8.2 Pay award funding has now been confirmed for this FY.

9 Capital

9.1 Total anticipated Capital Funding for NHS Highland for 2022/2023 is £31.712m.

9.2 Details of the expenditure position across all projects are set out in Appendix 1. To date expenditure of £22.421m has been incurred – 71% of planned expenditure

9.3 The main areas of investment to date include:

Project	Spend to end December 2022
National Treatment Centre – Highland	£9.710m
Estates Backlog Maintenance	£2.543m
Equipment Purchase	£1.061m
Home Farm works	£0.738m

9.4 At this stage of the financial year it is currently estimated that the Board will spend the revised Capital Resource Limit in full.

10 Recommendation

- NHS Highland Board members are invited to discuss the contents of the Month 11 Finance Report.

Appendix 1

Capital Expenditure at Month 11

Updated Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Capital Schemes		
35	-	Radiotherapy	34	-
12,900	-	National Treatment Centre (Highland)	9,710	3,190
-	-	NTC-(H) eHealth Capital Expenditure	582	(582)
160	-	Grantown Health Centre Refurbishment	160	-
-	-	Portree/Broadford HC Spoke Reconfiguration	1	(1)
350	-	Belford Hospital Replacement Fort William	172	178
850	-	Caithness Redesign	441	409
100	-	Raigmore Reconfiguration	-	100
700	-	Increased Maternity Capacity - Raigmore	543	157
200	-	Additional VIE	-	200
1,000	-	Raigmore Fire Compartmentation upgrade	449	551
1,200	-	Raigmore Lift Replacement	914	286
740	-	Home Farm works	738	2
85	-	Cowal Community Hospital GP relocation	83	2
400	-	Raigmore Car Park Project	95	305
564	-	Wifi network Installation Project	563	1
71	-	Endoscopy Decontamination Washers	71	-
922	-	Laundry Water Filtration Equipment	922	-
-	-	Campbeltown Boiler Replacement	(28)	28
2,680	-	BackLog Maintenance Additional Funding	1,064	1,615
1,590	-	National Infrastructure Equipment Funding (NIB)	-	1,590
170	-	Ultrasound - Dunoon & Mid Argyll	170	-
49	47	Digital Pathology switches	49	-
24,765	**47**		**16,732**	**8,033**
		Formula Allocation		
800	800	PFI Lifecycle Costs	773	27
2,538	2,538	Estates Backlog Maintenance	2,543	(5)
1,850	1,850	Equipment Purchase Advisory Group (EPAG)	1,061	789
1,250	1,250	eHealth Capital Allocation	903	347
500	500	Minor Capital Group	499	1
9	9	AMG Contingency	9	-
-	-	Other	(97)	97
6,947	**6,947**		**5,689**	**1,257**
31,712	**6,994**	**Capital Expenditure**	**22,421**	**9,290**

Agenda Item 7

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**28 March 2023**
Title:	**2023/24 Budget offer to Argyll & Bute IJB**
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:

- Decision

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report sets out the initial budget offer for Argyll & Bute IJB for 2023/2024.

2.2 Background

The Board is required to make an opening budget offer to the IJB in advance of the new financial year. The Director of Finance has been in dialogue with the IJB's Chief Officer and Chief Finance Officer (CFO) and an offer in principle has been made, subject to Board approval.

2.3 Assessment

The funding for Argyll & Bute IJB is normally be provided on the basis of an equivalent NRAC share of the overall resource provided to NHS Highland. This was not the case in 2021/22 where the IJB agreed to a lower uplift which aided the Board in setting an initial balanced budget.

The paper approved by the Board for 2021/22 indicated that the funding offer for 2022/23 would return to a full NRAC share as is recommended in this paper.

Initial Offer

NRAC calculations are published by Scottish Government on a 3 year basis and Argyll & Bute's share of the NHS Highland total is 28.60%, this is a slight reduction from 28.77% in 2022/2023

On that basis, NHS Highland's offer to the IJB is £265.498m, a 1.55% uplift on the adjusted baseline 2022/2023 allocation.

Also included within this amount is an estimate of additional in-year allocations. This amount is indicative and will be adjusted throughout the year as resources are allocated to the Board. The basis of the calculation is set out in the table below.

2023/24 Baseline Allocation Summary			
	A&B	**North**	**Total**
NRAC Shares 2023/24	28.60%	71.40%	100.00%
23/24 Shares (£m)	**220.045**	**549.343**	**769.388**
Uplift on previous year	1.55%	2.23%	
Estimated additional in year allocations (£m)	45.453		
NHSH Highland Opening Offer (£m)	**265.498**		

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	√	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

N/A

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

This is part of the annual budget setting process for NHS Highland.

3.4 Risk Assessment/Management

Risk management is part of the H&SCP's management process in budgetary management and control.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

None

3.8 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
- Monthly financial reporting to Scottish Government

3.9 Route to the Meeting

Annual statutory requirement

4 Recommendation

- **The Board is asked to approve the budget offer to Argyll & Bute IJB**

4.1 List of appendices

N/A

Agenda Item 8

NHS Highland

Meeting:	**NHS HIGHLAND BOARD MEETING**
Meeting date:	**28 March 2023**
Title:	**NHSH Risk Register**
Responsible Executive/Non-Executive:	**Dr Boyd Peters, Board Medical Director**
Report Author:	**Rhiannon Boydell, Head of Strategy & Transformation (Interim)**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This paper is to provide the Board with assurance that the risks currently held on the NHSH 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 NHSH risk register continues to be refreshed in line with “Together We Care, with you, for you” to ensure we are aligned to the direction it sets out for us as an organisation.

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

All NHSH 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 approach will be presented to the next Audit Committee that addresses outstanding areas from the previous internal audit. Assurance on this will be given at the May board meeting.

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

2.2 Background

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

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

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

2.3 Assessment

The following section is presented to the Board for consideration of the updates to the risks in which the risk level has not been changed. The following risks are aligned to the governance committees in which they fall within and also consideration given to the strategic objective and outcome for future mapping.

Risk No 1102 – Financial Balance – ***Please note this risk will be refreshed in line with 23/24 challenges and taken to the next FRP Committee for approval therefore score will be refreshed also.***

NHS Highland is operating in a strategic context of increasing challenges and a real term reduction in resources. Local authority partners also face similar challenges which may also impact. The current financial forecast is a £33.6m overspend. There is a significant risk that NHS Highland will not meet financial targets set by Scottish Government this year. Strong operational leadership will be required along with all of our workforce ensuring accountability and responsibility for the resources they use and empowering clinical leaders with the intelligence to become partners in this.

Strategic Outcome: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk No 1103 – Financial Efficiencies – ***Please note this risk will be refreshed in line with 23/24 challenges and taken to the next FRP Committee for approval therefore score will be refreshed also.***

Significant under-achievement of planned financial efficiency savings for the current year which affects delivery of the financial balance. All savings plans are being aligned with the ADP and will not hinder the ability of programme to deliver their objectives. Targeted intervention has commenced to deliver further savings throughout the year in addition to measures to contain increasing costs.

Strategic Outcome: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk No 1097 – Transformation – ***Risk remains High with a target score of Medium.***

NHS Highland will need to re -design to systematically and robustly respond to this challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do. The intense focus on the current emergency situation may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.

Strategic Outcome: Perform Well

Governance Committee: Finance, Resources & Performance Committee

Risk No 666 – Cyber Security – *Risk remains 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 remains High*

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 remains High*

Continuing to work with SG in them providing extra capital funding to remove all high risk backlog maintenance.

Strategic Objective: Progress Well
Strategic Outcome: Environment and Climate
Governance Committee: Finance, Resources & Performance Committee.

Risk No 715 – Impact of COVID and Influenza on Health Outcomes – *Risk remains High*

Population COVID levels have reduced over recent months as judged by population surveys. The current prevalence of infection in the population is around 2%. In addition, the effects of COVID have reduced owing to vaccination and from the impact of immunity from prior infection. Influenza rates have fallen very considerably from peak levels. There are still risks from COVID both for individuals and from potential variants and mutations.

Strategic Outcome: Anchor Well
Governance Committee: Clinical and Care Governance Committee.

Risk No 959 – COVID and Influenza Vaccinations – *Risk remains High*

COVID and influenza vaccination programmes have delivered population coverage slightly higher than the Scotland average and for care homes the rates have been considerably higher. These programmes are now part of the overall board delivered vaccination programme. There are risks concerning

the delivery of the whole programme including resources and staffing. It is proposed that the risk is modified to include all vaccinations.

Strategic Outcome: Stay Well
Governance Committee: Clinical and Care Governance Committee.

Risk No 632– Culture – *Risk remains High*

There remains a risk of negative colleague and patient experience, poor performance and retention issues within NHS Highland as a result of a poor culture in some areas, resulting in some people still not feeling valued, respected or listened to, despite ongoing improvements and recent de-escalation to Level 2 on the SG framework. This is a long term and ongoing piece of work.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

Risk No 706 – Workforce – *Risk remains Very High.*

There is an increased risk of failure to deliver essential services of the required capacity and quality, because of a shortage of available and affordable workforce, resulting in reduced services, lowered standards of care and increased waiting times as well as a negative impact on colleague wellbeing and morale and increased turnover levels.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

Risk No 1056 – Statutory and Mandatory Training Compliance – *Risk remains Very High*

There is a risk of harm to colleagues and patients because of poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.

Care Strategy and ADP, under Grow Well, 5c to improve our safety culture, and the key deliverables address poor statutory and mandatory training compliance through structured improvement programme, as well as ongoing H&S management and leadership training and will be tracked under the ADP reporting process.

Ongoing communication and leadership cascades to drive up performance are in place and our People Partners are working with their senior leadership teams to enable immediate local focus and improvement actions. A video was created and shared with all colleagues to help them understand why training was needed and how to do this, and regular sessions to train colleagues and managers on the system continue to be held.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

Risk No 1101 – Impact of current socio-economic situation – *Risk remains Very High*

There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures of pay uplifts, impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home over winter. Demand for services will also increase creating further pressure on resources.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

Risk No 877 – Engagement and Service Design – *Risk remains High*

There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll & Bute, and damaging the performance and reputation of NHS Highland.

Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3- year strategic plan.

It is proposed that this is not actually a staff governance risk, and that the risk should be revised and updated and adopted by the relevant committee, to include the approval and rollout of the Engagement Framework and also the relevant outcomes for people as the strategy and ADPs are delivered and the effectiveness of our ongoing partnership working with our communities and stakeholders.

Strategic Objective: Anchor Well
Strategic Outcome: Our Population
Governance Committee: TBC

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

Authors **must** provide an outline of what actions are necessary to increase the proposed level of assurance to 'Substantial'

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 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

Agenda Item 9

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**27 March 2023**
Title:	**Annual Review of Code of Corporate Governance**
Responsible Executive/Non-Executive:	**Pam Dudek, Chief Executive**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report proposes approval of revised Terms of Reference for two governance committees for inclusion in the Board's Code of Corporate Governance and Board approval in March 2023. The report has been prepared by the Board Secretary to take account of developments and changes that require to be reflected in the Code.

2.2 Background

The Board agreed an updated Code of Corporate Governance in January 2023, and it was noted that revised Terms of Reference for both Staff Governance and Remuneration Committee would be submitted to the March meeting of the Audit Committee for endorsement.

2.3 Assessment

An assessment of the elements of the draft revised Terms of Reference have been agreed by the respective Governance Committees during January and February 2023, and endorsed by the Audit Committee in March.

Full details of the revisions made are shown as highlighted text in the appendices to this report.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

The contents of this report have been considered by individual governance committees.

4 Recommendation

The Board is invited to:

(a) **Approve and take assurance from** the revisions to Terms of Reference proposed for the Staff Governance and Remuneration Committees as set out in the appendices to this report, and

(b) **Take assurance** that the updated Code of Corporate Governance will be published in full on the Board's website after the Board meeting;

4.1 List of appendices

The following appendices are included with this report:

The following appendices are included with this report:

- Appendix 1 revised ToR Staff Governance Committee
- Appendix 2 revised ToR Remuneration Committee

Sections added	*Sections Deleted*
Sections moved	

STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of SGC review: September 2022
Date of Board Approval: January 2023

1. PURPOSE

1.1 The purpose of the Staff Governance Committee is to support and maintain a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration. It will ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored

1.2 To assure the Board that the staff governance arrangements across NHS Highland are working effectively.

1.3 As a Committee of the Board, escalate any issues if serious concerns are identified regarding staff governance issues within NHS Highland.

2. COMPOSITION

2.1 The membership of the Staff Governance Committee will be:

- Four Non-Executive members, one of whom will be the Chair of the Committee.
- Employee Director
- Three Area Partnership Forum (Staffside) representatives
- *Two Highland Partnership Forum (Staffside) representatives*
- Chief Executive

2.2 Ex Officio

Board Chair

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

should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of *Human Resources and Organisational Development* People and Culture
- Deputy Chief Executive
- Nursing Director
- Medical Director
- Director of Public Health
- Chief Officer, Acute
- Chief Officer, Argyll and Bute IJB
- Chief Officer, *North Highland* Highland HSCP
- Director of Estates, Facilities and Capital Planning
- Director of Finance
- Director of Adult Social Care
- Head of Occupational Health and Safety
- Deputy Director of *HR* People
- *Head of HR, A&B*
- Head of Communications and Engagement
- *External Culture Advisor*
- Staffside Co-Chair of Health & Safety sub committee

2.4 The Director of *Human Resources and Organisational Development* People and Culture will act as Lead Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. Non- Executive Directors who are unable to attend a meeting should find an substitute to attend in their place.

4. MEETINGS

4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than six times a year. Where possible, these meetings should be held to fall between two and four weeks before the NHS Highland Board meeting.

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

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

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

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

- Consider NHS Highland's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard and reporting on progress to Scottish Government

- Take responsibility for the timely submission of all staff governance information required for national monitoring arrangements

- Give assurance to the Board on the operation of Staff Governance systems within NHS Highland, *identifying* regarding progress, issues, risks and mitigation and actions being taken, where appropriate

- Oversee the commissioning of structures and processes which ensure that the delivery against the standard is being achieved

- Monitor and evaluate strategies and implementation plans relating to people *management* and culture, through the Together We Care Strategy, Argyll & Bute HSCP Strategic Plan, the Annual Delivery Plan and the Workforce Plans for NHS Highland and Argyll & Bute HSCP.

- Provide support for *Approve* any policy amendment, funding or resource submission to achieve the Staff Governance Standard

- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;

- Provide assurance and oversight to the board for the operation of the *Highland* Area Partnership Forum, the Health & Safety *Sub* Committee and the *Culture Oversight Group* People and Culture Programme Board and escalate any matters as required.

- Support the operation of the *Highland* Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this.

- *Undertake an annual self-assessment of the Committee's work and effectiveness and share with Scottish Government; and*

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

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year

or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

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

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

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

6. AUTHORITY

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

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

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

7.2 The *Highland* Area Partnership Forum will report to the Committee and act as the main implementation body for the Staff Governance agenda.

7.3 The Health and Safety *Sub* Committee will report to the Committee to ensure that the appropriate processes and resources are in place to facilitate the achievement of Health and Safety Policy Aims and Strategic Objectives and for assurance of and escalation for matters relating to Health & Safety. This will

include receiving an annual report on progress with the Health and Safety agenda.

7.4 The *Culture Oversight Group* People and Culture Programme Board will report to the Committee on progress with and assurance of the *Culture Programme across NHS Highland* People and Culture elements of the Strategy and Annual Delivery Plan, including the Argyll and Bute Strategic Plan, as well as compliance with the Health and Care Staffing Act and delivery of the Workforce plans for both NHS Highland and Argyll & Bute HSCP. This will include a dashboard of metrics and insights and oversight of key risks and issues.

Sections added	Sections Deleted

REMUNERATION COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board approval: January 2023

1. PURPOSE AND ROLE

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

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

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

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

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

2. COMPOSITION

2.1 The membership of the Remuneration Committee will be:

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

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

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

3. QUORUM

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

4. MEETINGS

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

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

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

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

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

5. REMIT

5.1 The remit of the Remuneration Committee is to:

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

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

- Ensure Remuneration ***Sub*** Committee members are fully trained to undertake Committee member duties.

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

6. AUTHORITY

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

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

6.3 Delegated authority is detailed in the Board's Standing Orders and Standing Financial Instructions and is set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

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

7.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board. The Remuneration Committee has access to the National Remuneration Committee Self-Assessment Pack to ensure that the performance is in line with National Guidance.

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

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

Agenda Item 10

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**28 March 2023**
Title:	**Board and Governance Committees' Annual Work Plans**
Responsible Executive/Non-Executive:	**Prof. Boyd Robertson, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Assurance
- Decision

This report relates to a:

- Local policy

This report will align to the following NHSScotland quality ambition(s):
Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report seeks the Board's approval of Board and Governance Committee Work Plans for the 2023/24 financial year.

2.2 Background

This Board and Committee Workplans are compiled with specific reference to the individual group roles, responsibilities and functions as defined in the Code of

Corporate Governance, and from the schedule of issues considered during 2022-23. Workplans cover a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support the Board and Committees' objectives. Should these change because of issues arising during the year, workplans will be revisited and revised accordingly.

2.3 Assessment

An overarching programme of work for the Board and Governance Committees provides the basis for the Executive team to deliver activity directly supporting key priorities and risks through a structured approach. This activity is underpinned with direction, support and oversight from the Board and its Committees.

Board and Committee Workplans ensure that business planning is co-ordinated, and the appropriate level of scrutiny is delivered, but also that decisions are taken in a planned and logical sequence.

The contents of the individual Governance Committee workplans have been discussed with Executive Leads and their respective committees and are appended to this report and presented for Board approval.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

Board and Committee Chairs and Lead Executives have discussed the proposed draft workplans for 2022-23.

3.9 Route to the Meeting

The appendices to this report have been considered and agreed at the respective governance Committee meetings as follows:

- Finance, Resources and Performance Committee of
- Highland Health and Social Care Committee of
- Clinical Governance Committee of
- Audit Committee of
- Staff Governance Committee of
- Remuneration Committee of 27 February 2023.

4 Recommendation

The Board is asked to consider and agree the Board and Governance Committee Workplans for 2023/24.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 - Draft Board Workplan
- Appendix 2 – Audit Committee Workplan
- Appendix 3 - Clinical Governance Committee Workplan
- Appendix 4 – Finance, Resources and Performance Committee Workplan
- Appendix 5 - Highland Health and Social Care Committee Workplan
- Appendix 6 - Staff Governance Committee Workplan
- Appendix 7 – Remuneration Committee Workplan

NHS HIGHLAND BOARD WORK PROGRAMME TO 31 March 2024

Standing Items for every Board meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Action Plan and matters arising
- Chief Executive's report
- Integrated Quality and Performance Report
- Finance Assurance Report
- Corporate Risk Register
- Minutes of Governance Committees and ACF
- Date of next meeting

MARCH 2023	
• Argyll and Bute IJB Opening Offer	**Director of Finance**
• Quarterly (Q3) Whistleblowing report 2021/22	**Director of People & Culture**
• Annual Board and Committee Workplans	**Board Secretary**
• Social Mitigation Action Plan	**Director of Public Health**
• Equalities Outcomes and Mainstreaming Report	**Director of Public Health**
MAY 2023	
• Annual Operational Plan, incorporating draft Financial Plan	**Deputy Chief Executive**
• Draft Final Outturn Financial Report	**Director of Finance**
• Quarterly (Q4) Whistleblowing report 2021/22	**Director of People & Culture**
• Governance Committees Annual Reports	**All Directors**
• Register of Members Interests update	**Board Secretary**
• Community Empowerment (Scotland) Act 2015 Sect. 5 Annual Reports ➢ Asset Transfer ➢ Public Participation Requests	**Board Secretary**
• Gaelic Language Plan Monitoring Report	**Board Secretary**
SPECIAL MEETING JUNE 2023	
• **Committee Annual Assurance Statements** 1) Audit Committee 2) Clinical Governance Committee 3) Finance, Resources & Performance Committee 4) Staff Governance Committee 5) Remuneration Committee 6) Highland Health and Social Care Committee 7) Pharmacy Practices Committee	**All Directors and Board Secretary**
• **Annual Accounts Process:** 1)NHS Highland Board Annual Accounts 2)Annual Accounts Documents 3)Annual Audit Report for the Board & Auditor General for Scotland 4)Letter of Representation 5)Annual Assurance Statement from Audit Committee	**Director of Finance**
• **Patients and Clients Private Funds Accounts**	**Director of Finance**

JULY 2023	
•	
SEPTEMBER 2023	
• NHS Board and Board Development Dates and Calendar	**Board Secretary**
• Whistleblowing Quarterly Update Q1. 2022/23	**Director of People and Culture**
• Winter Preparedness	**Director Public Health**
• Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Report ➢ Argyll and Bute IJB ➢ North Highland HSPC	**Chief Officers**
NOVEMBER 2023	
• Whistleblowing Quarterly Update Q2. 2022/23	**Director of People & Culture**
JANUARY 2024	
• Director of Public Health Annual Report	**Director of Public Health**
• Alcohol and Drug Partnership Annual Report	**Director of Public Health**
• Annual Review of Code of Corporate Governance	**Board Secretary**
• Board and Committee memberships	**Board Secretary & Board Chair**
MARCH 2024	
• Argyll and Bute IJB Opening Offer	**Director of Finance**
• Board and Committee memberships	**Board Secretary & Board Chair**
• Annual Board and Committee Workplans	**Board Secretary**
• Equalities Outcomes and Mainstreaming Report	**Director of Public Health**
• Social Mitigation Action Plan	**Director of Public Health**
• Whistleblowing Quarterly Update Q3. 2022/23	**Director of People & Culture**

Audit Committee Workplan 1 February 2023 to 31 March 2024

Standing Items for every Audit Committee meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Internal Audit Progress Report & Individual Reports
- Management Follow Up Report on Outstanding Audit Actions
- Counter Fraud Update
- Risk Management Update
- Date of next meeting

7 FEBRUARY	
• Individual Internal Audit Reports ◦ Internal Audit Summary Report	**Internal Audit**
7 MARCH	
• Individual Internal Audit Reports o Internal Audit Summary Report	**Internal Audit**
• Resilience Group Update	**Internal Audit**
• Argyll and Bute IJB Audit Report	**Technical Accountant**
• Annual Audit Committee Workplan	**Committee Chair and Lead Executive**
2 MAY	
• Individual Internal Audit Reports ◦ Internal Audit Summary Report	**Internal Audit**
• Governance Committee Annual Reports	**Board Secretary**
• Draft Annual Accounts	**Dir of Finance**
• Review of Risk Register Framework and Strategic Risk Register (Risk Management Update)	**Medical Director**
• Annual Accounts Plan (and General Information Session)	**External Audit**
• Information Assurance Group Update (including ICO Audit feedback/Action Plan)	**Deputy Chief Executive**
• Resilience Committee Update	**Deputy Chief Executive**
• Argyll and Bute IJB Audit Report (Deferred from March)	**Technical Accountant**
• Private session: Audit Committee members and Internal and External Auditors only.	**Audit Committee Internal Audit External Audit**
20 JUNE	

• Individual Internal Audit Reports ◦ Internal Audit Summary Report	**Internal Audit**
• NHS in Scotland 2022 report	**External Audit**
• Framework for Review of Policies	**Medical Director**
• Audit Committee Annual Report	**Committee Chair**
27 JUNE (Annual Report and Accounts meeting)	
• Internal Audit Annual Report	**Internal Audit**
• Payment Verification for Practitioner Payments	**Technical Accountant**
• Tender Waiver Register	**Technical Accountant**
• Annual Assurance Report on External Systems	**Head of Area Accounting**
• Annual Report and Accounts o Assurance for the Consolidation of Endowment Fund Accounts o 2022/23 Draft Final Annual Audit Report o Letter of Representation from NHS Highland to External Auditors o Draft Annual Report and Accounts 2022/23	**Head of Area Accounting** **Trustees' Chair** **External Audit** **Dir of Finance**
• Annual Accounts for Patient and Client Private Funds 2022/23	**Head of Area Accounting**
5 SEPTEMBER	
• Individual Internal Audit Reports ◦ Internal Audit Summary Report	**Internal Audit**
• Review of Audit Committee Terms of Reference	**Board Secretary**
• Public Finance and Accountability (Scotland) Act 2000	**Head of Area Accounting**
5 DECEMBER	
• Individual Internal Audit Reports ◦ Internal Audit Summary Report	**Internal Audit**
• Review of Code of Corporate Governance	**Board Secretary**
• Review of Risk Register Framework and Strategic Risk Register (Risk Management Update)	**Medical Director**
• Information Assurance Group Update	**Deputy Chief Executive**
• Resilience Committee Update	**Deputy Chief Executive**
• Committee self-evaluation	**Committee Chair and Lead Executive**
MARCH 2024	

• Individual Internal Audit Reports ◦ Internal Audit Summary Report	**Internal Audit**
• Annual Audit Committee Workplan	**Committee Chair and Lead Executive**
• Argyll and Bute IJB Audit Report	**Technical Accountant**

CLINICAL GOVERNANCE COMMITTEE WORKPLAN

Clinical Governance Committee Planner 1 April 2023 to 31 March 2024

Standing Items for every Clinical Governance Committee meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Patient Experience and Feedback
- Clinical Governance Quality and Performance Data
- Annual Delivery Plan Outcomes
- Public Health
- Emerging Issues /Executive and Professional Leads Reports by Exception §
- Reports by Exception with Minutes from Patient Quality and Safety Groups/Argyll and Bute Clinical and Care Governance Group
- Risk Register
- Infection Control & Prevention Report
- AOCB
- Reporting to the Board
- Date of next meeting

CLINICAL GOVERNANCE COMMITTEE WORKPLAN	
27 APRIL 2023	
• Public Health - health protection	Public Health Team
• Discussion of Assurance Requirements relating to Adult Social Care and Commissioned Children's Services (THC)	Chair/B Peters
• Allow space for Emerging Items	Chair/B Peters
• Complaints – Improving Communication	M Morrison
• Cancer Recovery Board 6 mthly Update by Exception	Nick Abbott/ Derick MacRae
29 JUNE 2023	
• Strategic Risk Register	Boyd Peters & Tim Allison
• Area Drugs & Therapeutics 6 mthly Update by exception+	Ian Rudd
• R,D & I Annual Report	E Sage
• Information Assurance Group 6 mthly Update by exception+	Iain Ross
• Transfusion Committee 6 mthly Update by exception+	Chic Lee
• Health & Safety Committee 6 mthly Update by exception+	Bob Summers

• Safe Delivery of Care Inspections and Implications for Care Assurance in NHSH	L Bussell
31 AUGUST 2023	
• Annual Delivery Plan	Rhiannon Boydell
• Annual Complaints Report***	Clinical Governance Team
• Organ & Tissue Donation Committee 6 mthly Update by exception+	John Rae
• Public Health - health improvement	Public Health Team
• Duty of Candour Annual Report	Clinical Governance Team
• Realistic Medicine Annual Update	Kate Arrow
• Highland HSPC Clinical Governance Annual Report*	CO Highland HSCP
• Argyll & Bute HSCP Clinical Governance Annual Report*	CO A&B HSCP
• Acute Services Annual Report (QPS activity etc)	K Sutton
2 NOVEMBER 2023	
• Strategic Risk Register	Boyd Peters/ Tim Allison
• Screening Services Update	Tim Allison
• SPSO Report	Clinical Governance Team
• Allow space for emerging items and development workshop event	Chair /B Peters
JANUARY 2024	
• Area Drugs & Therapeutics Committee 6 mthly Update by exception+	Dir of Pharmacy
• Public Health - health intelligence and support for health services	Public Health Team
• Public Protection Reporting	Committee Chairs
• Transfusion Committee 6 mthly Update by exception+	Chic Lee
• Health & Safety Committee 6 mthly Update by exception+	Fiona Hogg/ Bob Summers
• Information Assurance Group 6 mthly Update by exception+	Iain Ross
MARCH 2024 (2024/25 Work Plan to be developed)	
• Strategic Risk Register	Boyd Peters & Tim Allison
• Clinical Governance Committee Annual Report	Mirian Morrison
• 2023/24 Workplan	Board Support Services

• Cancer Recovery Board 6 mthly Update by Exception	Nick Abbott/ Derick MacRae
• Organ & Tissue Donation Committee 6 mthly Update by exception[+]	Deidre MacKay/ Marian MacKinnon
• Children's Services	

To be Scheduled:

- Update on Engagement Framework
- Increasing direct patient feedback
- Overview of Clinical Governance processes and systems within Acute & Community Services
- Clinical Governance & Social Care and Commissioned Children's Services
- Remobilisation & Recovery issues and risks
- Framework of improvement and service delivery
- Discharge Working Group reporting arrangements
- Annual Delivery Plan (Start Well) – Mission critical aspects and reporting proposals

Guidance Notes:

*The purpose of this report is to recommend that the Committee consider the annual update provided on the Clinical Governance arrangements and work in the 2 Health and Social Care Partnership (HHSCP & A&BHSCP).

***The purpose of this report is to recommend that the Clinical Governance Committee note the range of work across complaints & feedback and patient experience across NHS Highland and to approve the Complaints & Feedback Annual Report.

[§] This agenda item is to provide room for urgent issues that need to be escalated to the Committee on any matter relating to Clinical Governance, usually by Executive and Professional Leads, so that these can be brought to the attention of the committee timeously.

[+] Committees formally reporting to the Clinical Governance Committee are asked to report 6mthly by exception reporting. In addition, the Infection Control & Prevention Committee & Information Assurance Group are asked to report at every meeting.

FINANCE, RESOURCES & PERFORMANCE COMMITTEE WORKPLAN

Finance, Resources & Performance Committee Planner 1 April 2023 to 31 March 2024

Standing Items for every FRP Committee

- Apologies
- Declarations of interest
- Minutes of last meeting
- Cost Improvement Programme Update
- Integrated Performance Report
- AMG Minutes
- Major Project Summary
- Risk Register – Level 1 Risks
- Date of next meeting

FINANCE, RESOURCES & PERFORMANCE COMMITTEE WORKPLAN	
JANUARY 2023	
• Adult Social Care Finance Plan	
• National Treatment Centre Update	
MARCH 2023	
• Digital Health and Care Group Update and Update on progress with NHSH Digital Delivery Plan 2022/2023	
• Annual Delivery Plan Update	
• Revised Maternity and Neonatal Business Case	
• Draft Committee Annual Report 2022/2023	
• Committee Annual Work Plan 2023/2024	
MAY 2023	
• Annual Accounts Report	
• NHS Highland Annual Operating Plan (Submission 07/23?)	
• Business Continuity Planning	Kate Cochrane

• Risk Register – Level 1 Risks	
JULY 2023	
• Digital Health and Care Strategy Update	
SEPTEMBER 2023	
•	
NOVEMBER 2023	
• Procurement Annual Report	
• NHS Highland Winter Plan 2023/2024?	
FEBRUARY/MARCH 2024	
• Draft FRP Committee Annual Report 2022/2023	
• Committee Self-Assessment	

Items to be scheduled:

- Scheduled Care Programme Update – D Park/K Sutton
- Update on Women and Children's Health activity.

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN TO 31 March 2024

Standing Items for every HHSCC meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Risk (Level 1 Risks)
- Performance and Delivery (IPQR: Dashboard and Chief Officer's Report)
- Health Improvement
- Committee Function and Administration
- Date of next meeting

01 MARCH 2023	
• District reports (x2)	Caithness Sutherland (Rhiannon Boydell)
• Children and Young People Performance Reporting	(NHS: Tracey Gervaise; Highland Council: Ian Kyle)
• Adult Social Care Fees and Charges Report	(Gillian Grant)
• Mental Health Services Assurance Report	(Arlene Johnstone)
• Third Sector Mental Health Funding	(Mhairi Wylie)
• Joint Strategic Plan	(Lorraine Cowie)
• Committee 2022/23 Annual Assurance Report	(Chair and Chief Officer)
• Committee Annual Workplan 2023/2024	(Chair)
19 APRIL: Development Session (Public Health Annual Report)	

26 APRIL 2023	
• District Reports (x2)	(Rhiannon Boydell)
• Annual Report of Care Home Oversight Board	(Gillian Grant)
• Chief Social Officer Worker's Annual Report	(Fiona Duncan/Simon Steer)
• Adults with Incapacity (Mental Welfare) Report	(Arlene Johnstone)
• Adult Protection Committee Annual Report	(Simon Steer)
• Highland Drug and Alcohol Recovery Services Delivery Plans	(Pam Cremin)
• Integrated Joint Plan	(Lorraine Cowie)
• Learning Disability Services Assurance Report	(Arlene Johnstone)
• Mental Health Strategy	(Arlene Johnstone)
24 MAY: Development Session (TBC)	
28 JUNE 2023	
• District Reports (x2)	(Rhiannon Boydell)
• Care At Home Assurance Report	(Ian Thomson)
• Commissioning Strategy for Integrated Health and Social Care Services	(Gillian Grant)
• Community Risk Registers Assurance Report	(Pam Cremin)
• Public Bodies Annual Report	(Pam Cremin)
30 AUGUST 2023	
• District Reports (x1)	(Rhiannon Boydell)
• Primary Care Improvement Plan Assurance Report	(Jill Mitchell)
• FHS Delivery Overview Report	All four workstreams to provide a system wide overview, Primary Care, Pharmacy,Dental and Ophthalmic

• Children and Young People Services – mid year review	(NHS: Tracey Gervaise; Highland Council: Ian Kyle)
• Community Services overview	(Pam Cremin)
• Technology Enabled Care Overview	(Iain Ross)
• Committee Terms of Reference	For Review (Ruth Daly)
20 SEPTEMBER: Development Session (TBC)	
1 NOVEMBER 2023	
• District Reports (x2)	(Rhiannon Boydell)
• Engagement Framework Assurance Report	(Ruth Fry)
• Together We Care Implementation	(Lorraine Cowie)
• Preparation for Winter	(Chief Officer)
29 NOVEMBER: Development Session (TBC)	
JANUARY 2024	
• District Reports (x2)	(Rhiannon Boydell)
• SDS Strategy Assurance Report	(Ian Thomson)
• Community Services Risk Registers Assurance Report	(Pam Cremin)
• Carers Strategy Update	(Ian Thomson)
MARCH 2024	
• District Reports (x2)	(Rhiannon Boydell)
• Children and Young People Services Performance Report	(Tracey Gervaise Ian)
• Mental Health Services Assurance Report	(Arlene Johnstone)

• Adult Social Care Fees and Charges 24/25	(Gillian Grant, Simon Steer)
• Committee Annual Assurance Report 23/24	(Chair and Chief Officer)
• Committee Workplan 24/25	(Chair)

STAFF GOVERNANCE COMMITTEE WORKPLAN

Staff Governance Committee Planner 1 March 2023 to 31 March 2024

New Hot Topics List

1. Statutory and Mandatory Training Compliance
2. Improvement Notices at New Craigs
3. Oban medical staffing action plan - progress update
4. Workforce costs and availability
5. Improving Data and Insights
6. Winter planning and resilience (including Industrial Action)

Standing Items for every Committee meeting

- Apologies and Declarations of interest
- Minutes of last meeting
- Workplan, Action Tracker and matters arising
- Spotlight presentation: Staff Governance Standards, Values and Risks
- Integrated Performance & Quality report and SGC Workforce metrics
- Minutes and assurance from: APF, H&S Committee
- Strategic Risk review - with Level 2 as part of spotlight sessions

Standing Items for Specific Meetings

- Whistleblowing reports for Board (Quarterly: March, May, September, December and Annual: July)
- Guardian and WB update (January and July)
- Stat Man deep dive (March and September)
- Colleague Comms and Engagement plan / Listening and Learning panel update (May and November)
- Annual Committee Report (March)
- Annual Health and Safety Review (March)
- Annual review of Terms of Reference (September)
- Annual Medical Education Review (November)
- Workforce Plan updates (as required)
- Staff Governance Standard Monitoring (as required)
- ADP updates (January, May, September, November)

Development Session- 1 March 2023	
People and Culture Governance	**Fiona Hogg**
Health and Safety Report – review of progress made	**Bob Summers**
Staff Governance Committee – 8 March 2023	
Spotlight Session - Estates	**Alan Wilson**
Recruitment and Workforce audits	**Fiona Hogg**
Induction update	**Jennifer Swanson**

Annual Committee Assurance Report	**Fiona Hogg**
People and Culture Governance update	**Fiona Hogg**
WB Q3 report	**Fiona Hogg**
Annual Health and Safety Review – focus on actions and assurance moving forward	**Bob Summers**
Development Session 19 April 2023	
Workforce and Culture Metrics	
Feedback and actions from People and OHS service reviews	
Staff Governance Committee 10 May 2023	
Spotlight Session – Partnership Working	**Elspeth Caithness**
Stat Man Deep Dive (moved from March)	
Colleague Comms and Engagement update	
WB Q4 report	**Fiona Hogg**
Induction review	**Jennifer Swanson**
ADP update for 2022/3 and look ahead to 2023/4	
Equalities report	**Gaye Boyd**
Joint APF / SGC Development Session 7 June 2023	
Raising concerns and review of WB / Speaking Up	
Staff Governance Committee 28 June 2023	
Spotlight Session - Acute Services	**Katherine Sutton**
IMatter high level results	
Guardian Annual Report	
WB Annual Report	
SG Standard Monitoring	
No development session in Summer	

Staff Governance Committee – 6 September 2023	
Spotlight Session- Highland HSCP	**Pam Cremin**
WB Q1 Report	
IMatter results and plans	**Fiona Hogg**
Stat man deep dive	
Committee TOR Review	**Sarah Compton-Bishop**
ADP Q1 update	
Development Session- 4 October 2023	
Staff Governance Committee – 8 November 2023	
Spotlight Session – Finance	**Heledd Cooper**
WB Q2 report	**Fiona Hogg**
Medical Education Annual report	**Helen Freeman**
Listening and Learning survey results?	
Comms and Engagement 6 monthly update	**Ruth Fry**
ADP Q2 update	
Joint APF and SGC Development Session - 6 December 2023	
Staff Governance Committee – 17 January 2024	
Spotlight Session – Argyll & Bute HSCP	**Fiona Davies**
WB Q3 Report	
Guardian Service 6 monthly review	**Guardians**
ADP Q3 update	
Development Session- 7 February 2024	
Annual H&S report	**Bob Summers**

Staff Governance Committee - 6 March 2024	
Spotlight Session – People and Culture	
Annual Committee Assurance Report	
Health and Safety Annual report	
Workplan for 2024-5	

Spotlight sessions May 2024 onwards

Revised template to ensure focus on values, Staff Governance Standards and Level 2 risks

May 2024: NMAHP and Medical
July 2024: Public Health
September 2024: Deputy Chief Exec Functions
Then restart cycle
November 2024 - Estates

Remuneration Committee 2023

Standing Items

- Minutes
- Matters Arising
- Executive Appointments update
- Date of Future meetings

Date	Business
27 February 2023	• NPMC outcomes / ESM Pay award • Report of HP closure • Terms of reference • Appointment of Vice Chair • Workplan draft • Common Executive Objectives 2023/4
12 June 2023	• End of Year Reviews for Senior Manager Cohort considered by the Remuneration Committee • Board Performance Report • NPMC ratings for approval and submission • Review of objectives aligned to ADP • Discretionary points • Individual Exec Objectives 2023/24 • Committee Annual report
25 September	• Review of Terms of Reference
27 November	• Mid Year Review status for Executive Cohort considered by the Remuneration Sub Committee

Agenda Item 11

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**28 March 2023**
Title:	**Whistleblowing Standards Report**
Responsible Executive/Non-Executive:	**Fiona Hogg, Director of People and Culture**
Report Author:	**Fiona Hogg, Director of People and Culture**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Attached is the Whistleblowing Standards Quarter 3 report covering the period October – December 2022.

This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021.

2.2 Background

All NHS Scotland organisations including Integrated Joints Boards and Health and Social Care Partnership 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 and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports.

2.3 Assessment

The 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 both quarterly and annual reporting is presented and robust challenge and interrogation of this takes place.

Bert Donald, our Whistleblowing Non-Executive Director has carried out another series of visits, this time to the Inverness, Aviemore and Nairn areas at the end of last year. These visits are well received and give useful feedback on colleague experiences and awareness of the Standards.

We know we have more to do to ensure widespread knowledge of the Standards across our vast board area and how to raise concerns and importantly how to address these quickly and effectively, not just through formal processes, although that is one component, Our NHS Highland Corporate Induction launched in February 2023 and is another opportunity to raise awareness with new colleagues as they join the organisation.

Fiona Hogg has been involved in developing a national toolkit to support colleagues, managers, HR and confidential contacts who may have involvement in Whistleblowing cases. The draft guidance has been created and the final version should be ready in April 2023. NHS Highland will plan training and awareness for managers, HR, staffside and colleagues around the launch date and will then finalise our own process guidance with that material being in place and available.

The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan as well as the aims and values of the Argyll & Bute Strategic plan.

In the Q3 Whistleblowing report for the period 1 October to 31 December 2022 we had no new cases raised and 3 cases concluded. We continue to focus on improving our timescales to resolve cases and ensuring the 20 day updates are complied with.

We have started to add some more information on actions and learnings and to see what additional data we can collect and we are looking at further breakdowns of the categories we use, to give more insight to the concerns being raised, however, with no new cases reported this period, we couldn't initiate that element.

The future cycle of reporting is expected to be as follows:

Quarter	Period covered	Staff Governance Committee	NHS Highland Board	Argyll & Bute IJB
Q4 22-23	1 January - 31 March 2023	10 May 2023	30 May 2023	31 May 2023
Annual Report 22-23	1 April 2022 - 31 March 2023	28 June 2023	26 July 2023	30 August 2023
Q1 23-24	1 April - 30 June 2023	6 September 2023	27 September 2023	30 August 2023

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

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.

It is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training as well as enhanced reporting and to continue progress made to ensure cases are progressed in a timely manner and we are targeting giving substantial assurance with the next

report in May 2023, which we are confident can be achieved as the national guidance is available from April.

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

The report does not involve personally identifiable information.

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:

3.9 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.

This report has previously been to the Staff Governance Committee on 8 March, and will be seen by the Argyll & Bute IJB on 29 March, and will be seen by the Area Partnership Forum at their April meeting.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

The Board is asked to review the report provided and to take **Moderate Assurance** in relation to our compliance with the Whistleblowing Standards.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1- Quarterly WB report October – December 2022

Whistleblowing Report
Quarter 3 - 1st October 2022 to 31st December 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 3 (Q3) report for 2022/23 covering the period from 1 October 2022 to 31 December 2022.

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 the 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 of 31st December 2022 for Quarter 3 2022/3.

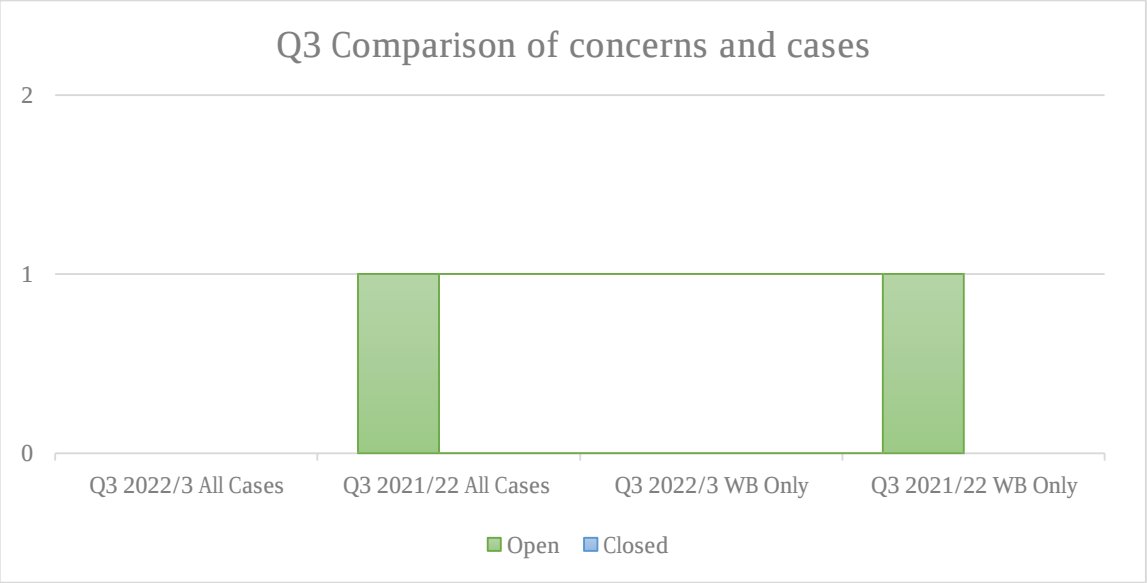
KPI	Qtr. 3			
Concerns Received			1	18
Concerns confirmed as WB concerns			3	9
OPEN Concerns under investigation			5	5
Stage 1 concerns closed in full within 5 working days				1
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days				
Stage 2 concerns closed later than 20 working days	3		4	6
Stage 2 concerns still open from prior reports	2		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	2	66%	1	1
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2	1	33%	1	3
% 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	2

Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1				
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.			4	8
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)				1

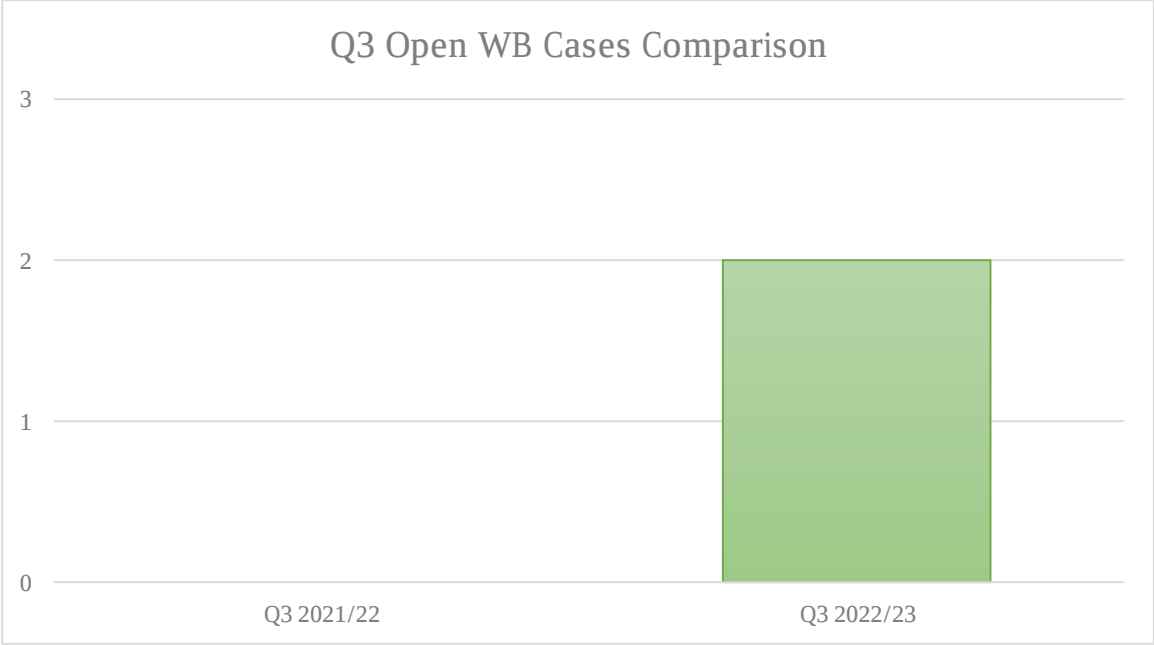
7. Statistical Graphs

The following graphs relate to the Quarter 3 reporting period 1st October 2022 to 31st December 2022.

Graph 1

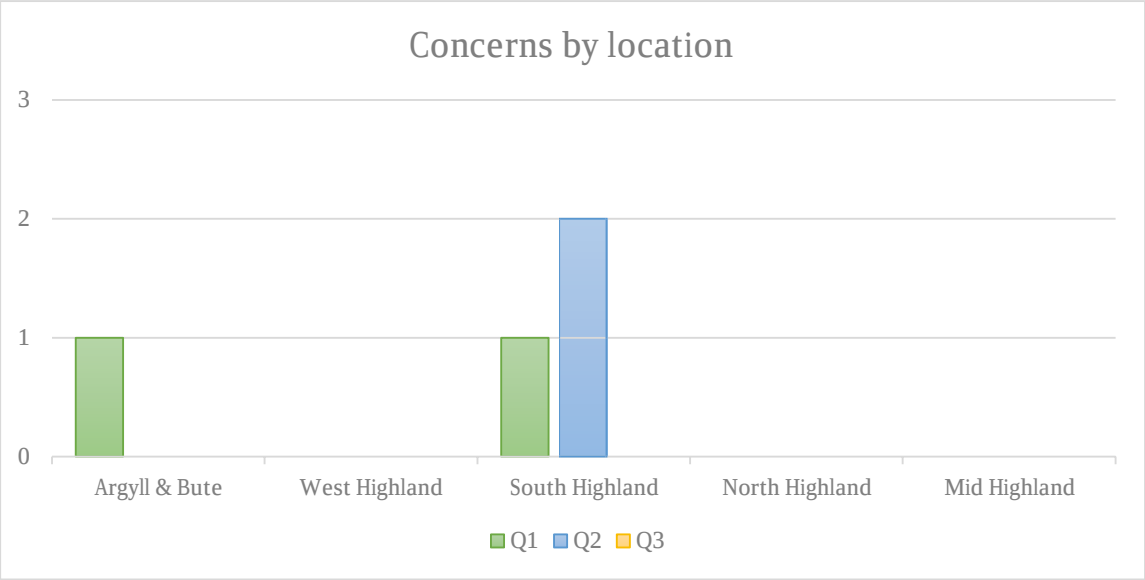


Graph 2



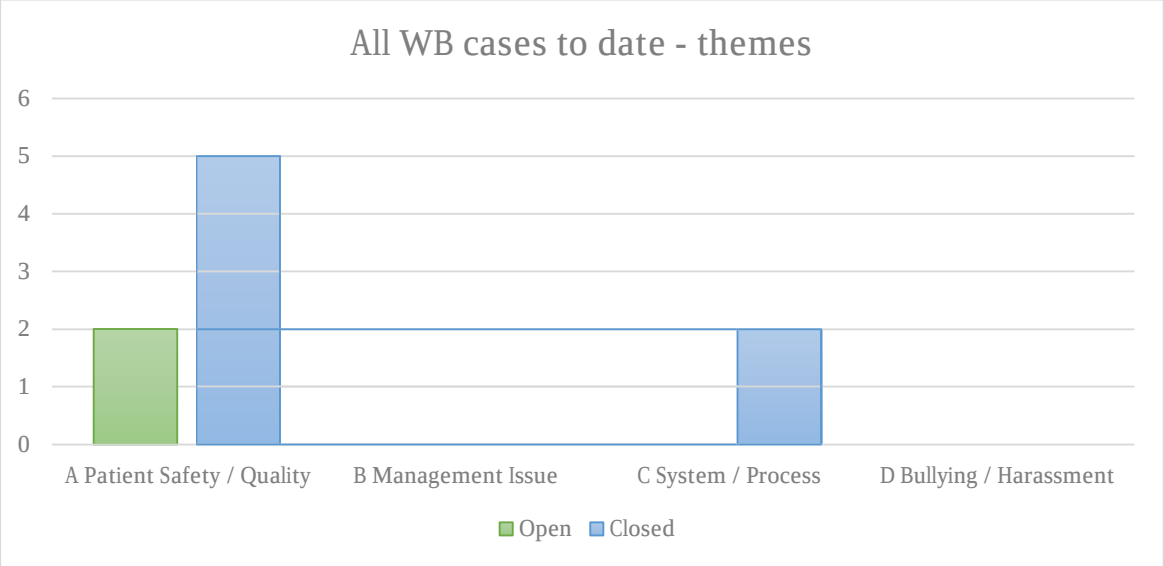
At the end of Q3 there were 2 open cases actively under investigation in accordance with stage 2 of the procedures. Both cases have appropriate extensions in place for investigation. 1 case was closed in the quarter on the 30th December 2022

Graph 3



Graph 4

Graph 5



The themes presented in the graph 5are 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.

No concerns have been raised to date with NHS Highland, the Confidential Contact or the INWO. Any concern will be taken seriously and addressed and reported through our future reports.

9. Concerns Received - Average time for a full response

No data for quarter 3 on average time as no new concerns received. Further data on timescales will be provided for all concerns in the Q4 report when more data becomes available.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report.

In respect of the cases concluded in Q3, there have been specific learnings identified and passed to management for Action.

In Case 14, the Head of Operations for Medical will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

In Case 16, the Head of Operations for Clinical Support will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

There were no learnings specifically identified from Case 17, although the complainant has made a referral to the INWO which is being progressed and any actions or finding will be shared in future reports.

The Director of People and Culture has been part of a national group, working with the INWO, to develop additional resources to support the process, including specific guidance for HR teams, individuals, managers and colleagues. These will be available from April onwards.

11. Colleague and manager experience of the Whistleblowing procedures

The Confidential Contacts make contact with all individuals who have completed the WB process and offer to meet with them to talk about their experience. The Director of People and Culture also collates feedback from those who engage in the process, both colleagues and managers, and this is used to ensure the process works as well as possible.

The WB Champion has also been meeting with senior managers who have had involvement in the process and highlighted that there is a need for further engagement and awareness raising about how the process should work and who is responsible.

We have to date had senior managers running the investigations, to ensure these were given proper attention, but this may not be the best approach going forward as the capacity leads to delays in moving forward. There has also been variability in the approach and quality of the investigating and reporting, and now we have run several cases, some anonymised templates and approaches will be shared in future cases.

There is also need for awareness raising with managers and leaders that they must own the process, it is not owned by the confidential contacts or the liaison, they are providing oversight and assurance and reporting, as well as advice and guidance.

A session will be developed and run in the coming months to pick all of this up and will be combined with the launch of the new guidance and a focus on raising and handling all concerns, not just Whistleblowing.

12. Colleague awareness and training

Our Guardians and Whistleblowing non-executive Director continues to visit across the Board area and promote their roles 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 from the WB and Guardians.

There is an opportunity to run further awareness sessions as set out above, aligned to the launch of the new support materials nationally and also our own local guidance.

13. Audit of Whistleblowing Standards Implementation

There is still one action, regarding the documentation of the process, which has been paused until the national guidance is issued in April 2023.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland was presented to the Board on 26 September 2022 and can be accessed here.

Microsoft PowerPoint - Annual report 2021 2022 Final Draft.pptx (scot.nhs.uk)

This report was circulated, including in a summary form, and was sent to the INWO following the Board meeting. The report was also widely referenced during Speak Up Week, from 3rd to 7th October 2022.

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 CLOSED
This is a stage 2 WB concern raised in June 2022 where an extension was authorised beyond 20 days, and was closed on 30 December 2022, being partially upheld. The complaint refers to the clinical practice and management of an AHP service in an acute hospital. This was 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 main substance of the complaint against an individual and their practice and conduct was not upheld, but a number of recommendations to improve the service provided, relationships and capacity are being taken forward by management.

Quarter 2 Cases

Case 17 CLOSED
This is a stage 2 WB concern raised in July 2022 and was closed in the same reporting period. The concern refers to the CAMHS outpatient waiting and treatment time performance data which was collected and reported for North Highland by NHS Highland to the Scottish Government. This was investigated by Stephen Whiston, Head of Strategic Planning, Performance and Technology. The final report was submitted on the 27/09/22 and the case was not upheld. The complainant was informed of the outcome and provided with the INWO details should they wish to progress the case further. We have been notified of an INWO referral and have provided data on this.

Case 18 OPEN
This is a stage 2 WB concern raised in September 2022 and is actively under investigation. The complaint relates to the clinical practices and management of processes within the Occupational Health department in NHS Highland. This is being overseen by Diane Fraser, V&A Prevention Manager. An Occupational Health Nurse Lead from another health board is also providing external OH advice to the investigation. Regular updates are being provided to the complainant and the case required an extension to the 20-day stage 2 period due to ill health from the complainant and workload pressures of the investigation manager, but is on track to conclude in Q4.

Cases ongoing from 2021-2022

Case 12 CLOSED - 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 was extended beyond 20 days and regular updates provided. The final report was

submitted on the 12/10/22 and the case was not upheld. The complainant was informed of the outcome and provided with the INWO details should they wish to progress the case further.

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 CLOSED – Patient Safety

This is a stage 2 WB concern opened in February 2022 where an extension has been authorised beyond 20 days. The complaint related 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 was overseen by Dr Robert Cargill, Deputy Medical Director and Kate Patience-Quate, Deputy Nursing Director. The final report was submitted on the 10/10/22 and the case was partially upheld with actions being passed to the Head of Operational for Medical to take forward, in terms of how concerns are addressed, how clinicians are engaged and involved and how decisions are made and communicated. The complainant was informed of the outcome and provided with the INWO details should they wish to progress the case further.

NHS Highland

Meeting:	NHS Highland Board Meeting
Meeting date:	March 2023
Title:	Social Mitigation Strategy update
Responsible Executive/Non-Executive:	Dr Tim Allison; Director of Public Health
Report Author:	Lynda Thomson; Senior Health Improvement Specialist

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board Strategy

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

- Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is an update of NHS Highland's social mitigation strategy as endorsed by the Board in May 2021.

2.2 Background

The Social Mitigation Strategy, agreed by the Board in May 2021, seeks to address health inequalities in our population which existed before the pandemic, but have been exacerbated over this period.

The actions identified from the strategy are now embedded in NHS Highland's Annual Delivery Plan (ADP) predominantly under Outcome 4: Anchor Well and specific priority 4a: Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health.

2.3 Assessment

An update is attached which provides the most recent progress. It should be noted however, that this plan is seen as a live document which will continue to be updated and amended as actions are progressed.

We are currently developing improvement plans for each individual action identified within Priority 4a of the ADP, including identifying targets and indicators where appropriate, and these will be reported on a quarterly basis to the Population Health Programme Board which has oversight of this part of the ADP.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Further implementation of social mitigation work will be needed to raise the level of assurance to substantial.

3 Impact Analysis

3.1 Quality/ Patient Care

The Social Mitigation Strategy identifies key themes or topics that are likely to make a difference for people who have been most impacted on by the COVID-19 pandemic. If we can deliver on some of the identified actions then we can mitigate some of the worst effects of the pandemic and make a difference on the gap in health for communities who are the most disadvantaged.

3.2 Workforce

Our own staff have also experienced the impacts of the pandemic on their personal lives and we seek to not only support our workforce through Fair Work

and reasonable pay, but also to offer this opportunity to those furthest from the job market and seeking employment.

3.3 Financial

Many of the actions detailed in the plan rely on doing things differently or in partnership rather than financial resources specifically. Some of the actions may require either workforce commitment or funding to be successful, but there are no specific financial risks identified in the delivery of the plan. There is however, a financial cost longer term in not mitigating against the impact of the pandemic.

3.4 Risk Assessment/Management

The risks of not taking action are that more people will experience poor health outcomes over time resulting in a greater use and need of our services.

3.5 Data Protection

There are no identified Data Protection issues in the delivery of the actions.

3.6 Equality and Diversity, including health inequalities

An impact assessment has been completed and is available on the NHS Highland website.

3.7 Other impacts

The plan details actions around mental health and wellbeing in addition to other themes identified.

3.8 Communication, involvement, engagement and consultation

A separate engagement plan on the development of the strategy was submitted at the same time as the strategy was presented to the Board in May 21.

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.

- System Leadership Group, July 2020
- Highland Health and Social Care Committee, 2nd December 2020
- NHS Highland Board, May 2021

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

Appendix one – Progress updates is attached as part of this paper.

Appendix One

Report on social Mitigation Plan – March Board 23

Employability Work:

It should be noted that whilst actions on employability is sitting in Priority 4a and an update is provided below, the same action is also captured within Outcome 8 Plan well and Priority 8c and therefore subsequent reports are planned to go before a Board with the overview for this section of the Annual Delivery plan.

Succession Planning and career development:

There is a group looking at succession planning currently; this is at early stages with scoping work being done about the most appropriate model to be used. The feeling is that the organisation needs to get in a better place with appraisals first as these form the basis for succession planning; we can't know who wants to develop without appraisals being done.

There is training being developed for managers regarding how to deliver good quality appraisals likely to run in May. There is also an increased focus on completion rates, with the completion figures being published monthly for teams and being discussed at SLTs regularly.

Development of a raft of different entry level positions within NHS Highland and the opportunity for work placements and apprenticeships

Delayed due to time taken appointing to Promoting Careers Lead in ELD due to organisational change process and long-term sick leave. Propose that apprenticeship strategy is developed early in 2023/24.

Working with the Highland LEP (Local Employability Partnership) and the Argyll and Bute EP - the key agenda is to increase access into employment, we work closely with DWP and their job coaches to increase access to our roles as well as third sector. 29 pupils successfully signed up to the new Health Pathway across Highland schools for Pupils S4 and above. NHSH employees committed to undertaking the HC mentorship programme.

Progress Community Wealth Building/ Procurement policies support the local economy

Scottish Government are currently undertaking consultation on legislation which will support the development of a Bill with reference to Community Wealth Building (CWB). There are five pillars of CWB which include procurement; fair employment; land and assets; financial power and economic growth. The main area of work that has progressed around this in in procurement. Work has been done to support the Community Benefit Portal resulting in an increase of local organisation bids onto the portal. As yet we have not successfully matched any of these bids to commissioned organisations but are continuing to support this piece of work to ensure that local projects and work is supported through services procured by NHS Highland and wider.

There will be a need to consider actions to be taken once the Bill is complete which is likely to include the need for a CWB steering or overseeing group in the first instance consisting of reps from each of the five key services – ie finance; procurement; estates; People and Culture and Public health.

***Delivery of Money Counts*:**

Money Counts training aims to promote using the 'Worrying About Money?' leaflet to initiate person-centred conversations around financial worries and support individuals access relevant services. The training is offered in North Highland on 2 levels and in Argyll and Bute at level 1 only.
The training aims to:

- Increase understanding of poverty and its impact
- Increase confidence to ask about money worries
- Increase knowledge of support services for money matters

Both courses are aimed at anyone in a position to have a conversation about financial issues.
Level 1 is a short session (45 minutes) and encourages staff to have brief conversations around money worries.
Level 2 is a longer session (1hr30mins) and explores the relationship between poverty and health, increases knowledge of local services and includes skills practices for using the leaflet and asking about money worries.

Level 1 Data – North Highland

Courses since March 2021	Attendees	Average Pre course confidence	Average Post course confidence	Average Pre course knowledge	Average Post course knowledge
40	208	5.5	7.6	4.3	7.3

Level 1 Data – Argyll and Bute

Courses since March 2021	Attendees	Average Pre course confidence	Average Post course confidence	Average Pre course knowledge	Average Post course knowledge
8	33	6.7	8.5	7.1	8.5

Level 2 data – North Highland only

Courses since July 2021	Attendees
22	111

Participant feedback Level 2:

- 87.8% of participants agreed or strongly agreed that the training had increased their understanding of poverty
- 85.4% of participants agreed or strongly agreed that the training had increased their confidence to ask about money worries.

- 97.6% of participants agreed or strongly agreed that the training had increased their knowledge of support service for money matters.

Qualitative feedback examples:

"*It was about the right length of time with the right amount of information. Both instructors knew their subject and were keen to get the audience involved. I enjoyed the course so thank you very much for your time today.*"
"*This is a really valuable course to take and opens great discussions amongst a variety of colleagues. Thank you for a thorough and informative presentation*."

The areas have now been combined, and in future course evaluation will cover both north Highland and Argyll & Bute.

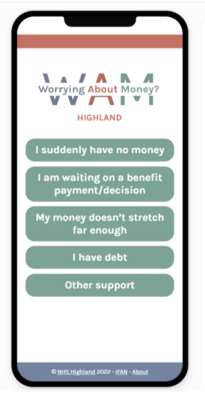
We have recently undertaken a review of the impact of the delivery of the Money Counts level 2 course to understand what longer term impact attending the training has had. While the review is not quite complete it indicates that of those people who have attended around three quarters have ordered the Money worries leaflet and half have actively used it within their service.

<u>Worrying About Money? (WAM)Highland app</u>.

The Worrying About Money (WAM) app was developed by the Health Board in partnership with the Independent Food Aid Network using the framework of the Worrying About Money? leaflet.

The app is a source of information for people who might find themselves struggling financially. It is a step-by-step process for various situations individuals may be experiencing and guides them through to where they might access the right support

The app was launched on 8th February 2023 in the Android and Apple stores and to date has been downloaded 78 times.



Worrying About Money?

Download on the App Store

GET IT ON Google Play

Welfare and Health Partnerships (WAHP)

WAHP have been developed in other areas across Scotland over the last 2 years and funding has now been provided to the Highland Council to work with Improvement Service and NHS Highland to develop a local WAHP model for North Highland. Funding was allocated to Highland Council to employ additional welfare officer, for a 2-year pilot with a requirement to include at least one island area and to focus on remote and rural locations

The Highland Council's Welfare specialists provide an effective support service on all matters relating to benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their home, and have a better quality of life.

Work was undertaken by Public Health's Health Intelligence Team to identify which remote and rural practices in North Highland served communities with the highest rates of deprivation. Twelve GP practices were identified and approached to assess if they were willing to take part in the WAHP work. Eleven practices opted to be involved and a further 2 practices were then approached, 1 of which is now involved, giving 12 overall with the potential to include 1 further practice.

Referrals to the Welfare Team from GP practices commenced on 13th February 2023 but so far there has been no referrals.

Community Link Workers

The Community Link Worker service in North Highland went live at the end of April 2022. The successful commissioned service who delivers the programme is Change Mental Health, a 3rd Sector organisation.

Referral from the 29 GP practices allocated CLW hours has steadily increased since launch.

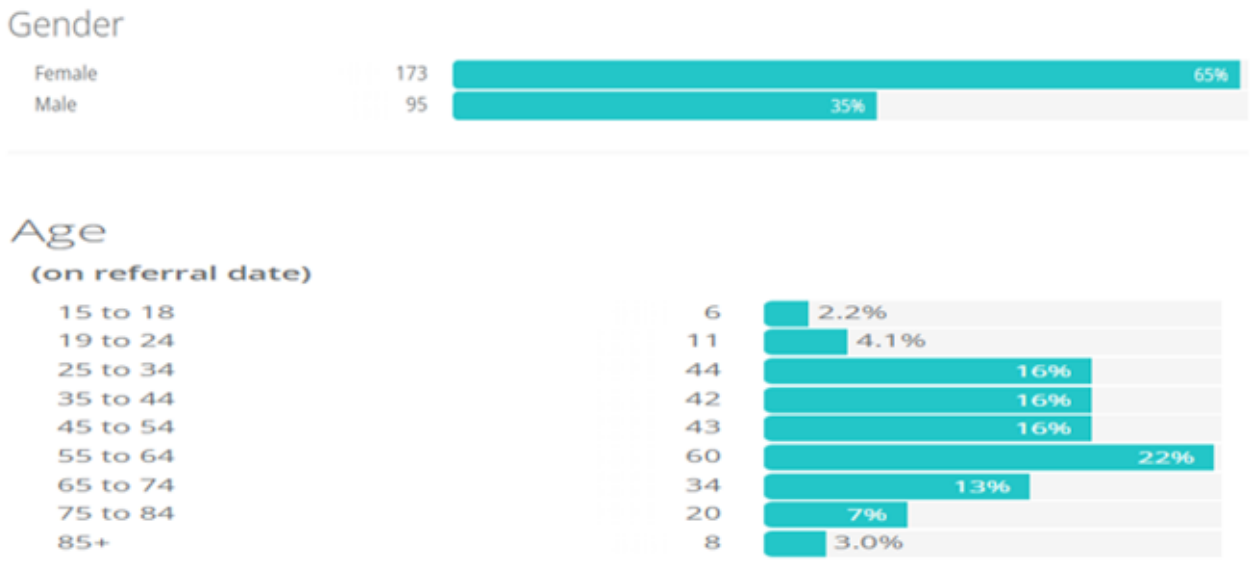
Referral period	Referral numbers
May – July 2022	**135**
Aug – Oct 2022	**221**
Nov 22 – Jan 2023	**262**

GP practice staff can refer to a CLW via Vision through an integrated tab for Elemental which means patient information can be pre-populated, making any referral quick and straightforward for staff. Elemental is a specific social prescribing referral platform which gathers CLW data for reporting.

The main reasons for referral are detail below:

Top reason for referral
1. Mental health
2. Loneliness
3. Social isolation
4. Housing & essential needs
5. Financial support
6. Stress management

Referrals for females are almost double that for males and the highest referral rate comes from those aged 55-64 years old.



All GP practices who have allocated CLW have now referred to the service, but several challenges remain to be addressed:

- Recruitment to CLW posts
- Adapting the referral platform Elemental
- Space at practices for CLW's
- CLW's being able to access wifi at GP practices
- Follow-up with individuals for reporting
- Recruiting practices and patients to the UHI funded evaluation

The community link worker service in Argyll and Bute went live in March 22. The successful commissioned service who delivers the programme is We Are With You, a 3rd Sector organisation.

Referrals from GP practices allocated CLW hours have steadily increased since launch. The service is now available in 13 GP practices, with an additional practice due to receive a service shortly following recruitment. The referral process for the Argyll and Bute Service is the same as Highland and via the Elemental social prescribing software which integrates with GP practice systems.

- 240 referrals received in total across the service with the highest number of referrals in Bute, Dunoon and Campbeltown

- 84 referrals were from quarter 1 and 156 referrals were from quarter 2

85% of people who have completed wellbeing scale at entry and exit reported increased well-being scores and 41 out of 42 people who completed a satisfaction survey strongly agreed/agreed that they had received the right support from the link worker.

"My link worker has been an absolute huge support to me when I needed. I don't know how I would have coped without her"

Build community and organisational capacity to respond to mental health needs

The key action identified within the Annual Delivery Plan is around the piloting of an approach for mental health reps within the organisation. It was decided to pilot this approach from Sept 22 – June 23 and to start with two specific services which included Public Health and Estates. The Mental health rep is around creating equity with Physical health and copies the model of physical first aiders available in our teams and services within NHS Highland by providing someone who is trained and supported to deliver mental health first aid within a team or department. In 2022 we delivered two Scottish Mental Health First Aid courses to several people from within both public health and estates, the attendance and completion of this course is a pre-requisite of being able to deliver a Mental health rep model. From this cohort there were five notes of interest in becoming a Mental health rep, three from within Public health and two from within estates. A member of staff has since moved onto a different role out with the department leaving us with four reps, 2 from each service.

The processes to support the work have been supported and developed by the health intelligence team and a forms survey sent out to gain baseline information from public health and estates prior to the pilot commencing.

Currently there have been no direct interventions sought or delivered within the work environment although there are some examples of ways in which the mental health reps provided support indirectly. The reps are now working towards exploring ways in which they can promote information and signposting on mental health within the departments which has already included a virtual session delivered on Time to Talk Day 2/2/23 and we are currently looking to develop some work around Stress Awareness Month in April.

The pilot concludes in June this year and a report will follow around the impact of this work and any further recommendations about rolling it out further or not.

Digital Inclusion

The Highland Digital Inclusion Network started in May 22 and meets quarterly. The network consists of any members or interested parties that are involved in either delivering services

through digital means and/or supporting individuals who need help to access and use digital services. The identified priorities of the network include:

- To connect services together and understand what is already available
- Identify gaps in provision and determine what actions might be needed to meet these gaps
- Signpost people on to relevant organisations that can support digital skills and provision of devices
- Learn and share together as a partnership

At the moment this network is chaired and facilitated through health improvement, but the intention is to ensure that this is handed over to an organisation that is involved in supporting these services and can develop the network in line with the development of digital services.

Agenda Item 13

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**28th March 2023**
Title:	**NHS Highland Equalities Outcomes and Mainstreaming Progress Report 2021 to 2023**
Responsible Executive/Non-Executive:	**Tim Allison, Director of Public Health and Policy**
Report Author:	**Eve MacLeod, Senior Health Improvement Specialist**

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s):

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

2 Report summary

2.1 Situation

NHS Highland is the identified public authority reporting on equality outcomes and mainstreaming for the purposes of the Equality Act (2010) and governed by the NHS Highland Board.

The Equality Act (2010) contains specific and general duties that NHS Highland has a legal obligation to meet.

The specific duties include publishing equality outcomes and reporting on mainstreaming. Mainstreaming is the incorporation of the general equality duties within the functions of NHS Highland; NHS Highland must take equality into account in everything that it does as an employer, provider and commissioner of services, report and publish progress.

The Equality Outcomes and Mainstreaming Report published in 2021 to 2025 set out the following three equality outcomes that NHS Highland will work towards:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.
- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

The report also set out consultation undertaken, mainstreaming activities, published required employee data and information and succession planning.

The update on the report is included as an appendix to this Board paper. Some key highlights from the update include:
Mainstreaming:

- Staff completion of training, including equality training, has increased from 80% in February 2022 to 85% in January 2023.
- Level 1 Money Counts Training courses, which aims to encourage staff to have brief conversations about money worries, have been delivered to 241 health, council and third sector staff. Level 2 Money Counts Training which provides more evidence of the relationship between poverty and health, and increase skills for using the Money Counts leaflet has been delivered to 111 health, council and third sector staff.
- NHS Highland developed a new corporate induction which launched on 9th February 2023. It contains a specific section dedicated to Equality, Diversity and Human Rights.
- The average response for the iMatter question ‘I am treated with dignity and respect as an individual’, was 82% for the year 2018/2019 and rose to 84% in 2022.
- The NHS Scotland Pride Badge was implemented in 2021 alongside request for a pledge from each staff member being granted the badge.
- The Planet Youth, Icelandic Prevention Model has been adopted in a number of schools in NHS Highland to increase protective factors, and decrease risk

factors, to delay and reduce substance use among young people. Planet Youth is a primary prevention, whole systems, and whole family approach that works in collaboration with stakeholders.
- Training on Turas for NHS Highland EQIA process has been updated and includes an EQIA training example video. The Argyll and Bute HSCP EQIA process is introduced in the corporate induction programme.

Outcomes:
- Progress against Outcomes 1 to 3 are provided.

2.2 Background

The public sector equality duty (or general duty) in the Equality Act 2010 came into force in 2011.

It means Scottish public authorities must have 'due regard' to the need to:

- eliminate unlawful discrimination
- advance equality of opportunity
- foster good relations

In 2012 Scottish Ministers made regulations that placed specific duties on Scottish public bodies to help them meet the general duty. These are also known as the Scottish Specific Duties.

The specific duties mean we must carry out and publish Equality Impact Assessments (EQIAs). EQIAs help us to develop policies that do not discriminate against, or disadvantage, particular groups of people.

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to ‘pay due regard’ to actively consider, at an appropriate level, what more they can do to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development context, and publish a written assessment, showing how this has been considered.

2.3 Assessment

A short life working group is using a number of methods to gather information to provide a draft NHS Highland Equality Mainstreaming and Outcomes Report for the NHS Highland Board. This report provides an update on the actions being taken to achieve our mainstreaming duties and equality outcomes since April 2021. This report aims to meet NHS Highland’s statutory requirements under the Scotland Specific Duties of Equality Act 2010, by publishing:

- Progress on equality outcomes published April 2021

- Mainstreaming equality
- Progress on the Fairer Scotland Duty
- Employee information
- Gender pay gap

Risks include the report not reflecting fully the progress NHS Highland has made toward the outcomes as it is limited to feedback being obtained from the workforce.

Reporting is a legal duty, and so there is a risk that of not fulfilling the legal duty.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

From the update, all actions are being progressed.

3 Impact Analysis

3.1 Quality/ Patient Care

The report provides information on the equalities progress for the population within NHS Highland. This interventions identified in the report should have positive impacts for those protected under the Equality (Scotland) Act 2010 in accessing early intervention, prevention, information and services. This report will raise awareness of NHS Highland's commitment to equalities.

3.2 Workforce

The report provides information of the progress within NHS Highland's policy and practise to improve on the equalities provision which should provide a positive impact for all the workforce, particularly those protected under the Equality (Scotland) Act 2010. This report will raise awareness of NHS Highland's commitment to equalities.

3.3 Financial

No financial impact identified.

3.4 Risk Assessment/Management

No risk, if report assurance is provided and report can be published by April 2023.

3.5 Data Protection

Personally identifiable information has not been included in the interim report.

3.6 Equality and Diversity, including health inequalities

Publishing the interim report is a legal duty of the Equality Act 2010 and states the progress made by NHS Highland against the Mainstreaming and Board's equality outcomes.

The report describes interventions that support the Fairer Scotland Duty, under Part 1 of the Equality Act 2010 that aim to reduce inequalities of outcome, caused by socioeconomic disadvantage.

An impact assessment has not been completed because it is not required for reporting for the progress report.

3.7 Other impacts

No other impacts identified.

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.

A survey link was sent via All Staff Communications via Internal Announcements Weekly Round Up on the 2nd of February 2023, additional support was offered to complete the report. Teams and staff members have also been asked to provide feedback on continuing or new work.

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.

- NHS Highland Diversity and Inclusion Group. 3rd of March 2023

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- The Board is being asked to approve the draft NHS Highland Equality Mainstreaming and Progress Report 2021 to 2023 and agree that the final report can be published in April 2023.

4.1 List of appendices

The following appendices are included with this report:

- NHS Highland Equality Outcomes and Mainstreaming Progress Report 2021-2023 (draft) 

NHS Highland Equality Outcomes an
- NHS Highland Equalities and Mainstreaming Report 2021 to 2025
- Highland Council Mainstreaming Equality and Equality Outcomes Report 2021 to 2025
- Argyll and Bute Health and Social Care Partnership Equality Outcomes and Mainstreaming Report 2021

NHS Highland Equality Outcomes and Mainstreaming Progress Report

2021-2023

Contents

Section 1: Equality Outcomes and Mainstreaming Reports

Introduction

This report provides an update on the actions being taken to mainstream equality within NHS Highland and work undertaken to achieve our equality outcomes since April 2021. This report aims to meet NHS Highland's statutory requirements under the Scotland Specific Duties of Equality Act 2010, by publishing:

- Progress on equality outcomes published April 2021
- Mainstreaming equality
- Progress on the Fairer Scotland Duty
- Employee information
- Gender pay gap

The Equality Outcomes and Mainstreaming Report published in 2021 (available online) set out the following three equality outcomes that NHS Highland will work towards by 2025:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.
- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

The report also set out consultation undertaken, mainstreaming activities, published required employee data and information and succession planning.

Key Relevant Legislation

Equality Act 2010

The Equality Act 2010 became law on the 1st October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law into a single source and ensures that everyone is protected under law from discrimination, harassment or victimisation and is afforded the same level of protection.

NHS Highland, as a public body, is required to ensure that equality and diversity are embedded throughout all our functions, activities and decision making in line with the Equality Act (2010): as a service provider, a commissioner and as an employer. The Equality Act (2010) also introduced a new Public Sector Equality Duty (also known as the general equality duty). This requires Scottish public authorities to pay 'due regard' to the need to:

- Eliminate unlawful discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act (2010);
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a relevant protected characteristic and those who do not.

Protected characteristics are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation.

The purpose of the Public Sector Equality Duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be more transparent, accessible and accountable
- deliver improved outcomes for all.

Fairer Scotland Duty

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to 'pay due regard' to actively consider, at an appropriate level, what more they can do to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development context, and publish a written assessment, showing how this has been considered.

Health and Social Care Integration

In 2012 Highland Health and Social Care Partnership adopted the lead agency model. Highland Health and Social Care Partnership assumes responsibility for adult health and social care, while Highland Council assumes responsibility for children's care and services. Following the Public Bodies (Joint Working) (Scotland) Act 2014, Argyll and Bute adopted the Integrated Joint Board (IJB) model. Therefore, within NHS Highland there are two models of integrated health and social care partnerships:

- Highland Health and Social Care Partnership: lead agency model responsible for adult health and social care
- Argyll and Bute Health and Social Care Partnership: IJB model responsible for children's health and social care services, criminal justice social work and all acute services.

To meet the requirements under equalities legislation for IJBs, Argyll and Bute Health and Social Care Partnership have set the following outcomes for 2021-2025:

1. People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.

2. People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.

3. People from identified groups, such as those with protected characteristics, will have improved experiences of services.

These align, where possible, with Argyll and Bute Council, and NHS Highland.

Section 2: Mainstreaming Progress Report 2021- 2023

Background

Mainstreaming equality means integrating equalities into day to day business of a public body. As a public body, NHS Highland needs to consider the impact of its actions for the people we support, particularly people who share a protected characteristic(s).
Mainstreaming the equality duty has a number of benefits, including:

- Equality becomes part of the structures, behaviours and culture of an organisation
- The organisation knows, and can demonstrate how, in carrying out its functions it is promoting equality
- Mainstreaming equality contributes to continuous improvement and better performance.

Mainstreaming equality leads to improved quality of service design and delivery, for example, equitable access to services and person-centred care that responds to the diverse needs of the Highland and Argyll and Bute population. This leads to improved outcomes for our patients and the people we support, as well as an improved working environment for our staff. This is a long-term process, inherently linked to culture change and organisational development.
The following section provides a number of examples of how NHS Highland is working to embed equality within the organisation.

People

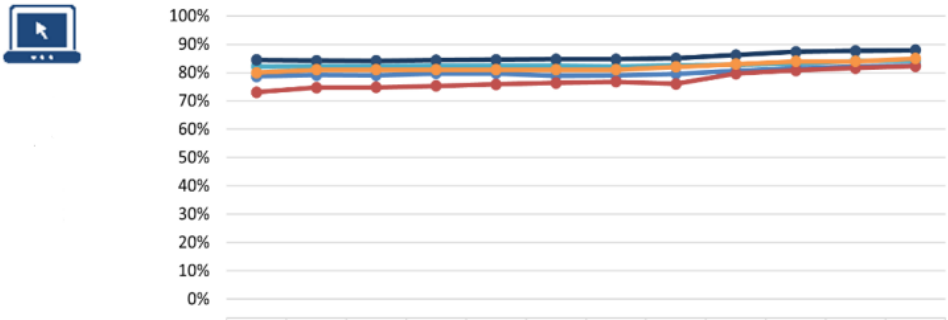
Equality and Human Rights Statutory and Mandatory Training

All new members of staff are required to complete the Highland: Equality and Human Rights mandatory training module within their first 2 weeks of employment. The course aims to

raise awareness of the importance of equality, diversity and human rights. It provides an overview of equality legislation and encourages staff to question their own perceptions and practice. In order to embed the principles of equality, diversity and human rights, all staff are required to refresh this core training every three years. The purpose of the refresher course is to ensure that all staff continue to be aware of equality and diversity matters and of NHS Highland's commitment to eliminating discrimination and promoting equality across all services.

The completion of statutory and mandatory training is a core responsibility of all of our staff members, and our Managers monitor completion rates within their areas. Managers are responsible for ensuring staff are up to date with their training needs and that they are supported to complete any relevant training within their working time.

Monthly reports such as the below are produced and distributed amongst all managers so that they can monitor their team's progress. They are also able to access completion rates in "real time" within the TURAS Learn system, allowing them to monitor compliance.



	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Acute Services	82%	82%	82%	82%	82%	83%	82%	83%	83%	83%	84%	84%
Argyll & Bute HSCP	79%	79%	79%	80%	80%	79%	79%	80%	81%	82%	82%	82%
Corporate Services	73%	75%	75%	75%	76%	76%	77%	76%	80%	81%	82%	82%
North Highland HSCP	84%	84%	84%	84%	85%	85%	85%	85%	86%	87%	88%	88%
NHS Highland	80%	81%	81%	81%	81%	81%	81%	82%	83%	84%	84%	85%

Health Inequalities Training

During the pandemic, all face to face training ceased. Subsequently, a virtual Health Inequalities training course was developed and delivered over Microsoft TEAMS, over a 2 hour period. In addition, refresher training for all those involved in supporting the delivery of the health inequalities course was conducted.

The learning objectives for the course are to:

- Understand what is meant by health and health inequalities
- Examine the fundamental causes of health inequalities
- Reflect on the impact of attitudes and highlight poverty sensitive practice approaches
- Explore what works to tackle health inequalities and apply to your own work

Since 17th February 22, which is when the first virtual course launched, 5 courses with 38 participants have been delivered, from across the partnership including NHS Highland: Highland Council and the third sector.

Feedback from the course has been positive, with around 60% strongly agreeing, and 32% agreeing, that the course was relevant to their job role.

Some of the practical actions participants identified during the course included:

"*build more upstream activities into our work*"

"*explore funding available for tackling health inequalities*"

"*continue to be mindful of health inequalities experienced by people I'm working with*"

"*further referrals for support to help clients in financial poverty*".

This course is available for anyone in NHS Highland to book, via Turas.

Money Counts Training

Money Counts training promotes using the 'Worrying About Money?' leaflet to initiate person-centred conversations around financial worries and support individuals access relevant services. The training is offered in North Highland on 2 levels and in Argyll and Bute at level 1.

The training aims to:

- Increase understanding of poverty and its impact
- Increase confidence to ask about money worries
- Increase knowledge of support services for money matters

Both courses are intended for anyone wishing to have a conversation about any financial issues they may be facing.

Level 1 is a short session (45 minutes) and encourages staff to have brief conversations around money worries.

Level 2 is a longer session (1hr30mins) and explores the relationship between poverty and health, increases knowledge of local services and includes skills practices for using the leaflet and asking about money worries.

A 'Worrying About Money? Highland' app has also recently been developed and launched.

Level 1 Data – North Highland

Courses since March 2021	Attendees	Average Pre course confidence	Average Post course confidence	Average Pre course knowledge	Average Post course knowledge
40	208	5.5	7.6	4.3	7.3

Level 1 Data – Argyll and Bute

Courses since March 2021	Attendees	Average Pre course confidence	Average Post course confidence	Average Pre course knowledge	Average Post course knowledge
8	33	6.7	8.5	7.1	8.5

Level 2 data – North Highland

Courses since July 2021	Attendees
22	111

Participant feedback Level 2:

- 87.8% of participants agreed or strongly agreed that the training had increased their understanding of poverty
- 85.4% of participants agreed or strongly agreed that the training had increased their confidence to ask about money worries.
- 97.6% of participants agreed or strongly agreed that the training had increased their knowledge of support service for money matters.

Examples of qualitative feedback received:

"*It was about the right length of time with the right amount of information. Both instructors knew their subject and were keen to get the audience involved. I enjoyed the course so thank you very much for your time today.*"

"*This is a really valuable course to take and opens great discussions amongst a variety of colleagues. Thank you for a thorough and informative presentation*."

The areas have now been combined, and in future course evaluation will cover both north Highland and Argyll and Bute.

New Corporate Induction

NHS Highland developed a new corporate induction which launched on 9th February 2023. It contains a specific section dedicated to Equality, Diversity and Human Rights. The section covers topics such as:

- A summary of The Equality Act 2010 and protected characteristics
- What is meant by the terms equality and diversity
- Discrimination, harassment and victimisation
- What are Human Rights?
- Policies that we utilised within NHS Highland
- Understanding stereotyping and bias

All new colleagues joining NHS Highland will be expected to attend the Corporate Induction and it will be available to book from the colleagues first day in the organisation. Sessions will be offered weekly via an online session or every 6 weeks in a face to face session, giving colleagues the option of which method of delivery they would prefer.

iMatter Results 2022

iMatter

iMatter Questions	Staff Experience Employee Engagement Components	Average Response			
		2018	2019	2021	2022
I am treated with dignity and respect as an individual	Valued as an individual	82	82	81	84

The average response for the iMatter question 'I am treated with dignity and respect as an individual', has been static at 82% for the year 2018/2019. Due to the pandemic the survey was paused in 2020. In 2021 the average response rate to the question decreased by 1%. In that year NHS Highland implemented their inhouse Leadership and Management program, alongside training sessions on 'Courageous Conversations' and the Executive Directors Group (EDG) roadshows. These programs and events facilitated colleagues to have an open forum enabling them to share their views and to ask any questions. These events have contributed to a 3% increase and have propelled average response rate to 84% in 2022.

Hybrid and Flexible Working Policies

'Flexible working' describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. NHS Highland is committed to promoting and practising equal opportunities in employment. This includes allowing employees the opportunity to work more flexibly wherever practicable and it is recognised that hybrid working arrangements will support this, alongside other already established flexible working options. Hybrid working is a type of flexible working where employees split their time between working at home (or another location) one or a few days a week, with the rest of the time spent in the work environment. This protocol applies

to all employees of NHS Highland, and bank workers, regardless of hours worked or length of service, as long as the role that is performed includes activities that can be appropriately and effectively carried out from a location other than their workplace.

Hybrid working is one form of flexible working and is intended to complement and enhance the existing flexible working arrangements that operate across the organisation. A colleague can request changes to;

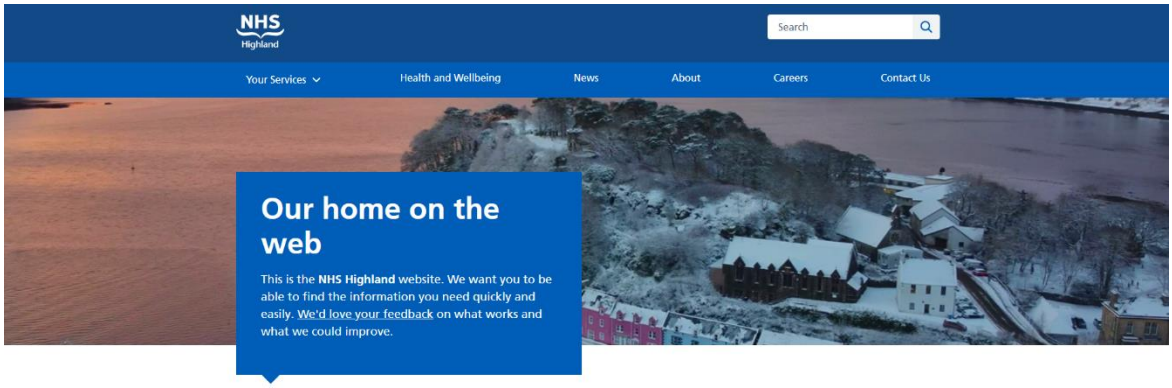
- The hours they work
- The days they work
- The times they work
- The place they work

They can also request a job share arrangement or annualised hours, or apply for paid parental leave or special leave to support attending IVF appointments for example.

The NHS Highland Agile Working group is made up of colleagues, staffside representatives and managers and works in partnership to develop guidance for colleagues around flexible working. Interim guidance is available to support the workforce to progress the implementation of hybrid working whilst a national policy is expected for release in late Autumn.

Quality and Care

NHS Highland Updated Website



The updated NHS Highland website was launched in November 2022. The website accessibility statement can be accessed directly from the footer of every website page. Pages relating to service and website accessibility can be reached via multiple routes from the home page, outer template and within page content. A full legally-compliant accessibility statement specific to the website is available to view on the website: [Website accessibility statement | NHS Highland (scot.nhs.uk)](). The web manager can also be contacted with accessibility feedback, although no feedback of this nature has been received as yet. There have been general, positive comments regarding improvement of

presentation since the new site launch, however a user survey is being prepared to gather feedback in a more structured way.

The website developers have used an accessibility testing tool, *Web Accessibility Evaluation Tool* (WAVE), to determine the level of conformation to the Web Content Accessibility Guidelines (WCAG) 2.1 These guidelines cover a wide range of recommendations for making web content more accessible, and consider accessibility of web content on a range of devices. These make content more accessible to a wider range of people with disabilities, including accommodations for blindness and low vision, deafness and hearing loss, limited movement, speech disabilities, photosensitivity, and combinations of these, as well as accommodation for learning disabilities and cognitive limitations. It is recognised however, that not every individual's need will be addressed. Following these guidelines will also make web content more usable to people in general. Currently, the site conforms to WCAG 2.1 AA level indicating strong accessibility, although the aim is to reach the highest level, AAA, excellent accessibility. Another planned improvement to the website includes the addition of the *Userway* user accessibility widget, which will further support accessibility for users of the website.

Planet Youth in Highland

The Planet Youth, Icelandic Prevention Model aims to increase protective factors, and decrease risk factors, to delay and reduce substance use among young people in Highland and Argyll and Bute. Planet Youth is a primary prevention, whole systems, and whole family approach that works in collaboration with stakeholders (including Highland and Argyll and Bute Alcohol and Drugs Partnerships, Highland and Argyll and Bute Councils, Highlife Highland, NHS Highland, Police Scotland and third sector organisations) by collating and analysing survey data on risk and protective factors that influence alcohol, tobacco and other drug use. This anonymous local data from S3/S4 pupils informs development and implementation of local action plans that respond to findings in key areas of young peoples' lives. The first survey was completed in autumn 2021 and will be repeated in 2023. Since being applied in Iceland, this approach reduced substance use rates among young people from among the highest in Europe to the lowest.

Some protected characteristics are asked about in the survey, including sex, age, mental health, and added on the request of Highland, ethnicity. Some of the impacts highlighted by the Fairer Scotland Duty are also considered in the survey, including lone parents and care experienced children and young people. Two Equality Impact Assessments have been completed for the Planet Youth programme in Highland, the initial in relation to the survey, and the second applies to the local coalition group action plan, which includes work to

increase positive activities for young people and families, increase social cohesion among families, and support families and schools with consistent messaging regarding alcohol, tobacco and other drugs. These are available on the NHS Highland website. This work complements NHS Highland's Equalities Outcomes and Mainstreaming report (Outcome 1) and Highland Council's Equalities Outcomes and Mainstreaming report (Outcome 5); in Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing. Given that poverty is linked with problematic substance use, it is essential to focus resources at a faster pace for people who are experiencing the most disadvantages. The pilot compliments other initiatives targeted at young people at higher risk of substance use in relation to protective factors including access to leisure activities and anti-poverty measures. There are specific activities which have focused on mental health, including sharing information with the involved schools about Kooth (online mental wellbeing support for young people) which is being funded in Highland by Children and Adolescent Mental Health Service (CAMHS), and Planet Youth also works closely with Highland Cares, an initiative that supports community wellbeing, in the areas of the pilot.

The pilot in Argyll and Bute differs slightly to the north Highland approach, although the same principles and steps are being followed. The pilot is funded by the Argyll and Bute Alcohol and Drugs Partnership and the Education department of Argyll and Bute Council are leading the work. Focus is upon two secondary schools where work is underway to deliver upon the partnership action plan. Following engagement with staff and parents, support and commitment have been secured for the project and the next step is to galvanise community support for development and implementation.

Argyll and Bute Alcohol and Drugs Partnership: Research into the needs of Children and Young People.

The Argyll and Bute Alcohol and Drugs Partnership (ADP) Children and Young People Needs Assessment (2021) found that a greater recognition of trauma amongst the workforce was required, particularly relating to care experienced young people, the gaps in the provision of addiction services for young people and older young people as well as the need for Family Therapy and Parenting Support.

Argyll and Bute Children and Young People Mental Health Early Intervention and Prevention Research

Interviews have been conducted with service providers, focus groups with young people, and a parent's survey to scope existing provision and needs for mental health early intervention and prevention for young people. The findings will help inform the Argyll and Bute Integrated Children's Services Plan 2023.

Screening Inequalities Project

The purpose of this project was to investigate the knowledge, confidence and comfort level of staff, volunteers and carers who support people with a learning disability and/or poor mental health in enabling informed participation in the NHS Health Screening Programmes.

Aim:

- To investigate knowledge and practice in relation to disease screening interventions in one to one consultations
- To identify and tackle inequalities in access to physical health screening services
- Increase front line staff knowledge and understanding of signposting to screening services
- Highlight risks of not undertaking screening programmes
- Ultimately reduce health inequalities in cancer/health outcomes

This project identified:

- Previous attendance at screening awareness sessions was shown to be beneficial
- Respondents keen to have training / updates
- Lack of understanding as to who should be responsible
- Male respondents were less comfortable promoting female screening programmes
- Primary care struggle with needs of LD clients
- Lack of awareness of how to access information in different formats
- Staff keen to have training and ongoing support

Following this project, work has commenced in developing a Turas learning module on screening programmes for staff supporting clients with a learning disability, poor mental health or those who require additional support.

Cool2Talk

Cool2talk, an online service for young people aged 12-25 in Argyll and Bute provides free, anonymous and confidential health information for young people. Young people can post a question to the website and receive a bespoke answer posted on the cool2talk website, within 24 hours, 365 days per year. Cool2talk (2022) report that during the period 2020-2022 an average of 123 questions were asked per year. The questions asked covered a broad range of topics. The most common topics in the year 2020-2021 were sexual health (26), general health (21) and anxiety (15). 56 questions, 45% of the total questions asked in the year 2021-2022, were assigned to the emotional health topic. In addition, there were 37 questions assigned to the relationship's topic, this may have been due the impact of COVID-19 and lockdowns on young people’s mental wellbeing and their friendships.

NHS Scotland Pride Badge

The NHS Scotland Pride badge promotes inclusion for LGBTQ+ people and makes a statement that there's no place for discrimination or harassment of any kind in NHS Scotland. Staff were informed about the scheme through all staff mailings, information on the intranet and internet site, and posters are available. Since the launch in 2021, in exchange for their Pride Badge, over 500 members of staff have pledged to;

- be aware of and responsive to issues faced by LGBTQ+ people accessing care
- be a friendly, listening ally who colleagues and service users can safely approach
- use inclusive language and respect identity.

See Hear Strategy

NHS Highland's See Hear Strategy has been developed and approved, and is now in the process of being implemented across Highland. The Deaf Services team link with Care Homes with a view to providing a role with support, help and guidance for patients with hearing loss. Hearing aid maintenance sessions are available for staff. The post of Audiology Clinic Liaison Officer will shortly be advertised and will provide support and guidance to patients diagnosed with a hearing loss and signpost to relevant services. Sensory training is being rolled out across NHS Highland staff and is also delivered to student doctors. Over 460 members of staff have completed Deaf Awareness training since 2021. Discussions with the University of the Highland and Islands (UHI) are ongoing with regard to them offering sensory courses such as British Sign Language (BSL), lipreading and BSL Interpreters.

COVID-19 Social Mitigation

NHS Highland's COVID-19 Social Mitigation Strategy and Action plan has been developed, comprising of 9 themes; Unemployment and the economy, Income and financial security, Cost of living including food insecurity, Mental health and wellbeing, Drugs and alcohol, Digital inclusion, Capacity and community resilience, Transport poverty and active travel, and Violence against women. There are various actions and recommendations attached to each theme, which are being worked towards. Some outcomes so far include NHS Highland being accredited as a Real Living Wage employer, Community Link Worker posts have been established, Mental Health First Aiders are being piloted. The nature of this work is broad and other outcomes have been included throughout this report, for example Money Counts work.

Older Adult Reference Group

Older Adult and Dementia services in Argyll and Bute were reviewed in 2020 with changes implemented across 2021-2022. EQIA's carried out recommended engaging with stakeholders on service redesign and local changes to older adult services. The Health Improvement team were tasked with recruiting community representatives to sit on an Older Adults Reference Group. This was formed in 2021 with an independent chair from Alzheimer's Scotland and had eight members from across Argyll and Bute.

Partnership Approaches

Suicide Intervention Prevention Programme (SIPP)

Mental Health and Wellbeing and Suicide Prevention has been recognised at local community partnerships and at CP Board as a key priority for local communities.

Suicide Intervention Prevention Programme (SIPP) is aimed at Highland Community Planning Partnership colleagues, third sector organisations and communities who want to be able to help someone who might be at risk of suicide. The course covers:

- The ability to recognise a person at risk of suicide.
- The ability and confidence to ask about suicide, including the ability to display listening and questioning skills.
- An awareness of the impact of attitudes and stigma on suicide.
- How to help a person at risk of suicide to stay safe, to signpost to appropriate support.

SIPP training has a focus on exploring how stigma and attitudes impact on those affected by suicide. A key component of the training is to encourage individuals to review their own attitudes and beliefs around mental health. The course also encourages individuals to consider their use of language, and to recognise the role of wider society plays in stigmatising mental and suicide and perpetuating inequalities (e.g media reporting, pop culture etc.).

Due to the COVID-19 pandemic SIPP has been delivered online since mid-2021.

In 2021, 22 SIPP courses were delivered, (157 participants completed the course).

In 2022, 32 SIPP courses were delivered (247 participants completed the course).

The demand for the course has been high with most courses oversubscribed. As a result some training sessions have been delivered to staff and organisations that would most benefit from the training e.g. frontline workers. However, most courses are available to all. Furthermore, this year (2023) has seen the first face to face SIPP training delivered, as the team are mindful that there can be barriers to virtual learning, for example those without the skills or equipment to participate. There has been an increase of new trainers from a

wide variety of organisations with the intention to make SIPP training more accessible in the coming year(s). Feedback received in 2021 and 2022 indicated that many participants felt virtual delivery provided a learning opportunity they may have previously had to decline (due to travel, time constraints etc.).

Work has been initiated with University of the Highland and Islands (UHI), and local business organisations to support SIPP training and suicide awareness amongst populations that have higher rates of suicide. These include the construction industry, forestry, and engineering. Training providers will continue to explore further opportunities to work with population groups who are most affected by suicide.

Argyll and Bute Mental Health and Suicide Prevention Training

Throughout 2021 to 2023 suicide prevention training was provided in Argyll and Bute to staff and volunteers within the NHS, Argyll and Bute Council and some third sector organisations. The training offered included Applied Suicide Intervention Skills Training (ASIST), Scotland's Mental Health First Aid (SMHFA), Assessing for Suicide in Kids (ASK), safeTALK – suicide alertness for everyone and START – life-saving skills anytime, anywhere.

In addition, First Aid for Youth Mental Health training was commissioned, and attended by people from a range of services and sectors who work directly with children and young people in Argyll and Bute. A total of 38 people completed the certificated training from more than 16 different organisations.

Green Health Partnership

An Equality Impact Assessment (EQIA) of the Highland Green Health Partnerships workplan was conducted. Reducing inequalities is a key aim running through all the work of the partnership. A number of actions contained within the workplan are aimed at mapping the needs of our communities targeting action towards disadvantaged and under represented groups. Since 2018, the partnership has organised four rounds of small grant funding and supported 65 community initiatives with funding. A key requirement of successful applicants was to demonstrate how the project would help to tackle health inequalities and bring services to those who would otherwise not be able to access them. The partnership has developed guidance and community toolkits for use by activity providers including a health inequality check list and self-assessment matrix. This has been used in three workshops in Lochaber, Badenoch and Caithness, where 60 green health activity providers attended. It was also piloted with a group of 20 Outdoor volunteering organisations. The partnership has also delivered training in health inequalities to activity leaders. In addition, the partnership has produced several translatable resources and have built a website, with plans to add accessible format for those with sight issues. Resources are available at this page;

Downloadable Activities - Think Health Think Nature, with translation function available in the top right corner.

The Argyll and Bute Living Well Strategy 2019- 2024

The Living Well Strategy makes a commitment to support people living in Argyll and Bute with long-term health conditions and those at risk of developing them.

The strategy focuses on supporting people to manage their own health, and supporting communities to build groups and networks which can link people together. The Living Well Strategy was developed following extensive engagement and consultation with the communities in Argyll and Bute.

Everyone can benefit from Living Well activities and support, even those who are already living healthy lives. Living Well promotes community and information, as well as planning in advance for any potential health problems that might arise. This is not as a replacement for health services, but rather helps to support services by building up people's capacity to know and manage their own health. The Living Well implementation plan aligns to the Argyll and Bute HSCP strategic intentions under four themes:

- **People** – enabling and informing to ensure healthy living and self-management of long-term health conditions
- **Community** – joined up approaches to support for health living within communities
- **Leadership** – high level commitment within the HSCP to ensure investment in prevention of health and social care problems
- **Workforce** - supporting and educating frontline health and social care professionals to anticipate and prevent problems before they arise

In 2021-2022 £46,000 in Living Well Self- Management Grants was provided to support physical activity, access to Information, mental health and wellbeing and healthy weight. The following types of activities were funded by these self-management grants:

- Mindfulness for carers
- Outdoor activity sessions to renew contacts with nature and each other after the prolonged isolation of Covid-19
- Outdoor walk and talks
- Mental wellbeing for veterans
- Physical activity projects.

During the year 2022-2023 funding was offered to third sector projects which had a particular focus on:

- Supporting volunteer wellbeing. Activities provided to support the wellbeing of the volunteers in your organisation.

- Reducing isolation and improving community networks, for example through befriending or peer support.
- Supporting healthy weight or access/cost around food via sustainable food programmes in our communities, for example community garden projects.

Argyll and Bute Living Well Networks

The Argyll and Bute Living Well Networks (LWNs) are for people with an interest in building healthy communities. Eight LWNs cover the geographical area of Argyll and Bute and in the year 2021 to 2022 had an accumulative total of 840 members.

The networks provide an opportunity for people to come together to find out what issues matter to local communities and feed information to and from Local Planning Groups and Community Planning Partnerships. The aims of the Living Well Networks are to plan activities and events together and to network with individuals, services and organisations with an interest in improving health. The networks have allocated co-ordination time (about 1 day per week). They work towards one priority from the Living Well Strategy action plan; one from the Argyll and Bute ADP Strategy; and the networks own choice based upon the Public Health workplan.

S3 Health Drama Programme "You Are Not Alone"

In 2017, Argyll and Bute piloted the School Heath Drama Programme called 'You Are Not Alone'. Since then, it has been delivered to S3 pupils from each of the ten secondary schools, making it a stable and valuable part of the curriculum. The multi-agency investment and partnership working has enabled this interactive drama tour to reach remote and rural communities.

The programme delivers three short productions using comedy, music and interaction with the audience to convey powerful messages. It addresses social issues such as stereotypes and stigma, social media, peer pressure, safe relationships and sending sexually explicit photographs.

Pupils have an opportunity to discuss the dilemmas which characters present, ask questions, consider solutions and explore what support is available for them to access.

You Are Not Alone, delivered by Raenbow Productions, has bespoke resources including a booklet to encourage resilience and help young people think about their support networks. Pupils are also encouraged to participate in valuable discussions with their teachers during class lessons.

Through pupil, teacher and service evaluations, we know this programme is highly valued. It increases young people's awareness of services and helps to engage them in services

In 2021/2022, due to COVID-19 guidance the live drama production was offered online, allowing it to be presented in classrooms at the teacher's convenience and all but one of the schools were supported by partner agencies for the delivery of the drama.
The 2023 drama tour will be delivered in person for the first time since the pandemic and it will be supported by a wide range of partners providing services for young people. All secondary schools in Argyll and Bute will receive the drama programme and a full evaluation will be completed.

Argyll and Bute: Gypsy and Traveller community work

Engagement activity that identified a gap in provision of free sanitary products at Gypsy and Traveller community sites. Partnership work with the Minority Ethnic Carers of People Project (MECOPP) and Argyll and Bute Council enabled the provision of information and free sanitary products to Gypsy and Traveller community sites in Argyll and Bute. Initially, products were delivered by MECOPP on a person-to-person basis. MECOPP plan to support their service users to place orders for products using the councils My Tribe website, MyTribe - Free period products (mytribeargyll.co.uk). Orders are placed on an individual basis within households.

Gypsy/Traveller History Month was promoted in 2022 throughout NHS Highland as well as Highland and Argyll and Bute Councils. The aims of this work were to; raise awareness of Gypsy and Traveller community history and culture, and address some of the barriers which prevent good health outcomes in these communities. Information was targeted at staff from primary and secondary care, and third sector organisations with a focus on those who deliver direct care to people. The Turas module *Raising awareness of Gypsy /Traveller communities* was promoted via social media. This module is for anyone interacting with patients, clients and the public to help develop an awareness of the culture and circumstances of Gypsy and Traveller communities in Scotland. It explores barriers to inclusion and good health, and ways to make services more accessible and responsive to the needs of Gypsy and Traveller communities. Participation and completion rates were double the previous year following the promotion activity.

Mental Health Engagement

From 2021 to 2022 engagement activity was carried out in conjunction with third sector organisations Jean's Bothy, ACUMEN and Support in Mind Scotland (SiMS). Engagement took the form of focus groups, one to one interviews and surveys and asked Argyll and Bute residents' questions on their experience of accessing services during the pandemic and the impact on their mental wellbeing. The aim of the engagement was: To gain insight into people's experiences of the COVID-19 pandemic and the impact of this upon mental wellbeing and access to mental health support. Key themes emerged around accessible

support, community support and digital connectivity, and were captured in a report. A live graphic illustrator captured the themes at one of the Jean's Bothy focus groups.

Business Functions

Procurement

As a buyer of goods and services, the Procurement Department of NHS Highland have developed processes and procedures which are designed to facilitate fair, transparent and consistent procurement practice. NHS Highland implements Scottish Government Statutory Guidance when evaluating tender submissions, selecting tenderers and awarding contracts. This contains Fair Work Practices, including the Living Wage.

NHS Highland continues to encourage Fair Work Practices within our supply chain. Through Contract Management processes and procedures, Contractor provision of Fair Work Practices is monitored regularly. NHS Highland also regularly considers how to incorporate best Fair Work Practice into collaborative framework agreements and local tendering exercises.

Equality Impact Assessment (EQIA)

Information about EQIA has been updated on the NHS Highland Intranet to include further explanation and signposting to the Turas training module. Guidance, templates, and other supporting documents are also available for staff. Following a pilot of the content with NHS Highland's Procurement team, there is now an EQIA training example video provided to support others to complete EQIAs.

The Argyll and Bute HSCP EQIA process has been updated and is introduced in the corporate induction programme. From 2021-2022 15 EQIA's were carried out regarding changes to services in Argyll and Bute, these included changes to older adult services, changes to day services for adults with learning disabilities and changes to tenancy agreements in mental health services among others. The breadth of EQIA's suggest that this process has become mainstream in Argyll and Bute HSCP.

Section 3: Equality Outcomes Progress Report 2021-23

The Specific Duties require review of progress in meeting equality outcomes every two years. In April 2021, NHS Highland set out three equality outcomes:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

Progress updates on these are provided below.

Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

Key action	Progress
Development of the Highland Mental Health Delivery Group Action Plan, including the following areas:	The new MHDG action plan is currently under development, to date the following progress has been achieved:
- Early Years, Childhood and Adolescence – a preventative approach	Highland Cares initiative has held stakeholder events in all areas of Highland now where we have spoken with community representatives and numerous young people looking specifically at Mental health and Wellbeing. There have been project groups set up in each area looking at the identified themes working alongside the Community Planning Partnerships. Due to initial feedback from the Stakeholder events there have already been training and awareness sessions rolled out throughout Highland to address the requests for early intervention and prevention.
- Tackling Stigma and Discrimination - supporting employers and public services	A quarterly newsletter (example) is compiled highlighting key mental health and wellbeing (MHWB) themes around prevention and self-care. This multimedia publication seeks to reduce stigma and discrimination by highlighting both national and local campaigns seeking to educate and inform the population. Practical resources are highlighted as well as training and education opportunities available to those working (paid and unpaid) in communities of Highland. The Highland Mental Wellbeing Website is an information resource developed with the input from all partners with updates on services across Highland. It highlights services, training opportunities and an activity calendar. It aims to equip practitioners and communities with

	information as well as a range of e learning and training resources to allow inclusive, compassionate responses to people experiencing mental health concerns and opportunities to understand the impact of Stigma and discrimination and inform approaches that challenge and reduce these forces. Engagement with both resources grows consistently and the group are about to launch a test of change in relation to the website The continuation and development of both these resource remains part of the MHDG actions.
- Working and Responding Together - stronger collaborative approach across the public, third and independent sectors	The Mental Health and Wellbeing Delivery Group (MHDG) with 30 members from across the statutory and 3rd sector met in October 2022 to review the action plan post pandemic. Emerging priorities were highlighted through a Conversation Café model approach. 4 Conversations were facilitated; 1. Training and communications 2. Suicide Prevention 3. Listening to the voice of lived experience 4. Developing the trauma informed workforce as well as plenary discussions. A resulting report has been compiled and the global, national and local policy environment referenced. Early 2023 will see the group continue to collaborate and develop the 2023 2025 action plan. The group will continue to collaborate to further develop a multi-agency training matrix linked to the levels of practice noted in Scotland's Mental health improvement and suicide prevention knowledge and skills framework
Participation and Inclusion - enabling people to have control over their lives and facilitating active involvement	NHS Highland's Mental Health and Learning Disabilities Services have been working with partners to develop a strategy based on the principles and values of care provision. This work is aligned to the Scottish Government

	draft document *Scotland's Mental Health and Wellbeing*, and our own Board strategy, *Together We Care*. This strategy is being developed with and informed by our partners and those in the 3rd sector, those with lived experience, and our workforce. Engagement activity was launched through collaboration with the Scottish Recovery Network. Four conversation cafe style sessions were run across the Highlands, pulling together over 30 community groups and over a hundred individuals. As our Adult Mental Health and Learning Disabilities Services cover a variety of areas (including drug and alcohol, learning disabilities, older adults and dementia, etc), we expanded our engagement activities to include these themes. We will, by the end of March 23, have a draft ready for consultation. A key outcome from the engagement work is the development of a delivery group, comprised of Highland 3rd sector, independent sector and voluntary organisations, ensuring that the voice of lived experience is present in the planning and delivery of the new NHS Highland Mental Health and Learning Disabilities Principles and Values strategy. Once this document is approved, it will be used in conjunction with our Annual Delivery Plans to inform not just what we provide, but the principles and values by which we do so.
Equality Impact Assess Mental Health Delivery group action plan: - Key actions will be identified for specific groups of people including those with protected characteristics - The action plan will be updated to reflect the outcome of the EQIA	The new MHDG action plan is under development and an EQIA will be completed as part of this process and actions taken accordingly to ensure inclusivity for all people in Highland with particular focus on those with protected characteristics. The group will continue to collaborate with colleagues from Scottish Recovery Network ensuring the voice of lived experience is listened to and reflected in resulting action plan.
Establish infant mental health service	Community Perinatal Mental Health and Maternity and Neonate Psychological Interventions teams are established and are providing assessment and professional consultation to families with perinatal, maternity and neonate mental health needs. The development of the Infant Mental Health

	Service was completed in March 2023 with the appointment of the Clinical Lead and pathways to support access to the service are currently underway. The tri-pathway model will promote mental wellbeing during pregnancy and early years. The developing pathways are underpinned and driven by a reference group of women with lived experience to improve and ensure access to the resources needed to support mental health and wellbeing.
Respond to care review by delivering on The Promise (to care experienced young people)	Activity to support Highland in #Keeping the Promise has included: Improvement work within Highland Council and Partners in changing the language of care – with an aim to embed destigmatising language and practices across the way we work. Any improvement activity in this area should be informed by lived experience. Working alongside Each & Every Child, we are engaging leaders across the partnerships to ensure organisational and systemic change of 'language' including service plans (where relevant and appropriate). Supporting the Workforce is one of 5 priorities within the Promise Plan 2021 – 2024 and within this priority, embedding trauma informed practice into the workforce is key. Therefore, alongside partners, the development of Highland's Trauma Informed workforce plan, is key to building the foundation in which to deliver on The Promise. Promoting Highland's vision of The Promise. In order to enhance awareness and confidence of The Promise in the workforce, the following activity was undertaken: The rollout of Promise Engagement sessions. The development of The Promise Newsletter. Recruitment of Promise Ambassadors. There is also a wide range of activity across the partnerships including but not limited to the work within the Highland Strategic Alliance which is developing small tests of change within 'Moving On' (older young people moving out of care), Residential care, and Family Support.

Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.

Key action	Progress
Review relevant Violence Against Women guidelines and policies and ensure they are made available to support NHSH staff on VAW issues	Gender based violence guidelines are developed and available on the NHS Highland intranet for all staff to access. There are additional materials and guidance available on the Highland Violence Against Women Partnership website; Highland Violence Against Women Partnership – Ending Violence Against Women (scot.nhs.uk). Reviews are still to be progressed.
NHS Highland to pilot the Equally Safe at Work programme due to start in 2021	Included as a priority in NHS Highland Annual Delivery Plan.
Develop a refreshed set of priorities and measures for Highland VAW Partnership (HVAWP) Strategy.	Complete, guided by national priorities. Each priority, and associated actions are measured by evidence of progress.
- Develop 2021-24 HVAWP action plan.	HVAWP Action Plan 2021-2024 currently being worked to.
- Use COVID-19 related data and partner information to inform the strategy and action plan	There was an increased focus on domestic abuse, both nationally and locally, during COVID-19 and its aftermath with incidents continuing to increase. Incidents of domestic abuse recorded by the Police Scotland have risen over the past 5 years by 8.8% (https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2020-21/). Highland Women's Aid groups report receiving a 14% increase in referrals from women and girls experiencing domestic abuse in the year April 2021 to 22 March 2022 from that of the previous year. In addition, there were over 400 referrals to the Highland Multi Agency Risk Assessment Conferences (MARAC) during 2021, these respond to victims at highest risk of serious harm or murder due to domestic abuse.
Deliver and evaluate the HVAWP training programme	The training offer continues, delivered by a part-time, dedicated training officer. Training is delivered both remotely and in person to provide maximum accessibility. Training demand is high, and courses are well received

	and attended, with annual evaluation of the training delivered by VAWP in place. The Highland VAWP Training and Prevention Subgroup is well attended, with highly experienced members working together to improve the awareness of gender based violence issues and accessibility to support across Highland.
Increase training capacity by supporting Trainers who attended the "training for trainers" course to deliver training.	T4T no longer is in operation and training is being reviewed at a national group meeting.
-Develop online courses for TURAS and other digital platforms.	Transfer of course administration to the TURAS system has greatly improved the efficiency of administration, reporting opportunities and increased training delivery times available.

Outcome 3 - In NHS Highland, people from identified groups will have more control over the care and services they receive.

Key action	Progress
NHS Highland Communication and Engagement Strategy:	
- Communication and Engagement Strategy to be developed in partnership with key groups, patients, and partners.	A three-year strategy is in place, with year two currently being delivered. This is guided by an annual action plan aligned to NHS Highland's Annual Delivery Plan (ADP). The Engagement Framework has been approved by NHS Highland's Board and is also going through a 3-stage implementation plan.
- An internal framework and resources, are to be introduced to support meaningful conversations and engagement with communities and key groups	An Engagement Framework has been approved. Resources including templates, training and guides are available. Staff introductory and awareness sessions are currently taking place, and supporting materials and signposting is being added to the staff intranet pages.
- Training sessions piloted and delivered to managers across NHSH area	Training is being delivered on an Introduction to Engagement, Face to Face Engagement and other topics. Training needs will be continually assessed to ensure staff are equipped to deliver meaningful and inclusive communication and engagement across the organisation.

	Development of a peer network to support staff is planned in partnership with other departments, in order to help provide an internal supportive network for staff, managers and clinicians relating to communication and engaging with people.
- Training and support to be piloted to lay members of committees and project groups	Work continues with Healthcare Improvement Scotland - Community Engagement (HIS-CE), to develop bespoke training for lay members, in partnership with lay members. Lay representatives, NHSH and HIS-CE have met several times to discuss and identify content, with further sessions planned. The main training aims to be delivered by HIS-CE in spring / early summer 2023.
- Develop networks and effective ways for people to give views, share experiences or take part in engagement opportunities on matters that are important to them	Networks continue to be developed both for central communications and engagement channels, as well as with some locality and specific areas, as part of strategy or redesign work. For example, supporting Together we Care, and Mental Health and Learning Disability (MHLD) Strategies, Maternity Review, Skye and Lochaber Redesign stakeholder analysis and networking building. Currently introducing Care Opinion to four test sites within NHS Highland, as a way for people who are attending or need our services to share their experiences with us, which will help continually improve our services. Radio podcasts and sound bites have been introduced in Skye and Lochaber. These at are recorded by key members of staff who share information and updates about local services. This form of information sharing has been introduced to extend our reach to people in these areas so that they can listen to important updates on their devices, wherever they may be listening, at no cost to them. People are invited to contact the radio station with questions or suggestions, and this offer has been taken up by members of the public. Information provided on the podcasts are also available

	via newsletters, that can be shared in different formats, including easy read. Skye Newsletter Poster 2 1.pdf
- Develop ongoing relationships with vulnerable groups/ communities of interest and provide opportunities for views and experiences to be heard, listened to, and considered, e.g. Inclusion Scotland 2021 summit and NHS Scotland Gypsy and Travellers Charter of Involvement	Initial contacts have been made with several groups, including Highland Senior Citizens Network, Highland Pride and Autism Initiatives. Conversations have begun with the Highland Council Housing Officers to explore how we can connect with some of the vulnerable groups via Tenants Associations or with people who are homeless. We have also recently reached out to Community Health Workers to explore how to support conversations with Gypsy Traveller Communities as part of the MHLD strategy development.
The Carers Strategy commits to:	
- Carers actively involved whilst the person they care for is in hospital/planning for discharge	From autumn 2022, a working group has been re-introduced, and meets monthly. This includes carer participation, and involvement of the new adult social care patient flow team. As the group develops, there are plans to include unpaid carers, who are currently represented by the CEO of the local carers centre.
-Improved engagement with carers and involvement in the Highland Carers Strategy, services, policies and any guidance pertinent to carers.	This includes carers leading the development of the Highland Carers Strategy. The unpaid carers group, who meet 6 weekly, since September 2022, are planning a consultation during summer 2023, and for the strategy to be published in the autumn. In order to support this work compatible IT equipment will be provided to assist carers to be equal participants in carer development work.
- Outcome focused Adult Carer Support Plans available to carers who want one: Pathways and resources available; support plans reviewed in line with the changing needs of carer	No further progress to date, although plans are in place for 2023-2025.
- Carers benefiting from access to tailored short breaks and respite support	Since September 2021, over 700 cares have benefited from funding via this scheme. In addition, a Carers Wellbeing Fund was introduced in January 2023 that offers support to carers in critical or substantial need, linked to the cost of living crisis. This funding is time limited until 31st March

	2023. The first panel met and considered the initial ten applications in February 2023.

Appendices

Appendix 1

Employee Protected Characteristics Data and Analysis

NHS Highland employee data relating to protected characteristics is held in the electronic Employee Support System (e:ESS). e:ESS went live in 2013, and employee and manager self-service functionality implemented, however adoption of the self-service functionality is high for managers, but less so for employees. This functionality is used by employees to update, amongst other things, their protected characteristic information.

For most protected characteristics (notable exceptions being age and gender), this figure has remained consistent over the last 5 years. The key action, therefore, in relation to our Equalities Duties in respect of employees, is to improve the quality of the employee equalities data we hold.

As at 07/02/23, current equalities data held in eESS is: (where an individual has opted not to disclose, this is recorded as Not Provided)

Disability

- Disability Not Provided 15.75%
- Disability Provided 84.25%

Ethnicity

- Ethnicity Not Provided 18.96%
- Ethnicity Provided 81.04%

Gender Reassignment

- Gender Reassignment Not Provided 16.38%
- Gender Reassignment Provided 83.62%

Sexual Orientation

- Sexual Orientation Not Provided 18.73%
- Sexual Orientation Provided 81.27%

Religion

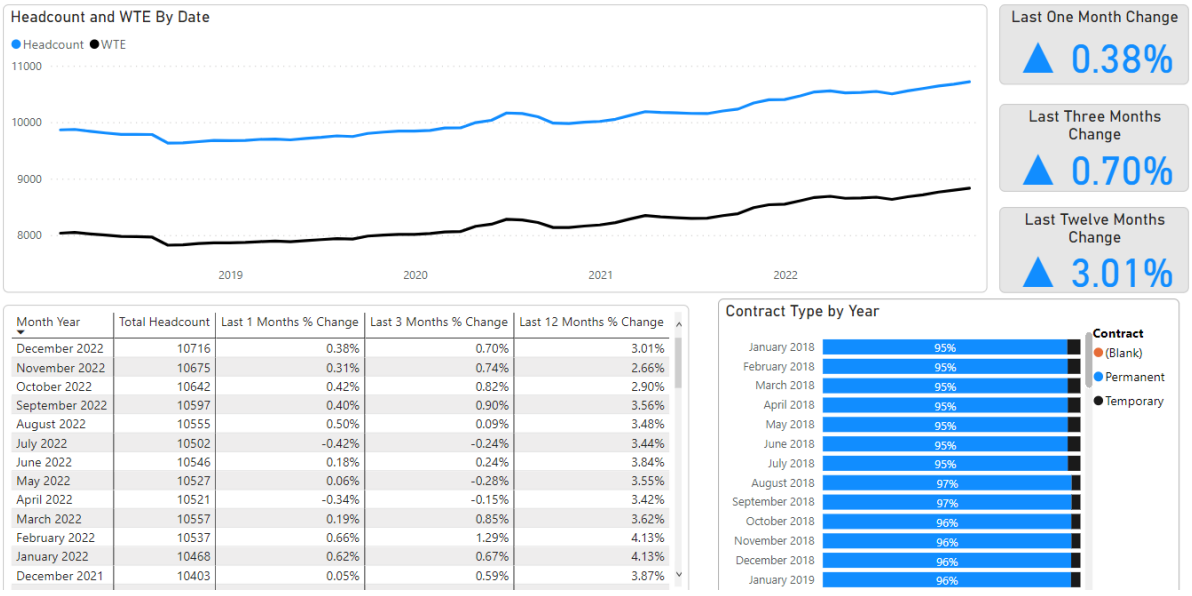
- Religion Not Provided 21.44%
- Religion Provided 78.56%

To improve the quality of our equalities data, we committed in the last action plan to roll out across NHS Highland the elements of Employee Self Service that will allow staff to update their Equalities information. However, this has not been possible for several reasons. A refreshed project is underway to implement manager self service for e:ESS. This alone will not improve the quality of the data held, however, it will mean the current process for collecting equalities information will change. The project team will be tasked with identifying the least burdensome process for collecting equalities information.

NHS Highland will be launching a revised Exit Survey early 2023 for employees leaving the service, this will enable collation of leaver information from one source.

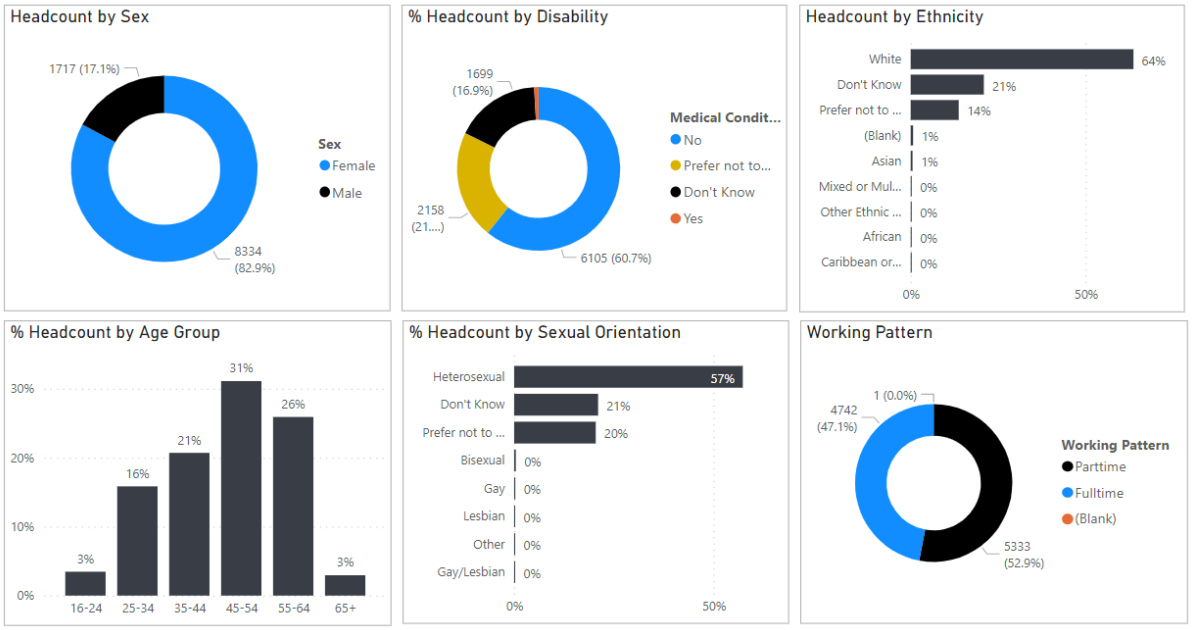
The workforce profile information presented below considered data sets across 3 years from January 2020 to January 2023. Where detailed an average headcount across the 12 (monthly) workforce profile snapshots are presented for 2022.

Infographic 1: Headcount Visual 31st December 2021 - 31st December 2022



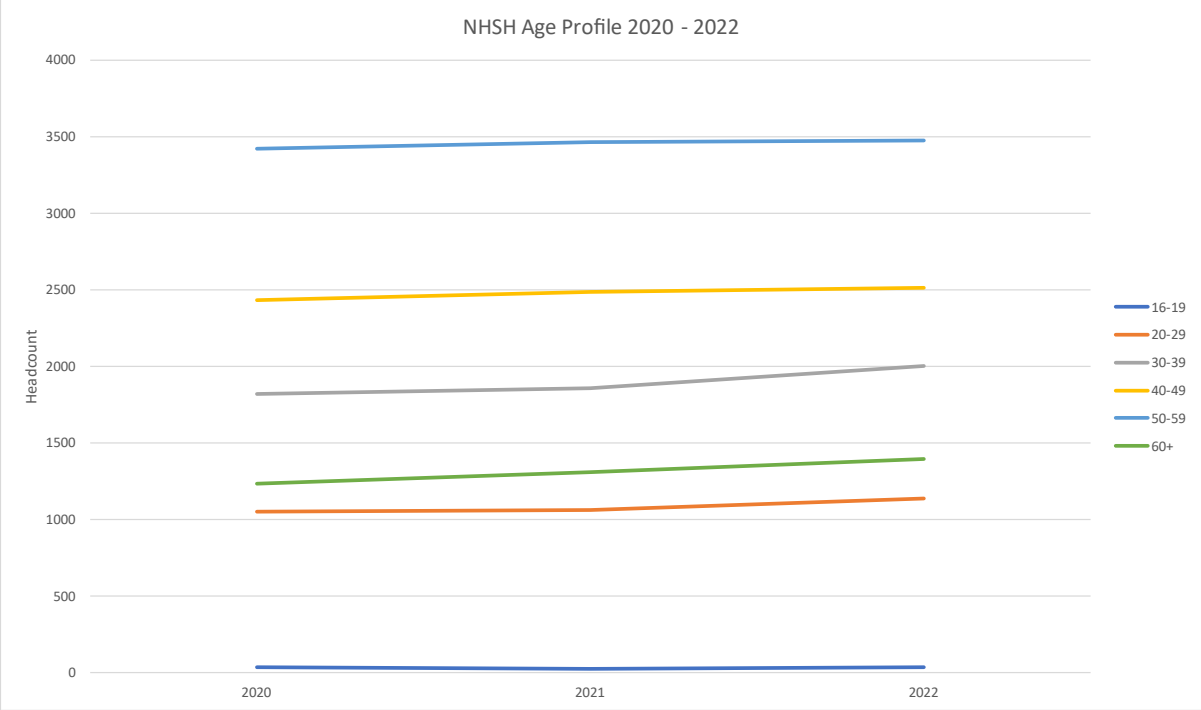
Month Year	Total Headcount	Last 1 Months % Change	Last 3 Months % Change	Last 12 Months % Change
December 2022	10716	0.38%	0.70%	3.01%
November 2022	10675	0.31%	0.74%	2.66%
October 2022	10642	0.42%	0.82%	2.90%
September 2022	10597	0.40%	0.90%	3.56%
August 2022	10555	0.50%	0.09%	3.48%
July 2022	10502	-0.42%	-0.24%	3.44%
June 2022	10546	0.18%	0.24%	3.84%
May 2022	10527	0.06%	-0.28%	3.55%
April 2022	10521	-0.34%	-0.15%	3.42%
March 2022	10557	0.19%	0.85%	3.62%
February 2022	10537	0.66%	1.29%	4.13%
January 2022	10468	0.62%	0.67%	4.13%
December 2021	10403	0.05%	0.59%	3.87%

Infographic 2: Equality and Diversity (31st December 2022)



Graph 1: Age Profile

For each year it is an average headcount across the 12 (monthly) workforce profile snapshots taken.



The above graph shows the trend in age group profile over the last 3 years from January

2020 to December 2022. NHS Highland demonstrates an ageing workforce with a significant number coming up to or over the average retirement age. The median age is 48 for NHS Highland, which has not changed from pre-covid. However, the headcount over 55 has increased. The Board's average retiral age is 63, an increase from 61 in 2018, this highlights a risk to the sustainability of the workforce. Over 2000 employees are age 57 and over and of those 1000 are 61 and over. The highest number of employees working beyond the Boards average retirement age are within the Band 2 and Band 1 pay banding.

NHS Highland will continue to work on age profile modelling through developments of Dashboards and working in partnership with the NHS Education for Scotland (NES) Workforce team with an aim to enhance our intelligence to help inform succession planning and workforce planning in relation to the ageing workforce. Work has begun with the launch of the Retire and Return Policy to understand which sections of the workforce may choose to work for longer and identify how NHS Highland can retain the skills and experience of the older workforce, whilst providing safe and manageable roles. We also need to work with colleagues to ensure that flexible working options are fully utilised and managers have the necessary skills in management and rostering to make the most of this.

Although many current members of staff will be working longer there is clearly an urgent need to recruit the younger generation, this is underpinned by the fact that less than 400 employees (3.5% of the workforce) in NHS Highland are aged 24 or under. 48% of the under 24s are within the Nursing and Midwifery job family. There are multiple critical issues within our workforce profile around the time taken to train in professional roles, the loss of experienced colleagues and the impact on an aging workforce due to the physical nature of some roles. It is vital that Managers are aware of the current age profile, average retiral age across job families and project retirals, in order to deploy targeted retention or succession planning work in good time to avoid shortfalls in service, particularly in remote and rural areas where the fragility of small teams is high.

Table 1: Age Profile

Age Range	2020	2021	2022
16-19	33	25	37
20-29	1049	1063	1140
30-39	1822	1859	2002
40-49	2435	2487	2511
50-59	3424	3464	3475
60+	1235	1310	1397
Total	9998	10208	10562

Table 2: Employments by Sex

For each year it is an average headcount across the 12 (monthly) workforce profile snapshots taken. In common with other employers in the health and social care sectors, we have a significantly higher proportion of female employees (82.6% as of 31st December 2022).

Employments by Sex	2020	2021	2022
Female	8313	8466	8732
Male	1686	1741	1831
Total	***9999***	***10207***	***10563***

Table 3: Employments by Agenda for Change (Bands)

This data is taken from the Headcount Power BI report. It is an average headcount across the 12 (monthly) workforce profile snapshots taken for 2022.

Agenda for Change Employees	Female	Male	Grand Total
Band 1	38	5	43
Band 2	1814	422	2236
Band 3	1381	205	1586
Band 4	945	140	1085
Band 5	1681	196	1877
Band 6	1314	243	1557
Band 7	771	170	941
Band8A	211	54	265
Band8B	74	26	100
Band8C	28	11	39
Band8D	18	9	27
Band 9	1	1	2
Not AFC	603	360	963

Just over 89% of staff at Band 5, for example, are female, compared to 77% for Band 8a and significantly higher paid bands.

The breakdown of gender across job families below demonstrates significant occupational segregation. Almost 100% of dental support staff are female, with very high proportions of women seen in nursing and midwifery, social care, allied health professions and administration. Higher paid occupations, such as medical and dental and senior management show a more equal split between genders. Support services, which includes

domestic services, portering and estates, and Health Care Sciences each have similar proportions of females, around 58%. This occupational segregation has a significant impact on the Gender Pay Gap reported later in this paper.

Table 4: Employments by Job Family and Gender

This data is taken from the Headcount Power BI report. It is an average headcount across the 12 (monthly) workforce profile snapshots taken for 2022.
*Note as this is by job family, the sum may be higher than that of employees, where employees are counted more than once due to having employments across different job families.

Job Family - Gender	Female	Male	Female	Male
ADMINISTRATIVE SERVICES	1744	303	85.20%	14.80%
ALLIED HEALTH PROFESSION	663	91	87.93%	12.07%
DENTAL SUPPORT	181	1	99.45%	0.55%
HEALTHCARE SCIENCES	206	148	58.19%	41.81%
MEDICAL AND DENTAL	320	300	51.61%	48.39%
MEDICAL SUPPORT	15	18	45.45%	54.55%
NURSING/MIDWIFERY	3588	335	91.46%	8.54%
OTHER THERAPEUTIC	276	50	84.66%	15.34%
PERSONAL AND SOCIAL CARE	1095	120	90.12%	9.88%
SENIOR MANAGERS	27	16	62.79%	37.21%
SUPPORT SERVICES	671	452	59.75%	40.25%

Gender Pay Gap

The tables below outline the Gender Pay Gap for the Board as a whole and then further broken down across the different terms and conditions in use across the board.

The information is presented in three different formats, each defined below. Mean Pay is a sum of hourly rates divided by the number of hourly rates. Median Pay is the hourly rate in the middle of all hourly rates in ascending order. For example, 3 is the median of the range 1,2,3,4,5. Mode Pay is the most common hourly rate.

This data is taken from an extract from Payroll as at 31 Dec 2022, matched on to an extract from SWISS to get employment info.

Whole Board	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£22.41	£17.78	-£4.62	20.63%
Median Pay	£18.09	£14.52	-£3.57	19.74%

Mode Pay	£12.18	£12.18	£0.00	

The gender pay gap for the board as a whole is significant at negative £4.62 or 20.63%. This is higher than the Scottish average reported in 2021 of 10.1%. NHS Highland's gap has reduced since the last report. The negative median pay gap of £3.57, when read in conjunction with the Mean pay and Mode pay, effectively shows there are a relatively small number of men in NHS Highland with high levels of pay compared to the rest of the workforce. This can be seen when we look at the Medical and Dental pay gaps.

Agenda for Change	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£17.28	£16.73	-£0.55	3.19%
Median Pay	£14.42	£14.42	£0.00	0.00%
Mode Pay	£12.18	£12.18	£0.00	

Adult Social Care (TUPE)	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£19.27	£17.91	-£1.36	7.05%
Median Pay	£20.86	£16.69	-£4.17	19.99%
Mode Pay	£23.21	£23.21	£0.00	

Medical and Dental	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£47.82	£43.33	-£4.50	9.40%
Median Pay	£49.09	£47.25	-£1.84	3.74%
Mode Pay	£58.28	£51.95	-£6.33	

Senior Management	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£42.31	£46.56	£4.25	-10.05%
Median Pay	£44.51	£43.96	-£0.54	1.22%
Mode Pay	#N/A	£35.42	#N/A	

*Mode - all male have different rates

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NHS Highland Equality Outcomes and Mainstreaming Progress Report

2021-2023

Contents

Section 1: Equality Outcomes and Mainstreaming Reports

Introduction

This report provides an update on the actions being taken to mainstream equality within NHS Highland and work undertaken to achieve our equality outcomes since April 2021. This report aims to meet NHS Highland's statutory requirements under the Scotland Specific Duties of Equality Act 2010, by publishing:

- Progress on equality outcomes published April 2021
- Mainstreaming equality
- Progress on the Fairer Scotland Duty
- Employee information
- Gender pay gap

The Equality Outcomes and Mainstreaming Report published in 2021 (available online) set out the following three equality outcomes that NHS Highland will work towards by 2025:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.
- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

The report also set out consultation undertaken, mainstreaming activities, published required employee data and information and succession planning.

Key Relevant Legislation

Equality Act 2010

The Equality Act 2010 became law on the 1st October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law into a single source and ensures that everyone is protected under law from discrimination, harassment or victimisation and is afforded the same level of protection.

NHS Highland, as a public body, is required to ensure that equality and diversity are embedded throughout all our functions, activities and decision making in line with the Equality Act (2010): as a service provider, a commissioner and as an employer. The Equality Act (2010) also introduced a new Public Sector Equality Duty (also known as the general equality duty). This requires Scottish public authorities to pay 'due regard' to the need to:

- Eliminate unlawful discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act (2010);
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a relevant protected characteristic and those who do not.

Protected characteristics are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation.

The purpose of the Public Sector Equality Duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be more transparent, accessible and accountable
- deliver improved outcomes for all.

Fairer Scotland Duty

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to 'pay due regard' to actively consider, at an appropriate level, what more they can do to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development context, and publish a written assessment, showing how this has been considered.

Health and Social Care Integration

In 2012 Highland Health and Social Care Partnership adopted the lead agency model. Highland Health and Social Care Partnership assumes responsibility for adult health and social care, while Highland Council assumes responsibility for children's care and services. Following the Public Bodies (Joint Working) (Scotland) Act 2014, Argyll and Bute adopted the Integrated Joint Board (IJB) model. Therefore, within NHS Highland there are two models of integrated health and social care partnerships:

- Highland Health and Social Care Partnership: lead agency model responsible for adult health and social care
- Argyll and Bute Health and Social Care Partnership: IJB model responsible for children's health and social care services, criminal justice social work and all acute services.

To meet the requirements under equalities legislation for IJBs, Argyll and Bute Health and Social Care Partnership have set the following outcomes for 2021-2025:

1. People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.

2. People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.

3. People from identified groups, such as those with protected characteristics, will have improved experiences of services.

These align, where possible, with Argyll and Bute Council, and NHS Highland.

Section 2: Mainstreaming Progress Report 2021- 2023

Background

Mainstreaming equality means integrating equalities into day to day business of a public body. As a public body, NHS Highland needs to consider the impact of its actions for the people we support, particularly people who share a protected characteristic(s).
Mainstreaming the equality duty has a number of benefits, including:

- Equality becomes part of the structures, behaviours and culture of an organisation
- The organisation knows, and can demonstrate how, in carrying out its functions it is promoting equality
- Mainstreaming equality contributes to continuous improvement and better performance.

Mainstreaming equality leads to improved quality of service design and delivery, for example, equitable access to services and person-centred care that responds to the diverse needs of the Highland and Argyll and Bute population. This leads to improved outcomes for our patients and the people we support, as well as an improved working environment for our staff. This is a long-term process, inherently linked to culture change and organisational development.
The following section provides a number of examples of how NHS Highland is working to embed equality within the organisation.

People

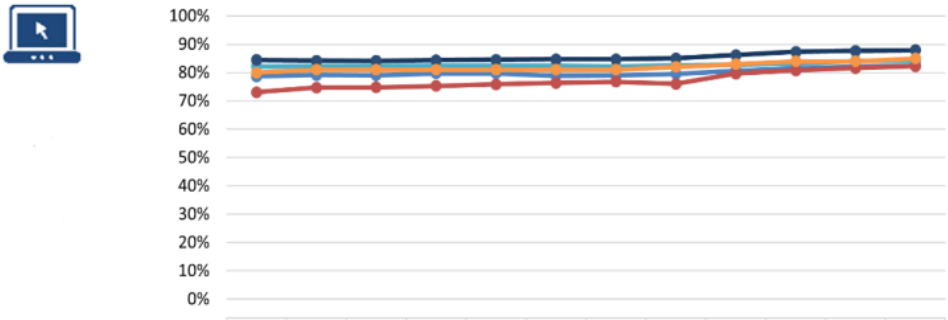
Equality and Human Rights Statutory and Mandatory Training

All new members of staff are required to complete the Highland: Equality and Human Rights mandatory training module within their first 2 weeks of employment. The course aims to

raise awareness of the importance of equality, diversity and human rights. It provides an overview of equality legislation and encourages staff to question their own perceptions and practice. In order to embed the principles of equality, diversity and human rights, all staff are required to refresh this core training every three years. The purpose of the refresher course is to ensure that all staff continue to be aware of equality and diversity matters and of NHS Highland's commitment to eliminating discrimination and promoting equality across all services.

The completion of statutory and mandatory training is a core responsibility of all of our staff members, and our Managers monitor completion rates within their areas. Managers are responsible for ensuring staff are up to date with their training needs and that they are supported to complete any relevant training within their working time.

Monthly reports such as the below are produced and distributed amongst all managers so that they can monitor their team's progress. They are also able to access completion rates in "real time" within the TURAS Learn system, allowing them to monitor compliance.



	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Acute Services	82%	82%	82%	82%	82%	83%	82%	83%	83%	83%	84%	84%
Argyll & Bute HSCP	79%	79%	79%	80%	80%	79%	79%	80%	81%	82%	82%	82%
Corporate Services	73%	75%	75%	75%	76%	76%	77%	76%	80%	81%	82%	82%
North Highland HSCP	84%	84%	84%	84%	85%	85%	85%	85%	86%	87%	88%	88%
NHS Highland	80%	81%	81%	81%	81%	81%	81%	82%	83%	84%	84%	85%

Health Inequalities Training

During the pandemic, all face to face training ceased. Subsequently, a virtual Health Inequalities training course was developed and delivered over Microsoft TEAMS, over a 2 hour period. In addition, refresher training for all those involved in supporting the delivery of the health inequalities course was conducted.

The learning objectives for the course are to:

- Understand what is meant by health and health inequalities
- Examine the fundamental causes of health inequalities
- Reflect on the impact of attitudes and highlight poverty sensitive practice approaches
- Explore what works to tackle health inequalities and apply to your own work

Since 17th February 22, which is when the first virtual course launched, 5 courses with 38 participants have been delivered, from across the partnership including NHS Highland: Highland Council and the third sector.

Feedback from the course has been positive, with around 60% strongly agreeing, and 32% agreeing, that the course was relevant to their job role.

Some of the practical actions participants identified during the course included:

"*build more upstream activities into our work*"

"*explore funding available for tackling health inequalities*"

"*continue to be mindful of health inequalities experienced by people I'm working with*"

"*further referrals for support to help clients in financial poverty*".

This course is available for anyone in NHS Highland to book, via Turas.

Money Counts Training

Money Counts training promotes using the 'Worrying About Money?' leaflet to initiate person-centred conversations around financial worries and support individuals access relevant services. The training is offered in North Highland on 2 levels and in Argyll and Bute at level 1.

The training aims to:

- Increase understanding of poverty and its impact
- Increase confidence to ask about money worries
- Increase knowledge of support services for money matters

Both courses are intended for anyone wishing to have a conversation about any financial issues they may be facing.

Level 1 is a short session (45 minutes) and encourages staff to have brief conversations around money worries.

Level 2 is a longer session (1hr30mins) and explores the relationship between poverty and health, increases knowledge of local services and includes skills practices for using the leaflet and asking about money worries.

A 'Worrying About Money? Highland' app has also recently been developed and launched.

Level 1 Data – North Highland

Courses since March 2021	Attendees	Average Pre course confidence	Average Post course confidence	Average Pre course knowledge	Average Post course knowledge
40	208	5.5	7.6	4.3	7.3

Level 1 Data – Argyll and Bute

Courses since March 2021	Attendees	Average Pre course confidence	Average Post course confidence	Average Pre course knowledge	Average Post course knowledge
8	33	6.7	8.5	7.1	8.5

Level 2 data – North Highland

Courses since July 2021	Attendees
22	111

Participant feedback Level 2:

- 87.8% of participants agreed or strongly agreed that the training had increased their understanding of poverty
- 85.4% of participants agreed or strongly agreed that the training had increased their confidence to ask about money worries.
- 97.6% of participants agreed or strongly agreed that the training had increased their knowledge of support service for money matters.

Examples of qualitative feedback received:

"*It was about the right length of time with the right amount of information. Both instructors knew their subject and were keen to get the audience involved. I enjoyed the course so thank you very much for your time today.*"

"*This is a really valuable course to take and opens great discussions amongst a variety of colleagues. Thank you for a thorough and informative presentation*."

The areas have now been combined, and in future course evaluation will cover both north Highland and Argyll and Bute.

New Corporate Induction

NHS Highland developed a new corporate induction which launched on 9th February 2023. It contains a specific section dedicated to Equality, Diversity and Human Rights. The section covers topics such as:

- A summary of The Equality Act 2010 and protected characteristics
- What is meant by the terms equality and diversity
- Discrimination, harassment and victimisation
- What are Human Rights?
- Policies that we utilised within NHS Highland
- Understanding stereotyping and bias

All new colleagues joining NHS Highland will be expected to attend the Corporate Induction and it will be available to book from the colleagues first day in the organisation. Sessions will be offered weekly via an online session or every 6 weeks in a face to face session, giving colleagues the option of which method of delivery they would prefer.

iMatter Results 2022

iMatter

iMatter Questions	Staff Experience Employee Engagement Components	Average Response			
		2018	2019	2021	2022
I am treated with dignity and respect as an individual	Valued as an individual	82	82	81	84

The average response for the iMatter question 'I am treated with dignity and respect as an individual', has been static at 82% for the year 2018/2019. Due to the pandemic the survey was paused in 2020. In 2021 the average response rate to the question decreased by 1%. In that year NHS Highland implemented their inhouse Leadership and Management program, alongside training sessions on 'Courageous Conversations' and the Executive Directors Group (EDG) roadshows. These programs and events facilitated colleagues to have an open forum enabling them to share their views and to ask any questions. These events have contributed to a 3% increase and have propelled average response rate to 84% in 2022.

Hybrid and Flexible Working Policies

'Flexible working' describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. NHS Highland is committed to promoting and practising equal opportunities in employment. This includes allowing employees the opportunity to work more flexibly wherever practicable and it is recognised that hybrid working arrangements will support this, alongside other already established flexible working options. Hybrid working is a type of flexible working where employees split their time between working at home (or another location) one or a few days a week, with the rest of the time spent in the work environment. This protocol applies

to all employees of NHS Highland, and bank workers, regardless of hours worked or length of service, as long as the role that is performed includes activities that can be appropriately and effectively carried out from a location other than their workplace.

Hybrid working is one form of flexible working and is intended to complement and enhance the existing flexible working arrangements that operate across the organisation. A colleague can request changes to;

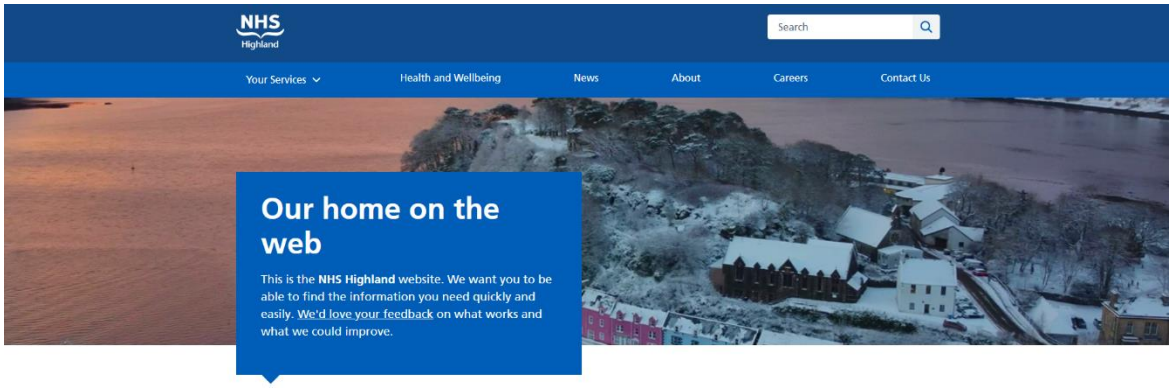
- The hours they work
- The days they work
- The times they work
- The place they work

They can also request a job share arrangement or annualised hours, or apply for paid parental leave or special leave to support attending IVF appointments for example.

The NHS Highland Agile Working group is made up of colleagues, staffside representatives and managers and works in partnership to develop guidance for colleagues around flexible working. Interim guidance is available to support the workforce to progress the implementation of hybrid working whilst a national policy is expected for release in late Autumn.

Quality and Care

NHS Highland Updated Website



The updated NHS Highland website was launched in November 2022. The website accessibility statement can be accessed directly from the footer of every website page. Pages relating to service and website accessibility can be reached via multiple routes from the home page, outer template and within page content. A full legally-compliant accessibility statement specific to the website is available to view on the website: [Website accessibility statement | NHS Highland (scot.nhs.uk)]. The web manager can also be contacted with accessibility feedback, although no feedback of this nature has been received as yet. There have been general, positive comments regarding improvement of

presentation since the new site launch, however a user survey is being prepared to gather feedback in a more structured way.

The website developers have used an accessibility testing tool, *Web Accessibility Evaluation Tool* (WAVE), to determine the level of conformation to the Web Content Accessibility Guidelines (WCAG) 2.1 These guidelines cover a wide range of recommendations for making web content more accessible, and consider accessibility of web content on a range of devices. These make content more accessible to a wider range of people with disabilities, including accommodations for blindness and low vision, deafness and hearing loss, limited movement, speech disabilities, photosensitivity, and combinations of these, as well as accommodation for learning disabilities and cognitive limitations. It is recognised however, that not every individual's need will be addressed. Following these guidelines will also make web content more usable to people in general. Currently, the site conforms to WCAG 2.1 AA level indicating strong accessibility, although the aim is to reach the highest level, AAA, excellent accessibility. Another planned improvement to the website includes the addition of the *Userway* user accessibility widget, which will further support accessibility for users of the website.

Planet Youth in Highland

The Planet Youth, Icelandic Prevention Model aims to increase protective factors, and decrease risk factors, to delay and reduce substance use among young people in Highland and Argyll and Bute. Planet Youth is a primary prevention, whole systems, and whole family approach that works in collaboration with stakeholders (including Highland and Argyll and Bute Alcohol and Drugs Partnerships, Highland and Argyll and Bute Councils, Highlife Highland, NHS Highland, Police Scotland and third sector organisations) by collating and analysing survey data on risk and protective factors that influence alcohol, tobacco and other drug use. This anonymous local data from S3/S4 pupils informs development and implementation of local action plans that respond to findings in key areas of young peoples' lives. The first survey was completed in autumn 2021 and will be repeated in 2023. Since being applied in Iceland, this approach reduced substance use rates among young people from among the highest in Europe to the lowest.

Some protected characteristics are asked about in the survey, including sex, age, mental health, and added on the request of Highland, ethnicity. Some of the impacts highlighted by the Fairer Scotland Duty are also considered in the survey, including lone parents and care experienced children and young people. Two Equality Impact Assessments have been completed for the Planet Youth programme in Highland, the initial in relation to the survey, and the second applies to the local coalition group action plan, which includes work to

increase positive activities for young people and families, increase social cohesion among families, and support families and schools with consistent messaging regarding alcohol, tobacco and other drugs. These are available on the NHS Highland website. This work complements NHS Highland's Equalities Outcomes and Mainstreaming report (Outcome 1) and Highland Council's Equalities Outcomes and Mainstreaming report (Outcome 5); in Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing. Given that poverty is linked with problematic substance use, it is essential to focus resources at a faster pace for people who are experiencing the most disadvantages. The pilot compliments other initiatives targeted at young people at higher risk of substance use in relation to protective factors including access to leisure activities and anti-poverty measures. There are specific activities which have focused on mental health, including sharing information with the involved schools about Kooth (online mental wellbeing support for young people) which is being funded in Highland by Children and Adolescent Mental Health Service (CAMHS), and Planet Youth also works closely with Highland Cares, an initiative that supports community wellbeing, in the areas of the pilot.

The pilot in Argyll and Bute differs slightly to the north Highland approach, although the same principles and steps are being followed. The pilot is funded by the Argyll and Bute Alcohol and Drugs Partnership and the Education department of Argyll and Bute Council are leading the work. Focus is upon two secondary schools where work is underway to deliver upon the partnership action plan. Following engagement with staff and parents, support and commitment have been secured for the project and the next step is to galvanise community support for development and implementation.

Argyll and Bute Alcohol and Drugs Partnership: Research into the needs of Children and Young People.

The Argyll and Bute Alcohol and Drugs Partnership (ADP) Children and Young People Needs Assessment (2021) found that a greater recognition of trauma amongst the workforce was required, particularly relating to care experienced young people, the gaps in the provision of addiction services for young people and older young people as well as the need for Family Therapy and Parenting Support.

Argyll and Bute Children and Young People Mental Health Early Intervention and Prevention Research

Interviews have been conducted with service providers, focus groups with young people, and a parent's survey to scope existing provision and needs for mental health early intervention and prevention for young people. The findings will help inform the Argyll and Bute Integrated Children's Services Plan 2023.

Screening Inequalities Project

The purpose of this project was to investigate the knowledge, confidence and comfort level of staff, volunteers and carers who support people with a learning disability and/or poor mental health in enabling informed participation in the NHS Health Screening Programmes.

Aim:

- To investigate knowledge and practice in relation to disease screening interventions in one to one consultations
- To identify and tackle inequalities in access to physical health screening services
- Increase front line staff knowledge and understanding of signposting to screening services
- Highlight risks of not undertaking screening programmes
- Ultimately reduce health inequalities in cancer/health outcomes

This project identified:

- Previous attendance at screening awareness sessions was shown to be beneficial
- Respondents keen to have training / updates
- Lack of understanding as to who should be responsible
- Male respondents were less comfortable promoting female screening programmes
- Primary care struggle with needs of LD clients
- Lack of awareness of how to access information in different formats
- Staff keen to have training and ongoing support

Following this project, work has commenced in developing a Turas learning module on screening programmes for staff supporting clients with a learning disability, poor mental health or those who require additional support.

Cool2Talk

Cool2talk, an online service for young people aged 12-25 in Argyll and Bute provides free, anonymous and confidential health information for young people. Young people can post a question to the website and receive a bespoke answer posted on the cool2talk website, within 24 hours, 365 days per year. Cool2talk (2022) report that during the period 2020-2022 an average of 123 questions were asked per year. The questions asked covered a broad range of topics. The most common topics in the year 2020-2021 were sexual health (26), general health (21) and anxiety (15). 56 questions, 45% of the total questions asked in the year 2021-2022, were assigned to the emotional health topic. In addition, there were 37 questions assigned to the relationship's topic, this may have been due the impact of COVID-19 and lockdowns on young people’s mental wellbeing and their friendships.

NHS Scotland Pride Badge

The NHS Scotland Pride badge promotes inclusion for LGBTQ+ people and makes a statement that there's no place for discrimination or harassment of any kind in NHS Scotland. Staff were informed about the scheme through all staff mailings, information on the intranet and internet site, and posters are available. Since the launch in 2021, in exchange for their Pride Badge, over 500 members of staff have pledged to;

- be aware of and responsive to issues faced by LGBTQ+ people accessing care
- be a friendly, listening ally who colleagues and service users can safely approach
- use inclusive language and respect identity.

See Hear Strategy

NHS Highland's See Hear Strategy has been developed and approved, and is now in the process of being implemented across Highland. The Deaf Services team link with Care Homes with a view to providing a role with support, help and guidance for patients with hearing loss. Hearing aid maintenance sessions are available for staff. The post of Audiology Clinic Liaison Officer will shortly be advertised and will provide support and guidance to patients diagnosed with a hearing loss and signpost to relevant services. Sensory training is being rolled out across NHS Highland staff and is also delivered to student doctors. Over 460 members of staff have completed Deaf Awareness training since 2021. Discussions with the University of the Highland and Islands (UHI) are ongoing with regard to them offering sensory courses such as British Sign Language (BSL), lipreading and BSL Interpreters.

COVID-19 Social Mitigation

NHS Highland's COVID-19 Social Mitigation Strategy and Action plan has been developed, comprising of 9 themes; Unemployment and the economy, Income and financial security, Cost of living including food insecurity, Mental health and wellbeing, Drugs and alcohol, Digital inclusion, Capacity and community resilience, Transport poverty and active travel, and Violence against women. There are various actions and recommendations attached to each theme, which are being worked towards. Some outcomes so far include NHS Highland being accredited as a Real Living Wage employer, Community Link Worker posts have been established, Mental Health First Aiders are being piloted. The nature of this work is broad and other outcomes have been included throughout this report, for example Money Counts work.

Older Adult Reference Group

Older Adult and Dementia services in Argyll and Bute were reviewed in 2020 with changes implemented across 2021-2022. EQIA's carried out recommended engaging with stakeholders on service redesign and local changes to older adult services. The Health Improvement team were tasked with recruiting community representatives to sit on an Older Adults Reference Group. This was formed in 2021 with an independent chair from Alzheimer's Scotland and had eight members from across Argyll and Bute.

Partnership Approaches

Suicide Intervention Prevention Programme (SIPP)

Mental Health and Wellbeing and Suicide Prevention has been recognised at local community partnerships and at CP Board as a key priority for local communities.

Suicide Intervention Prevention Programme (SIPP) is aimed at Highland Community Planning Partnership colleagues, third sector organisations and communities who want to be able to help someone who might be at risk of suicide. The course covers:

- The ability to recognise a person at risk of suicide.
- The ability and confidence to ask about suicide, including the ability to display listening and questioning skills.
- An awareness of the impact of attitudes and stigma on suicide.
- How to help a person at risk of suicide to stay safe, to signpost to appropriate support.

SIPP training has a focus on exploring how stigma and attitudes impact on those affected by suicide. A key component of the training is to encourage individuals to review their own attitudes and beliefs around mental health. The course also encourages individuals to consider their use of language, and to recognise the role of wider society plays in stigmatising mental and suicide and perpetuating inequalities (e.g media reporting, pop culture etc.).

Due to the COVID-19 pandemic SIPP has been delivered online since mid-2021.

In 2021, 22 SIPP courses were delivered, (157 participants completed the course).

In 2022, 32 SIPP courses were delivered (247 participants completed the course).

The demand for the course has been high with most courses oversubscribed. As a result some training sessions have been delivered to staff and organisations that would most benefit from the training e.g. frontline workers. However, most courses are available to all. Furthermore, this year (2023) has seen the first face to face SIPP training delivered, as the team are mindful that there can be barriers to virtual learning, for example those without the skills or equipment to participate. There has been an increase of new trainers from a

wide variety of organisations with the intention to make SIPP training more accessible in the coming year(s). Feedback received in 2021 and 2022 indicated that many participants felt virtual delivery provided a learning opportunity they may have previously had to decline (due to travel, time constraints etc.).

Work has been initiated with University of the Highland and Islands (UHI), and local business organisations to support SIPP training and suicide awareness amongst populations that have higher rates of suicide. These include the construction industry, forestry, and engineering. Training providers will continue to explore further opportunities to work with population groups who are most affected by suicide.

Argyll and Bute Mental Health and Suicide Prevention Training

Throughout 2021 to 2023 suicide prevention training was provided in Argyll and Bute to staff and volunteers within the NHS, Argyll and Bute Council and some third sector organisations. The training offered included Applied Suicide Intervention Skills Training (ASIST), Scotland's Mental Health First Aid (SMHFA), Assessing for Suicide in Kids (ASK), safeTALK – suicide alertness for everyone and START – life-saving skills anytime, anywhere.

In addition, First Aid for Youth Mental Health training was commissioned, and attended by people from a range of services and sectors who work directly with children and young people in Argyll and Bute. A total of 38 people completed the certificated training from more than 16 different organisations.

Green Health Partnership

An Equality Impact Assessment (EQIA) of the Highland Green Health Partnerships workplan was conducted. Reducing inequalities is a key aim running through all the work of the partnership. A number of actions contained within the workplan are aimed at mapping the needs of our communities targeting action towards disadvantaged and under represented groups. Since 2018, the partnership has organised four rounds of small grant funding and supported 65 community initiatives with funding. A key requirement of successful applicants was to demonstrate how the project would help to tackle health inequalities and bring services to those who would otherwise not be able to access them. The partnership has developed guidance and community toolkits for use by activity providers including a health inequality check list and self-assessment matrix. This has been used in three workshops in Lochaber, Badenoch and Caithness, where 60 green health activity providers attended. It was also piloted with a group of 20 Outdoor volunteering organisations. The partnership has also delivered training in health inequalities to activity leaders. In addition, the partnership has produced several translatable resources and have built a website, with plans to add accessible format for those with sight issues. Resources are available at this page;

Downloadable Activities - Think Health Think Nature, with translation function available in the top right corner.

The Argyll and Bute Living Well Strategy 2019- 2024

The Living Well Strategy makes a commitment to support people living in Argyll and Bute with long-term health conditions and those at risk of developing them.

The strategy focuses on supporting people to manage their own health, and supporting communities to build groups and networks which can link people together. The Living Well Strategy was developed following extensive engagement and consultation with the communities in Argyll and Bute.

Everyone can benefit from Living Well activities and support, even those who are already living healthy lives. Living Well promotes community and information, as well as planning in advance for any potential health problems that might arise. This is not as a replacement for health services, but rather helps to support services by building up people's capacity to know and manage their own health. The Living Well implementation plan aligns to the Argyll and Bute HSCP strategic intentions under four themes:

- **People** – enabling and informing to ensure healthy living and self-management of long-term health conditions
- **Community** – joined up approaches to support for health living within communities
- **Leadership** – high level commitment within the HSCP to ensure investment in prevention of health and social care problems
- **Workforce** - supporting and educating frontline health and social care professionals to anticipate and prevent problems before they arise

In 2021-2022 £46,000 in Living Well Self- Management Grants was provided to support physical activity, access to Information, mental health and wellbeing and healthy weight. The following types of activities were funded by these self-management grants:

- Mindfulness for carers
- Outdoor activity sessions to renew contacts with nature and each other after the prolonged isolation of Covid-19
- Outdoor walk and talks
- Mental wellbeing for veterans
- Physical activity projects.

During the year 2022-2023 funding was offered to third sector projects which had a particular focus on:

- Supporting volunteer wellbeing. Activities provided to support the wellbeing of the volunteers in your organisation.

- Reducing isolation and improving community networks, for example through befriending or peer support.
- Supporting healthy weight or access/cost around food via sustainable food programmes in our communities, for example community garden projects.

Argyll and Bute Living Well Networks

The Argyll and Bute Living Well Networks (LWNs) are for people with an interest in building healthy communities. Eight LWNs cover the geographical area of Argyll and Bute and in the year 2021 to 2022 had an accumulative total of 840 members.

The networks provide an opportunity for people to come together to find out what issues matter to local communities and feed information to and from Local Planning Groups and Community Planning Partnerships. The aims of the Living Well Networks are to plan activities and events together and to network with individuals, services and organisations with an interest in improving health. The networks have allocated co-ordination time (about 1 day per week). They work towards one priority from the Living Well Strategy action plan; one from the Argyll and Bute ADP Strategy; and the networks own choice based upon the Public Health workplan.

S3 Health Drama Programme "You Are Not Alone"

In 2017, Argyll and Bute piloted the School Heath Drama Programme called 'You Are Not Alone'. Since then, it has been delivered to S3 pupils from each of the ten secondary schools, making it a stable and valuable part of the curriculum. The multi-agency investment and partnership working has enabled this interactive drama tour to reach remote and rural communities.

The programme delivers three short productions using comedy, music and interaction with the audience to convey powerful messages. It addresses social issues such as stereotypes and stigma, social media, peer pressure, safe relationships and sending sexually explicit photographs.

Pupils have an opportunity to discuss the dilemmas which characters present, ask questions, consider solutions and explore what support is available for them to access.

You Are Not Alone, delivered by Raenbow Productions, has bespoke resources including a booklet to encourage resilience and help young people think about their support networks. Pupils are also encouraged to participate in valuable discussions with their teachers during class lessons.

Through pupil, teacher and service evaluations, we know this programme is highly valued. It increases young people's awareness of services and helps to engage them in services

In 2021/2022, due to COVID-19 guidance the live drama production was offered online, allowing it to be presented in classrooms at the teacher's convenience and all but one of the schools were supported by partner agencies for the delivery of the drama.
The 2023 drama tour will be delivered in person for the first time since the pandemic and it will be supported by a wide range of partners providing services for young people. All secondary schools in Argyll and Bute will receive the drama programme and a full evaluation will be completed.

Argyll and Bute: Gypsy and Traveller community work

Engagement activity that identified a gap in provision of free sanitary products at Gypsy and Traveller community sites. Partnership work with the Minority Ethnic Carers of People Project (MECOPP) and Argyll and Bute Council enabled the provision of information and free sanitary products to Gypsy and Traveller community sites in Argyll and Bute. Initially, products were delivered by MECOPP on a person-to-person basis. MECOPP plan to support their service users to place orders for products using the councils My Tribe website, MyTribe - Free period products (mytribeargyll.co.uk). Orders are placed on an individual basis within households.

Gypsy/Traveller History Month was promoted in 2022 throughout NHS Highland as well as Highland and Argyll and Bute Councils. The aims of this work were to; raise awareness of Gypsy and Traveller community history and culture, and address some of the barriers which prevent good health outcomes in these communities. Information was targeted at staff from primary and secondary care, and third sector organisations with a focus on those who deliver direct care to people. The Turas module *Raising awareness of Gypsy /Traveller communities* was promoted via social media. This module is for anyone interacting with patients, clients and the public to help develop an awareness of the culture and circumstances of Gypsy and Traveller communities in Scotland. It explores barriers to inclusion and good health, and ways to make services more accessible and responsive to the needs of Gypsy and Traveller communities. Participation and completion rates were double the previous year following the promotion activity.

Mental Health Engagement

From 2021 to 2022 engagement activity was carried out in conjunction with third sector organisations Jean's Bothy, ACUMEN and Support in Mind Scotland (SiMS). Engagement took the form of focus groups, one to one interviews and surveys and asked Argyll and Bute residents' questions on their experience of accessing services during the pandemic and the impact on their mental wellbeing. The aim of the engagement was: To gain insight into people's experiences of the COVID-19 pandemic and the impact of this upon mental wellbeing and access to mental health support. Key themes emerged around accessible

support, community support and digital connectivity, and were captured in a report. A live graphic illustrator captured the themes at one of the Jean's Bothy focus groups.

Business Functions

Procurement

As a buyer of goods and services, the Procurement Department of NHS Highland have developed processes and procedures which are designed to facilitate fair, transparent and consistent procurement practice. NHS Highland implements Scottish Government Statutory Guidance when evaluating tender submissions, selecting tenderers and awarding contracts. This contains Fair Work Practices, including the Living Wage.

NHS Highland continues to encourage Fair Work Practices within our supply chain. Through Contract Management processes and procedures, Contractor provision of Fair Work Practices is monitored regularly. NHS Highland also regularly considers how to incorporate best Fair Work Practice into collaborative framework agreements and local tendering exercises.

Equality Impact Assessment (EQIA)

Information about EQIA has been updated on the NHS Highland Intranet to include further explanation and signposting to the Turas training module. Guidance, templates, and other supporting documents are also available for staff. Following a pilot of the content with NHS Highland's Procurement team, there is now an EQIA training example video provided to support others to complete EQIAs.

The Argyll and Bute HSCP EQIA process has been updated and is introduced in the corporate induction programme. From 2021-2022 15 EQIA's were carried out regarding changes to services in Argyll and Bute, these included changes to older adult services, changes to day services for adults with learning disabilities and changes to tenancy agreements in mental health services among others. The breadth of EQIA's suggest that this process has become mainstream in Argyll and Bute HSCP.

Section 3: Equality Outcomes Progress Report 2021-23

The Specific Duties require review of progress in meeting equality outcomes every two years. In April 2021, NHS Highland set out three equality outcomes:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

Progress updates on these are provided below.

Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

Key action	Progress
Development of the Highland Mental Health Delivery Group Action Plan, including the following areas:	The new MHDG action plan is currently under development, to date the following progress has been achieved:
- Early Years, Childhood and Adolescence – a preventative approach	Highland Cares initiative has held stakeholder events in all areas of Highland now where we have spoken with community representatives and numerous young people looking specifically at Mental health and Wellbeing. There have been project groups set up in each area looking at the identified themes working alongside the Community Planning Partnerships. Due to initial feedback from the Stakeholder events there have already been training and awareness sessions rolled out throughout Highland to address the requests for early intervention and prevention.
- Tackling Stigma and Discrimination - supporting employers and public services	A quarterly newsletter (example) is compiled highlighting key mental health and wellbeing (MHWB) themes around prevention and self-care. This multimedia publication seeks to reduce stigma and discrimination by highlighting both national and local campaigns seeking to educate and inform the population. Practical resources are highlighted as well as training and education opportunities available to those working (paid and unpaid) in communities of Highland. The Highland Mental Wellbeing Website is an information resource developed with the input from all partners with updates on services across Highland. It highlights services, training opportunities and an activity calendar. It aims to equip practitioners and communities with

	information as well as a range of e learning and training resources to allow inclusive, compassionate responses to people experiencing mental health concerns and opportunities to understand the impact of Stigma and discrimination and inform approaches that challenge and reduce these forces. Engagement with both resources grows consistently and the group are about to launch a test of change in relation to the website The continuation and development of both these resource remains part of the MHDG actions.
- Working and Responding Together - stronger collaborative approach across the public, third and independent sectors	The Mental Health and Wellbeing Delivery Group (MHDG) with 30 members from across the statutory and 3rd sector met in October 2022 to review the action plan post pandemic. Emerging priorities were highlighted through a Conversation Café model approach. 4 Conversations were facilitated; 1. Training and communications 2. Suicide Prevention 3. Listening to the voice of lived experience 4. Developing the trauma informed workforce as well as plenary discussions. A resulting report has been compiled and the global, national and local policy environment referenced. Early 2023 will see the group continue to collaborate and develop the 2023 2025 action plan. The group will continue to collaborate to further develop a multi-agency training matrix linked to the levels of practice noted in Scotland's Mental health improvement and suicide prevention knowledge and skills framework
Participation and Inclusion - enabling people to have control over their lives and facilitating active involvement	NHS Highland's Mental Health and Learning Disabilities Services have been working with partners to develop a strategy based on the principles and values of care provision. This work is aligned to the Scottish Government

	draft document *Scotland's Mental Health and Wellbeing*, and our own Board strategy, *Together We Care*. This strategy is being developed with and informed by our partners and those in the 3rd sector, those with lived experience, and our workforce. Engagement activity was launched through collaboration with the Scottish Recovery Network. Four conversation cafe style sessions were run across the Highlands, pulling together over 30 community groups and over a hundred individuals. As our Adult Mental Health and Learning Disabilities Services cover a variety of areas (including drug and alcohol, learning disabilities, older adults and dementia, etc), we expanded our engagement activities to include these themes. We will, by the end of March 23, have a draft ready for consultation. A key outcome from the engagement work is the development of a delivery group, comprised of Highland 3rd sector, independent sector and voluntary organisations, ensuring that the voice of lived experience is present in the planning and delivery of the new NHS Highland Mental Health and Learning Disabilities Principles and Values strategy. Once this document is approved, it will be used in conjunction with our Annual Delivery Plans to inform not just what we provide, but the principles and values by which we do so.
Equality Impact Assess Mental Health Delivery group action plan: - Key actions will be identified for specific groups of people including those with protected characteristics - The action plan will be updated to reflect the outcome of the EQIA	The new MHDG action plan is under development and an EQIA will be completed as part of this process and actions taken accordingly to ensure inclusivity for all people in Highland with particular focus on those with protected characteristics. The group will continue to collaborate with colleagues from Scottish Recovery Network ensuring the voice of lived experience is listened to and reflected in resulting action plan.
Establish infant mental health service	Community Perinatal Mental Health and Maternity and Neonate Psychological Interventions teams are established and are providing assessment and professional consultation to families with perinatal, maternity and neonate mental health needs. The development of the Infant Mental Health

	Service was completed in March 2023 with the appointment of the Clinical Lead and pathways to support access to the service are currently underway. The tri-pathway model will promote mental wellbeing during pregnancy and early years. The developing pathways are underpinned and driven by a reference group of women with lived experience to improve and ensure access to the resources needed to support mental health and wellbeing.
Respond to care review by delivering on The Promise (to care experienced young people)	Activity to support Highland in #Keeping the Promise has included: Improvement work within Highland Council and Partners in changing the language of care – with an aim to embed destigmatising language and practices across the way we work. Any improvement activity in this area should be informed by lived experience. Working alongside Each & Every Child, we are engaging leaders across the partnerships to ensure organisational and systemic change of 'language' including service plans (where relevant and appropriate). Supporting the Workforce is one of 5 priorities within the Promise Plan 2021 – 2024 and within this priority, embedding trauma informed practice into the workforce is key. Therefore, alongside partners, the development of Highland's Trauma Informed workforce plan, is key to building the foundation in which to deliver on The Promise. Promoting Highland's vision of The Promise. In order to enhance awareness and confidence of The Promise in the workforce, the following activity was undertaken: The rollout of Promise Engagement sessions. The development of The Promise Newsletter. Recruitment of Promise Ambassadors. There is also a wide range of activity across the partnerships including but not limited to the work within the Highland Strategic Alliance which is developing small tests of change within 'Moving On' (older young people moving out of care), Residential care, and Family Support.

Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.

Key action	Progress
Review relevant Violence Against Women guidelines and policies and ensure they are made available to support NHSH staff on VAW issues	Gender based violence guidelines are developed and available on the NHS Highland intranet for all staff to access. There are additional materials and guidance available on the Highland Violence Against Women Partnership website; Highland Violence Against Women Partnership – Ending Violence Against Women (scot.nhs.uk). Reviews are still to be progressed.
NHS Highland to pilot the Equally Safe at Work programme due to start in 2021	Included as a priority in NHS Highland Annual Delivery Plan.
Develop a refreshed set of priorities and measures for Highland VAW Partnership (HVAWP) Strategy.	Complete, guided by national priorities. Each priority, and associated actions are measured by evidence of progress.
- Develop 2021-24 HVAWP action plan.	HVAWP Action Plan 2021-2024 currently being worked to.
- Use COVID-19 related data and partner information to inform the strategy and action plan	There was an increased focus on domestic abuse, both nationally and locally, during COVID-19 and its aftermath with incidents continuing to increase. Incidents of domestic abuse recorded by the Police Scotland have risen over the past 5 years by 8.8% (https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2020-21/). Highland Women's Aid groups report receiving a 14% increase in referrals from women and girls experiencing domestic abuse in the year April 2021 to 22 March 2022 from that of the previous year. In addition, there were over 400 referrals to the Highland Multi Agency Risk Assessment Conferences (MARAC) during 2021, these respond to victims at highest risk of serious harm or murder due to domestic abuse.
Deliver and evaluate the HVAWP training programme	The training offer continues, delivered by a part-time, dedicated training officer. Training is delivered both remotely and in person to provide maximum accessibility. Training demand is high, and courses are well received

	and attended, with annual evaluation of the training delivered by VAWP in place. The Highland VAWP Training and Prevention Subgroup is well attended, with highly experienced members working together to improve the awareness of gender based violence issues and accessibility to support across Highland.
Increase training capacity by supporting Trainers who attended the "training for trainers" course to deliver training.	T4T no longer is in operation and training is being reviewed at a national group meeting.
-Develop online courses for TURAS and other digital platforms.	Transfer of course administration to the TURAS system has greatly improved the efficiency of administration, reporting opportunities and increased training delivery times available.

Outcome 3 - In NHS Highland, people from identified groups will have more control over the care and services they receive.

Key action	Progress
NHS Highland Communication and Engagement Strategy:	
- Communication and Engagement Strategy to be developed in partnership with key groups, patients, and partners.	A three-year strategy is in place, with year two currently being delivered. This is guided by an annual action plan aligned to NHS Highland's Annual Delivery Plan (ADP). The Engagement Framework has been approved by NHS Highland's Board and is also going through a 3-stage implementation plan.
- An internal framework and resources, are to be introduced to support meaningful conversations and engagement with communities and key groups	An Engagement Framework has been approved. Resources including templates, training and guides are available. Staff introductory and awareness sessions are currently taking place, and supporting materials and signposting is being added to the staff intranet pages.
- Training sessions piloted and delivered to managers across NHSH area	Training is being delivered on an Introduction to Engagement, Face to Face Engagement and other topics. Training needs will be continually assessed to ensure staff are equipped to deliver meaningful and inclusive communication and engagement across the organisation.

	Development of a peer network to support staff is planned in partnership with other departments, in order to help provide an internal supportive network for staff, managers and clinicians relating to communication and engaging with people.
- Training and support to be piloted to lay members of committees and project groups	Work continues with Healthcare Improvement Scotland - Community Engagement (HIS-CE), to develop bespoke training for lay members, in partnership with lay members. Lay representatives, NHSH and HIS-CE have met several times to discuss and identify content, with further sessions planned. The main training aims to be delivered by HIS-CE in spring / early summer 2023.
- Develop networks and effective ways for people to give views, share experiences or take part in engagement opportunities on matters that are important to them	Networks continue to be developed both for central communications and engagement channels, as well as with some locality and specific areas, as part of strategy or redesign work. For example, supporting Together we Care, and Mental Health and Learning Disability (MHLD) Strategies, Maternity Review, Skye and Lochaber Redesign stakeholder analysis and networking building. Currently introducing Care Opinion to four test sites within NHS Highland, as a way for people who are attending or need our services to share their experiences with us, which will help continually improve our services. Radio podcasts and sound bites have been introduced in Skye and Lochaber. These at are recorded by key members of staff who share information and updates about local services. This form of information sharing has been introduced to extend our reach to people in these areas so that they can listen to important updates on their devices, wherever they may be listening, at no cost to them. People are invited to contact the radio station with questions or suggestions, and this offer has been taken up by members of the public. Information provided on the podcasts are also available

	via newsletters, that can be shared in different formats, including easy read. Skye Newsletter Poster 2 1.pdf
- Develop ongoing relationships with vulnerable groups/ communities of interest and provide opportunities for views and experiences to be heard, listened to, and considered, e.g. Inclusion Scotland 2021 summit and NHS Scotland Gypsy and Travellers Charter of Involvement	Initial contacts have been made with several groups, including Highland Senior Citizens Network, Highland Pride and Autism Initiatives. Conversations have begun with the Highland Council Housing Officers to explore how we can connect with some of the vulnerable groups via Tenants Associations or with people who are homeless. We have also recently reached out to Community Health Workers to explore how to support conversations with Gypsy Traveller Communities as part of the MHLD strategy development.
The Carers Strategy commits to:	
- Carers actively involved whilst the person they care for is in hospital/planning for discharge	From autumn 2022, a working group has been re-introduced, and meets monthly. This includes carer participation, and involvement of the new adult social care patient flow team. As the group develops, there are plans to include unpaid carers, who are currently represented by the CEO of the local carers centre.
-Improved engagement with carers and involvement in the Highland Carers Strategy, services, policies and any guidance pertinent to carers.	This includes carers leading the development of the Highland Carers Strategy. The unpaid carers group, who meet 6 weekly, since September 2022, are planning a consultation during summer 2023, and for the strategy to be published in the autumn. In order to support this work compatible IT equipment will be provided to assist carers to be equal participants in carer development work.
- Outcome focused Adult Carer Support Plans available to carers who want one: Pathways and resources available; support plans reviewed in line with the changing needs of carer	No further progress to date, although plans are in place for 2023-2025.
- Carers benefiting from access to tailored short breaks and respite support	Since September 2021, over 700 cares have benefited from funding via this scheme. In addition, a Carers Wellbeing Fund was introduced in January 2023 that offers support to carers in critical or substantial need, linked to the cost of living crisis. This funding is time limited until 31st March

	2023. The first panel met and considered the initial ten applications in February 2023.

Appendices

Appendix 1

Employee Protected Characteristics Data and Analysis

NHS Highland employee data relating to protected characteristics is held in the electronic Employee Support System (e:ESS). e:ESS went live in 2013, and employee and manager self-service functionality implemented, however adoption of the self-service functionality is high for managers, but less so for employees. This functionality is used by employees to update, amongst other things, their protected characteristic information.

For most protected characteristics (notable exceptions being age and gender), this figure has remained consistent over the last 5 years. The key action, therefore, in relation to our Equalities Duties in respect of employees, is to improve the quality of the employee equalities data we hold.

As at 07/02/23, current equalities data held in eESS is: (where an individual has opted not to disclose, this is recorded as Not Provided)

Disability

- Disability Not Provided 15.75%
- Disability Provided 84.25%

Ethnicity

- Ethnicity Not Provided 18.96%
- Ethnicity Provided 81.04%

Gender Reassignment

- Gender Reassignment Not Provided 16.38%
- Gender Reassignment Provided 83.62%

Sexual Orientation

- Sexual Orientation Not Provided 18.73%
- Sexual Orientation Provided 81.27%

Religion

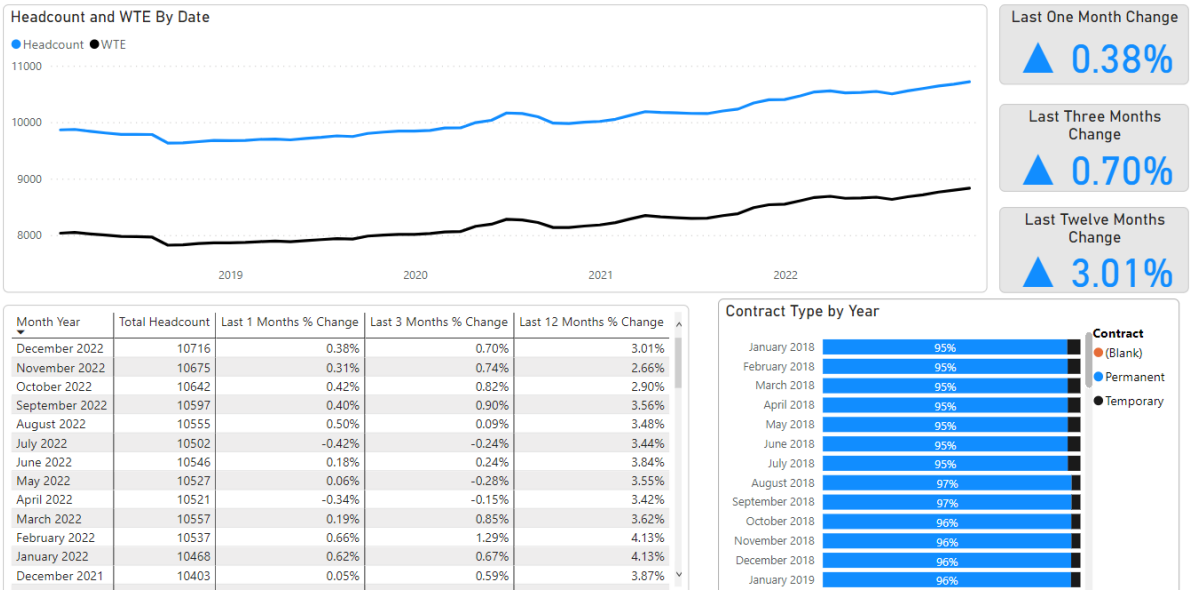
- Religion Not Provided 21.44%
- Religion Provided 78.56%

To improve the quality of our equalities data, we committed in the last action plan to roll out across NHS Highland the elements of Employee Self Service that will allow staff to update their Equalities information. However, this has not been possible for several reasons. A refreshed project is underway to implement manager self service for e:ESS. This alone will not improve the quality of the data held, however, it will mean the current process for collecting equalities information will change. The project team will be tasked with identifying the least burdensome process for collecting equalities information.

NHS Highland will be launching a revised Exit Survey early 2023 for employees leaving the service, this will enable collation of leaver information from one source.

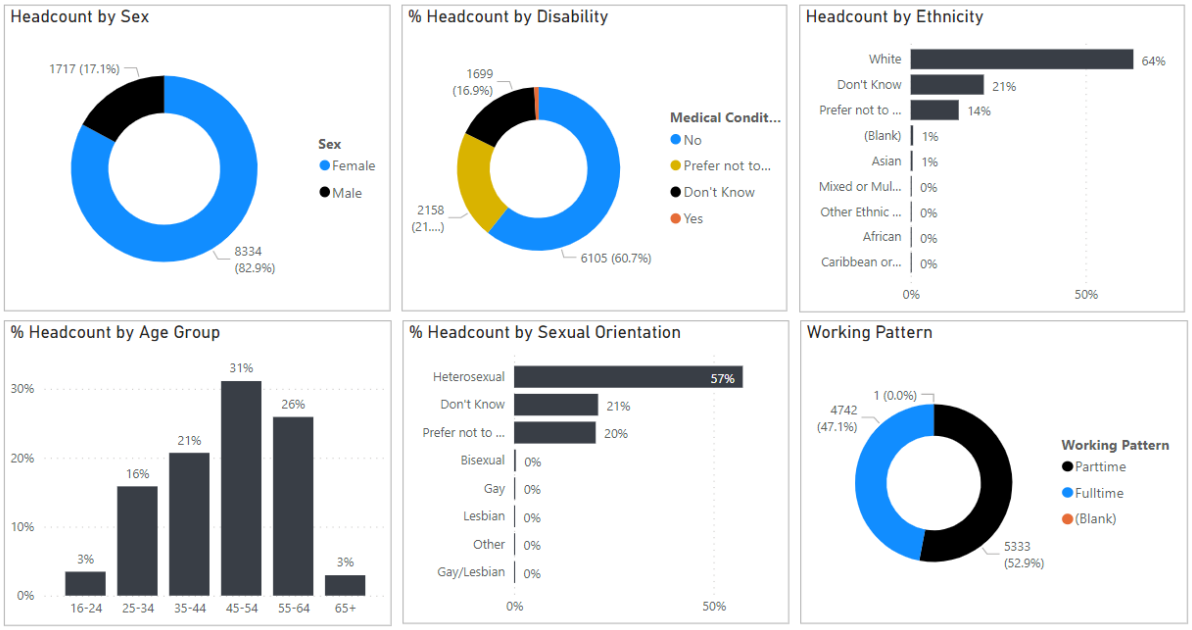
The workforce profile information presented below considered data sets across 3 years from January 2020 to January 2023. Where detailed an average headcount across the 12 (monthly) workforce profile snapshots are presented for 2022.

Infographic 1: Headcount Visual 31st December 2021 - 31st December 2022



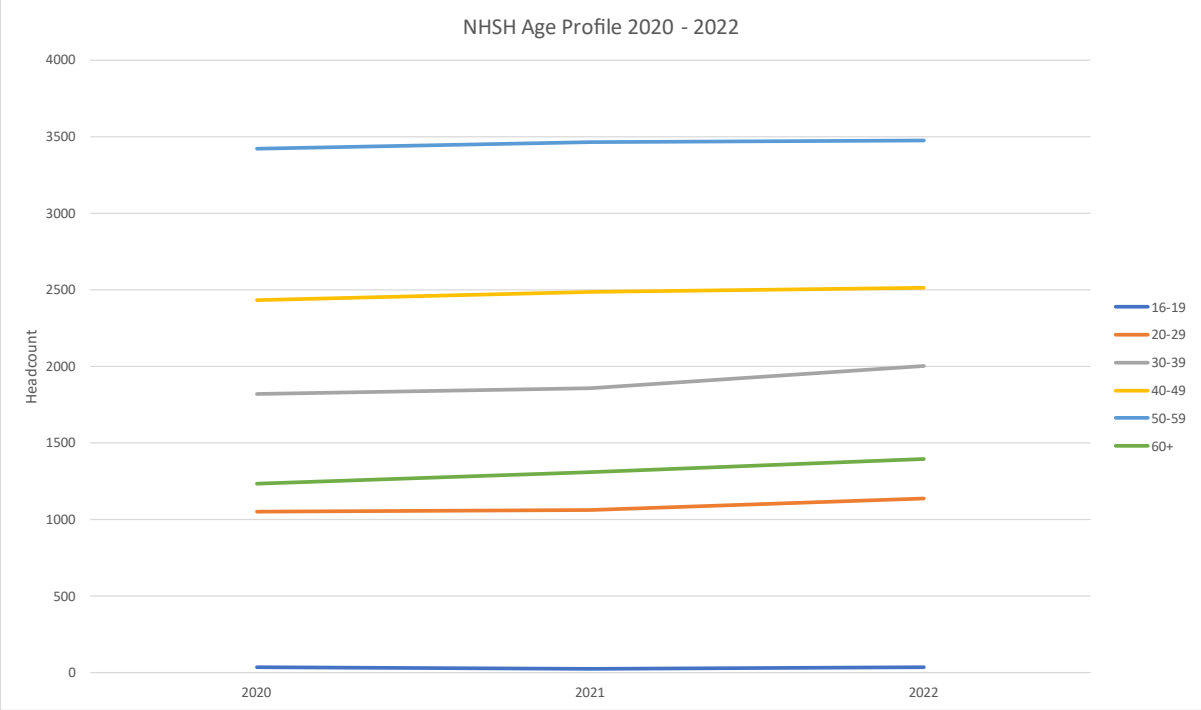
Month Year	Total Headcount	Last 1 Months % Change	Last 3 Months % Change	Last 12 Months % Change
December 2022	10716	0.38%	0.70%	3.01%
November 2022	10675	0.31%	0.74%	2.66%
October 2022	10642	0.42%	0.82%	2.90%
September 2022	10597	0.40%	0.90%	3.56%
August 2022	10555	0.50%	0.09%	3.48%
July 2022	10502	-0.42%	-0.24%	3.44%
June 2022	10546	0.18%	0.24%	3.84%
May 2022	10527	0.06%	-0.28%	3.55%
April 2022	10521	-0.34%	-0.15%	3.42%
March 2022	10557	0.19%	0.85%	3.62%
February 2022	10537	0.66%	1.29%	4.13%
January 2022	10468	0.62%	0.67%	4.13%
December 2021	10403	0.05%	0.59%	3.87%

Infographic 2: Equality and Diversity (31st December 2022)



Graph 1: Age Profile

For each year it is an average headcount across the 12 (monthly) workforce profile snapshots taken.



The above graph shows the trend in age group profile over the last 3 years from January

2020 to December 2022. NHS Highland demonstrates an ageing workforce with a significant number coming up to or over the average retirement age. The median age is 48 for NHS Highland, which has not changed from pre-covid. However, the headcount over 55 has increased. The Board's average retiral age is 63, an increase from 61 in 2018, this highlights a risk to the sustainability of the workforce. Over 2000 employees are age 57 and over and of those 1000 are 61 and over. The highest number of employees working beyond the Boards average retirement age are within the Band 2 and Band 1 pay banding.

NHS Highland will continue to work on age profile modelling through developments of Dashboards and working in partnership with the NHS Education for Scotland (NES) Workforce team with an aim to enhance our intelligence to help inform succession planning and workforce planning in relation to the ageing workforce. Work has begun with the launch of the Retire and Return Policy to understand which sections of the workforce may choose to work for longer and identify how NHS Highland can retain the skills and experience of the older workforce, whilst providing safe and manageable roles. We also need to work with colleagues to ensure that flexible working options are fully utilised and managers have the necessary skills in management and rostering to make the most of this.

Although many current members of staff will be working longer there is clearly an urgent need to recruit the younger generation, this is underpinned by the fact that less than 400 employees (3.5% of the workforce) in NHS Highland are aged 24 or under. 48% of the under 24s are within the Nursing and Midwifery job family. There are multiple critical issues within our workforce profile around the time taken to train in professional roles, the loss of experienced colleagues and the impact on an aging workforce due to the physical nature of some roles. It is vital that Managers are aware of the current age profile, average retiral age across job families and project retirals, in order to deploy targeted retention or succession planning work in good time to avoid shortfalls in service, particularly in remote and rural areas where the fragility of small teams is high.

Table 1: Age Profile

Age Range	2020	2021	2022
16-19	33	25	37
20-29	1049	1063	1140
30-39	1822	1859	2002
40-49	2435	2487	2511
50-59	3424	3464	3475
60+	1235	1310	1397
Total	9998	10208	10562

Table 2: Employments by Sex

For each year it is an average headcount across the 12 (monthly) workforce profile snapshots taken. In common with other employers in the health and social care sectors, we have a significantly higher proportion of female employees (82.6% as of 31st December 2022).

Employments by Sex	2020	2021	2022
Female	8313	8466	8732
Male	1686	1741	1831
Total	***9999***	***10207***	***10563***

Table 3: Employments by Agenda for Change (Bands)

This data is taken from the Headcount Power BI report. It is an average headcount across the 12 (monthly) workforce profile snapshots taken for 2022.

Agenda for Change Employees	Female	Male	Grand Total
Band 1	38	5	43
Band 2	1814	422	2236
Band 3	1381	205	1586
Band 4	945	140	1085
Band 5	1681	196	1877
Band 6	1314	243	1557
Band 7	771	170	941
Band8A	211	54	265
Band8B	74	26	100
Band8C	28	11	39
Band8D	18	9	27
Band 9	1	1	2
Not AFC	603	360	963

Just over 89% of staff at Band 5, for example, are female, compared to 77% for Band 8a and significantly higher paid bands.

The breakdown of gender across job families below demonstrates significant occupational segregation. Almost 100% of dental support staff are female, with very high proportions of women seen in nursing and midwifery, social care, allied health professions and administration. Higher paid occupations, such as medical and dental and senior management show a more equal split between genders. Support services, which includes

domestic services, portering and estates, and Health Care Sciences each have similar proportions of females, around 58%. This occupational segregation has a significant impact on the Gender Pay Gap reported later in this paper.

Table 4: Employments by Job Family and Gender

This data is taken from the Headcount Power BI report. It is an average headcount across the 12 (monthly) workforce profile snapshots taken for 2022.
*Note as this is by job family, the sum may be higher than that of employees, where employees are counted more than once due to having employments across different job families.

Job Family - Gender	Female	Male	Female	Male
ADMINISTRATIVE SERVICES	1744	303	85.20%	14.80%
ALLIED HEALTH PROFESSION	663	91	87.93%	12.07%
DENTAL SUPPORT	181	1	99.45%	0.55%
HEALTHCARE SCIENCES	206	148	58.19%	41.81%
MEDICAL AND DENTAL	320	300	51.61%	48.39%
MEDICAL SUPPORT	15	18	45.45%	54.55%
NURSING/MIDWIFERY	3588	335	91.46%	8.54%
OTHER THERAPEUTIC	276	50	84.66%	15.34%
PERSONAL AND SOCIAL CARE	1095	120	90.12%	9.88%
SENIOR MANAGERS	27	16	62.79%	37.21%
SUPPORT SERVICES	671	452	59.75%	40.25%

Gender Pay Gap

The tables below outline the Gender Pay Gap for the Board as a whole and then further broken down across the different terms and conditions in use across the board.

The information is presented in three different formats, each defined below. Mean Pay is a sum of hourly rates divided by the number of hourly rates. Median Pay is the hourly rate in the middle of all hourly rates in ascending order. For example, 3 is the median of the range 1,2,3,4,5. Mode Pay is the most common hourly rate.

This data is taken from an extract from Payroll as at 31 Dec 2022, matched on to an extract from SWISS to get employment info.

Whole Board	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£22.41	£17.78	-£4.62	20.63%
Median Pay	£18.09	£14.52	-£3.57	19.74%

Mode Pay	£12.18	£12.18	£0.00	

The gender pay gap for the board as a whole is significant at negative £4.62 or 20.63%. This is higher than the Scottish average reported in 2021 of 10.1%. NHS Highland's gap has reduced since the last report. The negative median pay gap of £3.57, when read in conjunction with the Mean pay and Mode pay, effectively shows there are a relatively small number of men in NHS Highland with high levels of pay compared to the rest of the workforce. This can be seen when we look at the Medical and Dental pay gaps.

Agenda for Change	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£17.28	£16.73	-£0.55	3.19%
Median Pay	£14.42	£14.42	£0.00	0.00%
Mode Pay	£12.18	£12.18	£0.00	

Adult Social Care (TUPE)	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£19.27	£17.91	-£1.36	7.05%
Median Pay	£20.86	£16.69	-£4.17	19.99%
Mode Pay	£23.21	£23.21	£0.00	

Medical and Dental	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£47.82	£43.33	-£4.50	9.40%
Median Pay	£49.09	£47.25	-£1.84	3.74%
Mode Pay	£58.28	£51.95	-£6.33	

Senior Management	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£42.31	£46.56	£4.25	-10.05%
Median Pay	£44.51	£43.96	-£0.54	1.22%
Mode Pay	#N/A	£35.42	#N/A	

*Mode - all male have different rates

Report Prepared by

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Jennifer Swanson, Head of Talent

Agenda Item XX

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**28th March 2023**
Title:	**National Treatment Centre Highland Update**
Responsible Executive/Non-Executive:	**Deborah Jones, Director of Strategic Commissioning Planning and Performance**
Report Author:	**Deborah Jones**

1 Purpose

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

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Annual Operation Plan
- National Policy

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

- Safe
- Effective
- Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

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

The contract will complete at the end of March 2023 with the technical commissioning of the building running contiguously

As at the time of writing this paper 88% of the total number of staff have been recruited with further efforts being made to recruit to the residual posts.

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

2.2 Background

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

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

Given the location for the NTC-H and its off-site proximity to Raigmore Hospital, it was agreed from a clinical safety perspective, that only the least complex surgery should be delivered in the new facility. This meant that anesthetic risk category (ASA[1]) 1&2 patients could be treated within this new facility.

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

3 Assessment

Construction and Technical Commissioning

Construction works are nearing completion and the PSCP advised that the completion and handover date would need to extend to 24th March as the previously agreed dates for completion could not be met.

Some technical and unexpected issues were identified in the commissioning of the operating theatres. Mitigating actions have been taken forward and validation and final commissioning is expected

Internal final inspections and snagging works are taking place alongside final commissioning of the building which rests at 96.26% complete at the time of writing this report.

NHS Assure completed the commissioning KSAR review in February, and we are awaiting their final report. Supported status is required to enable the NTC-H to open for patients

External works are well advanced with further seeding and paving due for completion once temperatures increase

HFS equipping and deliveries are ongoing with an expected completion of 31st March 2023

Good progress has been made with network installation and eHealth are making good progress with equipping the building

Temporary directional signage for the A9 and A 96 has been agreed with Transport Scotland

Transfer and Mobilisation

A Transition & Mobilisation Delivery Group was established and meets on a formal basis every week with focus on the clinical phasing model, equipment, E-Health, Health & Safety, Infection control, Soft Facilities, stores, training, data readiness, radiation protection, and pharmacy The aim of this meeting is to ensure that all tasks are progressing and that risks are highlighted and mitigated.

The soft facilities team are undertaking systematic and regular cleaning of the building

Operationally an 8am huddle takes place to ensure risks are highlighted and re-solved and that tasks are actioned and concluded.

The Clinical Phasing Model has been refined and re-aligned in line with the commissioning programme and revised opening date of 17th April 2023

Staff groups were de-coupled from Raigmore on the 13/02/23 and are working in small groups within the NTC -H undertaking targeted training sessions. Additionally staff are also supporting some clinical activity within Raigmore.

Patients are being booked into NTC-H Ophthalmology Outpatient clinic appointment slots and letters are now going out.

Final operational planning for theatre sessions is underway with letters inviting patients to attend consenting clinics have been sent out w/c 20th March 2023

A programme of public and stakeholder visits have been planned over the coming weeks

Recruitment and Staffing

The recruitment profile is as follows,

90% of the total additional staff have been recruited to date and the remaining number of WTE required is 21.06 WTE

Rolling Recruitment is ongoing for the following:

- Band 5 Perioperative (1.5wte)
- Band 2 Porter/Security (1.6wte)
- Band 2 Domestic Services (1.4 wte)
- Band 3 Highland Table Supervisor (1.0 wte)
- Band 2 Highland Table Barrista (0.4 wte)
- Clinical Development Fellows (3wte)

At the time of writing this report the following interviews are planned:

- Band 4 Ophthalmology Admin (0.6wte)
- Ophthalmology Consultants (2.5 wte + 1 wte Substantive vacancy)
- Band 8A Pharmacist (1.0 wte)

The remaining posts are scheduled to be advertise are as follows:

- Ophthalmology Clinical Fellows (2.0 wte)
- Anaesthetic Consultant (1.5 wte)
- Band 7 Imaging Manager (1.0 wte)
- Band 7 Optometrist (0.2 wte)
- Band 8C Optometrist (1.0 wte) - currently filled with a fixed-term post
- Band 3 Ward Receptionist (1.0 wte)

4 Conclusion

Progress is being made across all areas of the programme with a range of risks and associated mitigation plans in place aimed at ensuring the NTC-H can open from Monday 17th April 2023

5 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

5 Impact Analysis

5.1 Quality/ Patient Care

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

5.2 Workforce

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

5.3 Financial

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

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

	22/23	23/24	24/25
	£	£	£
Pay	5,044349	9,969,565	9,969,565
Non-Pay	2,131970	7,307,968	7,787.334

5.4 Risk Assessment/Management

The key risks to the project are as follows,

- If the NTC-H recruitment programme fails to secure all the staff required to open all the operating theatres and beds a phased opening will need to be undertaken in line with recruitment activity.
- Failure of a few key commissioning activities along the programme timeline that require retesting
- NHS Assure are unable to deliver outputs to final commissioning and handover reviews

Mitigation plans are being developed to minimise the risks identified above

5.5 Data Protection

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

5.6 Equality and Diversity, including health inequalities

Equality diversity policies and process are being followed

5.7 Other impacts

N/A

5.8 Communication, involvement, engagement, and consultation

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

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

Patient representatives are included in the Project Board membership.

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

6 Recommendation

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

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE	**12 January 2023 – 9.00am (via MS Teams)**

Present

Alasdair Christie, Non-Executive Board Director and Chair
Jackie Agnew, Head of Community Pharmacy and Services and Controlled Drug Governance (For Director of Pharmacy
Dr Tim Allison, Director of Public Health (from 9.05am)
Muriel Cockburn, Non-Executive Board Director
Robert Donkin, Independent Public Member
Rebecca Helliwell, Depute Medical Director (For Chief officer Argyll and Bute IJB)
Dawn Macdonald, Community Staff Nurse
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director
Dr Gaener Rodger, Non-Executive Board Director and Chair
Emily Woolard, Independent Public Member

In attendance

Isla Barton, Director of Midwifery
Sarah Bowyer, Scottish Health Council
Louise Bussell, Chief Officer, HSCP
Robert Cargill, Deputy Medical Director (from 9.05am)
Ann Clark, Non-Executive Board Director
Lorraine Cowie, Head of Strategy and Transformation
Pamela Cremin, Deputy Chief Officer, Community Services
Elizabeth Higgins, Associate Nurse Director
Fiona Hogg, Director of People and Culture
Margo Howatson, Clinical Governance Manager, Argyll and Bute
Carolyn Hunter-Rowe, Public Health Intelligence Manager
Karen King, Associate Director of Midwifery (from 9.45am)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Simon Steer, Interim Director of Adult Social Care
Catherine Stokoe, Infection Control Manager
Bob Summers, Head of Occupational Health and Safety
Katherine Sutton, Director of Acute Services
Constantinos Yiangou, Deputy Medical Director (from 9.55am)

1 WELCOME AND APOLOGIES

Apologies were received from F Davies, S Govenden, Kate Patience-Quate and Ian Rudd.

The Chair took the opportunity to recognise and pay tribute to the role played by Dr G Rodger in her capacity as previous Committee Chair and to the role and work of the Committee throughout her tenure.

He further advised an Item would be placed on the agenda for the next meeting in relation to election of a Committee Vice Chair.

1.1 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), he had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting. It was stated the same criteria applied to M Cockburn, as a Director of the Citizens' Advice Bureau.

2 MINUTE OF MEETING ON 3 NOVEMBER 2022, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 3 November 2022 was **Approved.**

In relation to the circulated Work Plan, members were advised this had been updated to reflect recently agreed changes. This would be further updated following this meeting, with future actions to be scheduled on a themed basis and with a view to looking to celebrate success.

The Committee otherwise:

- **Approved** the draft Minute.
- **Noted** the updated Committee Work Plan would be brought to the next meeting.

2.1 MATTERS ARISING

2.1.1 Clinical Governance Clinical Governance Quality and Performance Data (Adverse Events) - Medication Incidents (Prescribing) including Vaccines

J Agnew spoke to the circulated report, providing assurance that NHS Highland (NHSH) clinical staff were actively aware of, and participated in, pharmacovigilance activity which contributed to safer patient care and that there was active review of incidents reported on Datix relating to the most reported medications. It was stated Yellow Card reporting remained at a high level within NHSH, with the Medicines Safety Sub-Group considering the incidents and agreeing relevant action plans such as the introduction of Insulin charts. There was a continued focus on training relating to reporting of medicines errors. It was stated whilst introduction of Hospital Electronic Prescribing and Medicines Administration (HEPMA) would enable the proposition of Substantial assurance it was proposed the Committee take **Moderate Assurance** at this time.

It was advised HEPMA would be formally trialled in Caithness within three months, relevant training in relation to which had been completed. Rollout across NHS Highland Acute sites would follow, with testing in Raigmore Hospital having been completed as part of a pre-pilot exercise.

After discussion, the Committee:

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

3 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and

in relation to which detail of relevant learning opportunities and outcomes had been indicated. It was confirmed reference to NOK related to Next of Kin.

The following was discussed:

- Carer Recruitment. Stated had been indicated as a potential solution without detail of how would be achieved. Recognised as a national issue with no local solution. Advised seasonal employment in tourism sector affecting position in both Highland and Argyll & Bute in particular. Noted staff retention a pressing issue, with reserve staff in process of being invited and identified. Pay within sector recognised as a contributory factor to current recruitment position.
- Weekend Imaging Activity (Broadford). Stated position statement would be welcomed to clarify position. Noted associated training position understood to have been addressed.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Noted** updates would be sought on the issues raised and relayed to Committee members.

4 SAFE DELIVERY OF CARE INSPECTIONS AND IMPLICATIONS FOR CARE ASSURANCE IN NHS HIGHLAND

L Higgins spoke to the circulated report advising that Healthcare Improvement Scotland (HIS) had adapted their approach to scrutiny and assurance for inspections of acute hospitals to focus on safe delivery of care and taking a broader review of care delivery in hospitals, encompassing a range of different standards and guidelines. The most recent methodology had been developed in November 2022. The report gave an update on the evolution of relevant inspection methodology and advised changes had been designed to minimise impact on frontline staff and patients while still delivering assurance on quality of care in efforts to avoid disruption to staff delivering care to patients when system pressures continue. The current position in relation to monitoring and assurance reporting against compliance within NHS Highland was outlined, noting consistent progress had been made in relation to care assurance over the previous twelve months.

It was reported HIS had sent a letter to all NHS Boards at end November 2022 highlighting themes from seven Safe Delivery of Care inspections across Scotland to enable NHS Boards to review their own systems and procedures relevant to safe delivery of care in hospitals. The communication from HIS had prompted the initiation of a pan Highland gap analysis to review practice against the findings and themes from the HIS inspections; development of a safe delivery of care checklist; and development of a standard template for an internal schedule for peer review observations of care to monitor compliance with standards. On review of standards for older people there continued to be gaps in consistency, monitoring, and assurance reporting, with limited progress made on development of an NMAHP Care Assurance Framework. The establishment of an NHSH Quality Steering Group provided opportunity to move from an NMAHP focus toward developing a more comprehensive approach to monitoring and assurance reporting building on existing processes for data collection and reporting at ward, unit, and Board level. This approach would support broader review of quality against standards in the HIS Quality Framework and an ability to develop more focussed plan for local and Board wide improvement priorities in quality-of-care experience in Highland hospitals. It was proposed the Committee take **Limited Assurance.**

The following points were then discussed:

- Impact on Frontline Staff and Patients. Advised current Inspections did not present a major burden to either staff or patients. There was greater emphasis on observation at this time.
- Standards for Patients with Learning Disabilities. Asked if any particular focus on the needs of this patient group. Advised standards in place and will be covered by current gap analysis.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** results of the HIS gap analysis would be reviewed by the NHS Quality Steering Group.
- **Noted** standard work for monitoring and reporting on compliance with other standards was to be included in safe Delivery of Care scrutiny methodology to be developed in NHS Highland.
- **Noted** a progress report would be brought to the Committee in June 2023.
- **Agreed** to take **Limited** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison presented to members, advising as to detail in relation to performance data around Complaints, Freedom of Information (FOI) requests, Adverse Events, Significant Adverse Event Review, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. It was reported complaints performance had slipped and was being monitored by the Executive Directors Group (EDG) and Senior Leadership Team (SLT). High compliance continued to be evidenced in relation to Freedom of Information requests. The Datix system had been updated to include new reporting categories. The number of Significant Adverse Event Reviews being declared continued to remain stable. There continued to be a proactive focus on reducing the overall number of falls across all settings, and a number of initiatives had been identified in relation to reducing pressure ulcers. The NHS Board had agreed an aim of 10% reduction in hospital acquired pressure ulcers. A plan has been developed to identify how levels of infection could be improved. It was proposed the Committee take **Substantial Assurance.**

The following areas were discussed:

- Adverse Events. Advised number of Events recorded had reduced following development of new methodology. Issues of harm were now reported to weekly meetings, where decision then taken on how to take matters forward i.e. Significant Adverse Event Review or Case Review.
- Freedom of Information Requests. Advised further consideration to be given as to where this data should be reported. Not an effective measurement of organisational clinical governance.

After discussion, the Committee

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

6 NHS HIGHLAND ANNUAL DELIVERY PLAN

6.1 Overview of Journey Well/Cancer Services

B Peters spoke to the circulated report and provided a brief presentation in relation to Cancer Services, noting these were reviewed in the Cancer Recovery Board through a largely operational lens and the more strategic focus of the newly formed Cancer Programme Board. It was advised the Journey Well (Outcome 13) workstream related to support for the population on their journey with, and beyond, cancer by having equitable and timely access to the most effective evidence-based referral, diagnosis, treatment and personal support. An outline was provided as to the strategic progress made to date, including delivery actions agreed as part of the Annual Delivery Plan and noting a National Cancer Strategy was expected to be published in Spring 2023. Services were provided on a collaborative working basis across North of Scotland, with the NHSH Cancer Recovery Board chaired by N Abbott, Breast Surgeon. The NHS Highland position was indicated in relation to 31 and 62 day national performance targets, this being slightly lower than the NHS

Scotland average. The position more widely across NHSH cancer services was also indicated, this highlighting where increased focus and associated improvement/action planning was required through 2023, noting some services were provided by other NHS Boards in Scotland. A series of national slides were also shown to members, illustrating an increase in Systemic Anti-Cancer Treatment across Scotland since 2020; administered via different methods and representing a marked increase in workload for services and associated staff. With regard to existing Medical and Clinical Oncology establishment levels (wte per 100,000 population), it was advised this had reduced in North Scotland while increasing elsewhere over the same time period and overall did not reflect an increasing demand level. In summary, the existing key risks for NHS Highland in this area related to recruitment and retention of workforce across all clinical colleagues; ability of current capacity and infrastructure to meet increasing demand; and the additional strain placed on services as a result of new prescribing for breast and prostate cancers. It was proposed the Committee take **Moderate Assurance.**

There was discussion of the following:

- Impact on Patient Outcomes. Advised actual position unknown although recognised there was evidence that Covid has had specific impact on cancer patient outcomes more generally.
- Realistic Medicine Activity. Confirmed forms part of current activity, with specific direction on SACT activity. Degree of concern among clinicians as to appropriateness for all relevant patients and this had been recognised at national level.
- Prevention Strategies. Advised Cancer prevention activity declined during Covid period.
- Development of and Reporting on New Dashboard. Advised QPI data is retrospective and reports infrequent, so reporting within NHSH would be less frequent. Members were encouraged to consider the current data provided from a clinical governance perspective.
- Public Messaging Relating to Screening. Advised prevention activity more generally will form part of the NHS Highland Director of Public Health Annual Report for 2022/2023 being submitted to the NHS Board at end January 2023. Highlighted that prevention activity can overlap with Realistic Medicine activity, such as in relation to prostate cancer.
- Health Inequality Impact. Advised evidence indicated that generally those from less affluent areas less likely to present to a GP at an early stage. This led to poorer outcomes overall. Impact of distance from Cancer Centres being actively considered in light of potential further centralisation of cancer care. Impact of early Diagnostic Centres was also being considered.
- Early Diagnosis Centres. Advised represented vital secondary prevention activity. Primary Care access to diagnostics such as CT and other scanning discussed as something to be developed locally, subject to appropriate referral criteria.
- Cancer Trial Activity. Advised lack of NHSH Oncologists impacting on ability to recruit patients to potential trials, thereby narrowing treatment options for patients, further impacting on success of medical recruitment and resulting in loss of potential financial benefit relating to provision of new medicines funded within the research project.

After discussion, the Committee:

- **Noted** the circulated report and associated presentation content.
- **Noted** to circulate the relevant workforce slide to members following the meeting.
- **Agree** to take **Moderate** assurance.

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

7.1 Argyll and Bute

R Helliwell spoke to the circulated report advising the Argyll and Bute Clinical, Care and Professional Governance Strategy and Framework review was complete and had been ratified on 26 October

2022. Further updates were provided in relation to systematic identification and review of clinical incidents; two specific RIDDOR incidents in the process of being taken forward as SAERs; and actions relating to concerns raised regarding services within Lorn and Islands Hospital for HIS and NHS Education Scotland. On this latter point, both organisations were satisfied with progress on relevant improvement work, with a successful participatory medical workshop held where staffing models to ensure good clinical care had been explored and developed. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** the Clinical, Care and Professional Governance Strategy and Framework.
- **Agreed** to take **Moderate** assurance.

7.2 Highland Health and Social Care Partnership

Having taken the opportunity to recognise the work of D MacFarlane as previous Associate Medical Director and introduced C Copeland as newly appointed Deputy Medical Director, L Bussell then spoke to the circulated report outlining output from the Community Quality and Patient Safety (QPS) and Clinical Governance structure and advised weekly QPS Check-In meetings continued to be held. QPS Sub-Group meetings were held on a monthly basis where Datix/case review/SAER and complaints were reviewed, and associated actions agreed. An update was provided in relation to HSE visits to mental health settings in November 2022, with plans for improving staff uptake of Violence and Aggression training, and removal of ligature points having been submitted to HSE. Revised plans for the rollout of the Morse system for electronic patient records were being considered. Concerns had been raised in relation to Tissue Viability staffing matters, with a leadership post recently agreed although Scottish Government funding for care home liaison nurses would cease at end March 2023. A report was to be provided to the Care Home Oversight Group in addition to follow up with operational areas. It was noted there were issues relating to the availability of pressure relieving equipment for patients; and the Highland Sexual Health Service were facing a series of challenges relating to significantly increased activity levels, recruitment, access to educational courses and provision of clinical premises. It was reported that development of a Sexual Health App to enable younger people to respond had been positive, with this having been successfully introduced. Identification of priority areas was ongoing. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 6 December 2022. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** an update on the national position regarding Sexual Health Services be provided to members out with the meeting.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

C Yiangou spoke to the circulated report in relation to Acute Services, indicating there had been reviews undertaken of national Audit Programmes relating to Scottish Hip Fracture and the Intensive Care Society. It was noted Delivery Directorate reports continued to highlight capacity and flow challenges in all Acute sites, incorporating increased incident reporting. The Acute Services Clinical Governance Committee had recently considered relevant mortality data for all NHSH acute sites, noting this to be broadly stable, with data relating to Caithness General Hospital being further audited for more detailed consideration at the next meeting. It was stated the most recent HSMR data had indicated NHSH was not an outlier in this respect. An action plan had been developed in relation to

the mixed Hip Fracture audit findings relating to NHSH, including aspects relating to access to physiotherapy, early mobilisation of certain patients and use of cement for hemi-arthroplasty procedures. In relation to Intensive Care Unit (ITU) patients it was advised delayed discharge continued to be a major issue, with capacity on-site a contributory factor to be addressed. Other issues highlighted by exception had related to a rise in Inpatient Falls recorded at Caithness General Hospital; the impact of nursing vacancies on clinical care delivery; investigation of an infection cluster relating to Arthroplasty; use of day case and elective care areas for emergency flow reasons leading to reduced elective capacity and poor patient experience; and the impact of the rising number and complexity of CAMHS patients within paediatric services. It was reported there had been software issues, now resolved, relating to patient documents generated in Formstream not being transferred and not reaching the patient Docman record within GP Practice. In addressing this matter, a plan had been developed to ensure clinical filtering to determine clinical risk for differing form types. No material impact had been identified. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 15 November 2022. The report proposed the Committee take **Moderate Assurance.**

The following was raised in discussion:

- Recruitment and Retention. Agreed exit interviews beneficial to improving understanding why staff are choosing to leave the NHS. Action required on both recruitment and retention activity.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Noted** an update in relation to Formstream issues would be brought to a future meeting.
- **Agreed** to take **Moderate** assurance.

The meeting adjourned at 10.30am and reconvened at 10.40am.

8 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

B Peters took the opportunity to further acknowledge the commitment and contribution made to the work of the Committee by G Rodger as the previous Chair and welcomed A Christie to the role. The following areas of interest were then referenced:

- Wider System Pressures. Advised pressure continues to be high and will continue to impact services for some time to come, presenting challenges in relation to patient flow, discharge etc. The provision of comprehensive briefings to NHS Board members was welcomed, noting clinicians valued the support of the Board in recognising the range of challenges being faced. The need to recognise the work of all staff members was emphasised as was the need to formally communicate the same.
- NHSH Winter Ready Action Plan. Advised the approach adopted and delivered had been a success, with real improvements having been realised. There was a question relating to whether there are increased numbers of hypothermia cases this winter, members were advised there had been no increase above relevant expected patient numbers.
- Operational Pressures Escalation Level Adoption (OPEL). Advised this had proved to be a useful resource, providing colleagues in Acute Services with data-based real time information. Consideration being given to extending this into both Community and Primary Care Services.
- Lookback Activity. Advised both UK and Scottish Government Covid Inquiries progressing. NHSH will contribute as required. Updates would be provided to future meetings.
- Infected Blood Inquiry. Advised NHSH had contributed to national submission, including detail of relevant individual patient cases.

The Committee otherwise Noted the reported position.

9 INFECTION PREVENTION AND CONTROL REPORT

C Stokoe spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators and outlining NHSH remained on track to meet all nationally set antimicrobial prescribing targets as well as targets set for SAB and CDI. It was not expected to meet the relevant Ecoli target. Key Performance action plans were in place with the aim of reducing the incidence of all infection through capturing learning from previously investigated cases. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Additional IPC staffing hours and posts had been supported to assist with the significant increase in workload for the Team as a result of the pandemic and other incidences of infection. Funding for this was due to end in March 2023, with a business case having been developed to extend this arrangement moving forward. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period although a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The IPC team continued to work alongside staff and external agencies to ensure the delivery of national guidance in the management and control of Covid across NHS Highland. There had been no Healthcare Environment Inspections undertaken since the last update. The report went on to outline a number of areas of challenge including prioritisation of workloads to meet service demand. The report proposed the Committee take **Substantial Assurance.**

Members took the opportunity to thank all relevant staff for their hard work and commitment in meeting relevant targets where appropriate and improving training compliance levels overall.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Agreed** to take **Substantial** assurance.

10 PUBLIC HEALTH INTELLIGENCE AND SUPPORT FOR HEALTH SERVICES

C Hunter-Rowe spoke to the circulated report advising as to the effectiveness of the public health intelligence function across NHS Highland and providing an overview of the public health intelligence work plan and examples of key work areas. It was noted the Public Health Intelligence (PHI) team were part of the Public Health Directorate, providing expert resource on epidemiology, demography and population health evidence. This function was supported by application of the Team's specialist skills in relation to epidemiology, large dataset handling, evaluation of public Health programmes and healthcare interventions, geographical mapping and provision of scientific advice and evidence-based review of public health and non-pharmacological healthcare interventions. Examples of key work areas delivered in 2022 were provided alongside example outputs from individual projects. The report went on to give an overview of relevant activity relating to population needs assessments, development of profiles for community planning partnerships, geospatial activity, Clinical Advisory Group support arrangements, data management and recent developments. The report proposed the Committee take **Substantial Assurance.**

The Committee:

- **Noted** the reported content.
- **Agreed** to take **Substantial** Assurance.

11 PUBLIC PROTECTION REPORTING

There were no matters discussed in relation to this Item.

12 COMPLAINTS – PATIENT EXPERIENCE VIEWPOINT, THEMES AND ACTIONS TAKEN

M Morrison spoke to the circulated report outlining compliments received by the Feedback Team over the previous 12 months to November 2022, the themes arising, and action taken. All were logged on Datix and passed to the relevant Chief Officer and staff/team/department involved. Most compliments were related to Acute Services and sent direct to the team/department involved. The number of compliments received remained broadly static. It was stated where a formal complaint response had been approved and before being issued to the complainant, the Feedback Team code the response to identify the issues/themes. Many complaints involve multiple issues. Any action and improvement detailed in the response letter was recorded on Datix and where relevant an action owner and timescale for completion was recorded. The top four themes from complaints related to communication, treatment, waiting times/delays and staff. Examples were provided of the improvement and actions taken against each of those themes, with associated data reported to Operational Division Quality and Patient Safety Groups/Programme Boards. The Feedback Team actively followed up on actions agreed to be taken forward to ensure this was completed. These were reported to and discussed at a weekly complaints meeting. Moving forward, work continued on refining data on themes for improved reporting to relevant groups and projects. The report proposed the Committee take **Moderate Assurance.**

During discussion the following points were discussed:

- Communication. Recognised as a key issue for most organisations. Identification of easy wins was discussed; with agreement these be brought back to the Committee for consideration.
- Information Cascade to Front Line. Issues relating to dissemination of Local Partnership Fora information and lack of easy access to IT among certain staff groups were highlighted. Agreed leaders had key role in ensuring appropriate cascade of information within teams.

The Committee:

- **Noted** the report content.
- **Agreed** proposed actions relating to improving communication be reported to a future meeting.
- **Agreed** to take **Moderate** assurance.

13 MATERNITY SERVICES

I Barton spoke to the circulated report providing detail in relation to the NHS Highland gap analysis undertaken in response to recommendations from both the Ockenden and East Kent Maternity Reports. An Action Plan had been developed to progress relevant recommendations from both Maternity Reports insofar as they related to planning, service delivery, and a review of maternity and neonatal services across all NHSH to ensure these were consistent with NHSH Board Strategy, and specifically the Start Well ambition. It was reported the Reports had identified three main themes, these reflecting priority areas of work already in progress to address existing challenges and improve standards for maternity services in NHSH, under the topics of workforce, culture and governance. Where possible, work would be taken forward via existing workstreams such as workforce planning, colleague experience and Best Start and be directly linked to service delivery and quality improvement. An outline was provided as to the work being taken forward under the three topics identified. The report proposed the Committee take **Limited Assurance.**

- Role of Clinical Staff. Acknowledged clinical staff have key role in driving local improvement activity and change, noting a Clinical Staff Workshop was to be held the following day.

- Informed Consent. Stated actions in this area being considered in association with medical colleagues and were expected to be complete within the stated three-month timeframe.

The Committee:

- **Noted** an initial self-assessment against the final Ockenden Report had been completed.
- **Agreed** to support development and implementation of a Board-wide Action Plan, monitored by the Maternity & Neonatal Programme Board for North Highland and the Maternity and Neonatal Governance Group for Argyll and Bute

14 SIX MONTHLY EXCEPTION REPORTS

14.1 Health and Safety Committee

B Summers spoke to the circulated report providing an update in relation to the activity of the Health and Safety Committee over the previous six months and further providing an update on progress with the risks and recommendations highlighted to the Committee in April 2022. In terms of emergent new issues, particular areas highlighted had included HSE Enforcement activity at New Craigs (Ruthven and Morar Wards), Raigmore (Microbiology) and the provision of advice to Acute Services on the Management of Violence and Aggression in Acute Services (Lessons for Learning from Recent HSE Enforcement Activities). Improvement Notices had been received in relation to Ligature Removal and Violence and Aggression Arrangements including Training, relevant requirements in relation to which were also outlined for members. Both Improvement Notices represented substantial pieces of enforcement work, requiring strong governance, sound leadership & accountability, multi-disciplinary teamworking and planning, financial investment and robust monitoring and remedial intervention to ensure work remained on track, and met the requirements of the Improvement Notices in good time to improve the safety of staff and patients. The report proposed the Committee take **Moderate Assurance**.

F Hogg took the opportunity to advise as to a review of the Committee reporting and membership profile, and the wider work of the Committee to avoid duplication of activity. The Committee would move to quarterly meetings in 2023 and would continue to prepare Annual Reports. Discussion was ongoing in relation to the role of the Occupational Health Service in supporting Services more widely. She invited comment from members on how reporting to this Committee may be improved.

The following was then discussed:

- Ligature Removal. Questioned whether the 2024 deadline for removal of ligatures within New Craigs would be met. Advised was a complex area of activity, and subject to annual audit. Associated risk assessments are rated according to priority, with those listed as High/Very High being addressed. Improvement Notice requirements for Morar Ward likely to be met. A costed plan for the remainder of New Craigs, including a date for completion of work was also to be submitted to HSE by July 2023.
- Support from Clinical Governance Committee. Advised this would relate to maintaining a strong monitoring brief at this time.

The Committee:

- **Noted** the Health and Safety Committee six monthly exception report.
- **Agreed** further updates would be scheduled as part of the Committee Work Plan.
- **Agreed** to take **Moderate** assurance.

14.2 Transfusion Committee

Members **Noted** discussion would be held out with the meeting on future reporting arrangements.

14.3 Information Assurance Report

I Ross spoke to the circulated report providing an update on the key activities of the Information Assurance Group from May to December 2022, advising this had met on 4 occasions since last reporting to this Committee. Specific updates were provided in relation to an upcoming Information Commissioner Office (ICO) audit, Network and Information Systems (NIS) audit and safe handling of information mandatory training activity. The report went on to highlight a number of actions agreed by the Information Assurance Group over the respective reporting period and indicated the Group had also received updates in relation to missing documents within the GP Docman system, a cyber incident that had impacted on the Adastra out of hours system, and missing records within the prison system. Minutes from meetings held in March, May, July and September 2022 were circulated and the latest edition of the relevant Newsletter was about to be released. The report proposed the Committee take **Substantial Assurance**.

The Committee:

- **Noted** the report content.
- **Noted** the circulated Minutes.

14.4 Area Drug and Therapeutics Committee

An update in relation to this matter was considered under Item 2.1.1 on the agenda.

15 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this Item.

16 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the emerging issues highlighted in discussion under Item 8 on the agenda.

The Committee so Noted.

17 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2023 as follows:

8 March (2 pm)
27 April
22 June
31 August
2 November

18 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 8 March 2023 at 2.00pm.

The meeting closed at 11.40am

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	**8 March 2023 – 2.00pm (via MS Teams)**

Present
Alasdair Christie, Non-Executive Board Director and Chair
Muriel Cockburn, Non-Executive Board Director
Rebecca Helliwell, Depute Medical Director (For Chief officer Argyll and Bute IJB)
Dawn Macdonald, Community Staff Nurse
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director
Dr Gaener Rodger, Non-Executive Board Director

In attendance
Sarah Bowyer, Scottish Health Council
Rhiannon Boydell, Head of Strategy and Transformation
Louise Bussell, Chief Officer, HSCP
Robert Cargill, Deputy Medical Director (from 9.05am)
Ann Clark, Non-Executive Board Director
Claire Copeland, Deputy Medical Director
Pamela Cremin, Deputy Chief Officer, Community Services
Evelyn Gray, Associate Nurse Director (from 2.30pm)
Margo Howatson, Clinical Governance Manager, Argyll and Bute
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Constantinos Yiangou, Deputy Medical Director (from 3.25pm)

1 WELCOME AND APOLOGIES

Apologies were received from F Davies, S Govenden, K Patience-Quate, I Rudd, K Sutton and E Woolard.

The Chair took the opportunity to advise R Donkin had resigned from the position of Independent Public Member and pay tribute to the role played by Mr Donkin throughout his tenure as a formal member of the Committee. The process for appointing a replacement member had begun.

1.1 Declarations of Conflict of Interest

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

2 MINUTE OF MEETING ON 12 JANUARY 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 12 January 2023 was **Approved.**

In relation to both the circulated Committee Action Plan and Work Plan, members were advised these would be updated and aligned prior to submission to the next meeting.

The Committee otherwise:

- **Approved** the draft Minute.
- **Noted** the updated Committee Action and Work Plans would be brought to the next meeting.

3 MATTERS ARISING

3.1 Election of Committee Vice Chair

The Chair advised, after discussion he was pleased to nominate J McCoy as Committee Vice Chair.

The Committee Agreed to **Endorse** J McCoy as Vice Chair.

3.2 Complaints Framework Update

Members were advised a quality improvement process was being developed in association with the Board Nurse and Medical Directors. A formal report, detailing relevant themes identified from SPSO decision letters and investigation reports, so as to ensure the capture of all actions and provide appropriate feed-in to ongoing improvement work, would be submitted to a future meeting.

The Committee so Noted.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. On the point raised, L Bussell confirmed regular Newsletter updates were provided to Primary Care, with matters relating to lessons learned also to be discussed with J Mitchell, Head of Primary Care.

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

5 ANNUAL DELIVERY PLAN UPDATE

R Boydell gave a short presentation to members, providing an update in relation to the NHS Highland Annual Delivery Plan at Quarter 3 and advising as to the position in relation to the 352 actions contained within the Plan. 65% (226) of the actions were either complete or on track for completion. She went on to highlight areas of success to date; detail outstanding barriers and challenges to be addressed; and indicated how the Plan would be drawn together overall, including through relevant Programme Boards and monthly Performance Oversight Board. Scottish Government guidance for 2023/24 ADP development was outlined, as was the relevant planning and delivery cycle which summarised an ongoing collaborative process between the Scottish Government and NHS Boards. It was noted this approach was the first step in an iterative process that would continue to develop year on year with a view to developing a more coherent and integrated approach to planning and delivery of services. The associated Future Planning Framework, including Short Life Working Groups, would ensure alignment with relevant financial allocations and workforce planning activity.

The nationally set out drivers of recovery for the NHSH Annual Delivery Plan were also indicated, along with the relevant key dates and an outline of the support being provided to internal teams taking matters forward at that time. B Peters emphasised the importance of robust planning activity. Members acknowledged the successes to date and the remaining challenges outlined.

The following matters were discussed:

- Review of Access to Cancer Services. Agreed timescale to be confirmed/relayed to members.
- Scottish Government SLWGs. Advised detail as yet unknown.
- Allocation of Cost Reduction Targets. Questioned if a targeted or blanket approach. Advised a mixed approach being taken, with some targets identified through the relevant "Well" programmes and work streams.
- 62 Day Cancer Target. Members expressed ongoing concern in relation to this area.

After discussion, the Committee:

- **Noted**
- **Agreed** to establish the timescale for the Cancer Services Review.
- **Agreed** to take **Limited** assurance.

6 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison presented to members, advising as to detail in relation to performance data around Complaints, Adverse Events, Significant Adverse Event Reviews, Hospital Inpatient Falls, Infection Prevention and Tissue Viability. It was reported improving complaints performance remained challenging and continued to be closely monitored by the Executive Directors Group (EDG) and Senior Leadership Team (SLT). The number of Adverse Events being recorded had decreased overall, with the number of those categorised as "other" also down. With regard to Significant Adverse Event Reviews, there remained concern as to the number of Reviews taking more than 26 weeks to be completed. Work was ongoing in this area, in association with Operational Unit staff. There continued to be a focus on reducing the overall number of falls across all settings, and additional clinical leadership had been appointed in relation to Infection Control. It was proposed the Committee take **Substantial Assurance.**

The following areas were discussed:

- Adverse Events. Advised 'Awaiting Review' can relate to reportable events that may have been triaged, reviewed and yet to have the relevant outcome/action recorded. Operational Units received monthly reports highlighting performance data and were offered support where required. Agreed to review the existing data presentation format.

After discussion, the Committee

- **Noted** the reported position.
- **Noted** a detailed report on Complaints Performance would be submitted to the next meeting.
- **Agreed** the current SAER data presentation format be reviewed by the Clinical Governance Development Manager.
- **Agreed** to take **Substantial** assurance.

7 INFECTION PREVENTION AND CONTROL REPORT

L Bussell spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators, outlining NHSH remained on track to meet all nationally

set antimicrobial prescribing targets but was not on track to meet the targets for EColi and CDI which both remained within predicted limits. It was expected to meet the challenging SAB target. Key Performance action plans were in place with the aim of reducing the incidence of all infection through capturing learning from previously investigated cases. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Additional IPC staffing hours and posts had been supported to assist with the significant increase in workload for the Team as a result of the pandemic and other incidences of infection. Funding for this was due to end in March 2023, with discussion underway to review staff resource and capacity, as well as the implications for service provision. It was reported there had been a number of incidences or outbreaks of Flu or Norovirus across the reporting period and a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The IPC team, alongside the Health Protection Team, continued to manage a number of individual cases, across all health and social care sectors of NHS Highland. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of areas of challenge, including the need for an internal review of service and staffing need to be conducted and monitored through the Control of Infection Committee. Associate Nurse Directors had ensured specific plans were in place with a view to improving Statutory and Mandatory training compliance levels. The report proposed the Committee take **Substantial Assurance.**

There was discussion of the following:

- Staffing Impact. Noted reference to staff being stretched as result of impact of Covid and remobilisation activity. Advised additional financial resource received during Covid period for infection prevention and control ending March 2023. Some alternative resource identified to continue 7-day service. More generally the service was looking to return to pre-pandemic level.
- Statutory/Mandatory Training Activity. Advised group established to consider relevant aspects, including leadership, tracking and ensuring relevant numbers were more widely publicised internally.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Agreed** to take **Substantial** assurance.

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

8.1 Argyll and Bute

R Helliwell spoke to the circulated report advising new Clinical Governance personnel arrangements were in the process of being established in terms of managerial, support and administrative requirements through review of reviewing existing processes and priorities, identifying service improvements, and maintaining high quality service provision. Next steps in QPS improvement would include establishment of locality incident focussed groups to report into QPS, and new senior monthly meetings to overview regulatory feedback, high level responses and associated litigation. Further updates were provided in relation to SAER activity; progress in relation to an FAI Investigation; and improvement to complaint handling and data. New approaches to Violence and Aggression training were being discussed, with the upcoming associated trainer vacancy in the process of being remodelled with a view to being recruited to by June 2023. Options for the delivery of SAER training and incident reporting were being reviewed; and quality improvement work was about to commence on falls and falls prevention, supported by the Clinical Governance Team. There had also been circulated Minute of Meeting of the Argyll and Bute Clinical and Care Governance Group held on 2 February 2023. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Improving Assurance Level. Advised relevant Framework would enable improved assurance.
- Complaints Response Performance. Advised the noted low performance rate had related to the impact of staff vacancies within the Clinical Governance Team. Standard Operating Procedure developed and in place, with work ongoing re quality aspects.
- Learning from Adverse Events. Advised looking to secure Adverse Event Investigator training and resource with view to taking work forward over coming month.

After discussion, the Committee:

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

8.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing an update in relation to ongoing review of relevant Quality and Patient Safety structures, processes and engagement. A review of mental health SAERs had been undertaken; a process for drug related deaths had been agreed; and a review of staff trained to undertake SAERs and how many had been delivered was underway. It was advised Duty of Candour aspects were considered and agreed for all cases. A review of performance around complaint response times was also underway with a view to ensuring improvement in this area. In addition, there had been circulated a copy of the relevant Vincent Framework document relating to "A framework for measuring and monitoring safety: A practical guide to using a new framework for measuring and monitoring safety in the NHS". There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 7 February 2023. The report proposed the Committee take **Moderate Assurance.**

The following matters were discussed:

- February 2023 Review Outcomes. Advised undertaken in association with both Professional and Operational Leads, seeking to identify what working well and what not in assurance terms. Meeting well attended and next steps identified had included a weekly process review.
- Wider Clinical Governance Aspects. Advised development of strengthened Clinical Governance arrangements across NHS Highland was continuing in terms of ensuring visible ownership and processes were in place.
- Vincent Framework. On issue of liaison with other NHS Boards, advised there had been positive Board level discussion within NHS Forth Valley, around adopting and embedding this framework.
- Quality Improvement Accreditation. Members welcomed accreditation of the NMAHP QI Team to deliver the Scottish Improvement Foundation Skills course in-house.
- Reporting to Clinical and Care Governance Group. Noted a number of Groups had not reported into the last meeting. Advised likely down to workforce pressures and personnel changes at operational level. Position would be clarified and confirmed by Deputy Medical Director.
- Integration of Adult Social Care Quality and Safety Governance. Advised progress continued to be made. Vincent Framework likely to feature in future discussion. Members urged early conclusion of relevant discussions including Acute, Community and Primary Care colleagues. Noted wider discussion on assurance aspects relating to both Integrated and Commissioned Children's Services to be held in April 2023.

After discussion, the Committee:

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

8.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, and Minute of Meeting of the Acute Services Clinical Governance Committee held on 17 January 2023. It was indicated the recent Scottish Arthroplasty and Scottish Renal Registry Audit Reports had been tabled at the meeting. Delivery Directorate reports continued to highlight capacity and flow challenges in all Acute sites, with increased incident reporting. National Hospital Standardised Mortality Ratios (HSMRs) continued to be observed, with no existing cause for concern in relation to deaths, falls or harms. In terms of clinical performance, the attention of members was drawn to Emergency Access, Cancer Services, and CAMHS all of which continued to be monitored closely in terms of associated improvement activity. It was noted there had been concern expressed in relation to Audiology services, a national audit of which had been commissioned and an internal improvement plan would be developed. In terms of service improvement, the OPEL system had been successfully embedded in daily practice. Other issues highlighted by exception had related to an increase in patients presenting with fractured neck of femur likely as a result of winter weather; relatively high number of C.diff infections; availability of pressure relieving mattresses; national shortage of midwives; appointment of a cervical screening nurse on a fixed term contract for two years; a review of induction of labour rates; creation of a Short Life Working Group to review aspects relating to the Gynaecology Service; and discussion around ensuring Mortality & Morbidity reviews and audits are consistent across all specialties. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 17 January 2023. The report proposed the Committee take **Moderate Assurance.**

The following was raised in discussion:

- Reporting to Clinical and Care Governance Group. Noted a number of Groups had not reported into the last meeting. Advised Divisions were expected to submit reports in standardised format as required. Illustrative of why proposed level of assurance not at substantial.
- Workforce. Questioned number of Acute Inpatient beds compared to pre-pandemic level. Advised numbers were responsively dynamic and flexible in nature in terms of numbers. Further detail could be sought. Emphasised number of aspects, including length of stay required to provide the broader context. Weekly system overview report available.

After discussion, the Committee:

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

9 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

Both B Peters and L Bussell took the opportunity to reference the following areas of interest:

- Audiology Services. Advised submission to Scottish Government, including relevant improvement plans, to be sent later that day. Likely to be a future agenda Item.
- OPCS4 Use for Clinical Coding. Advised NHSH an outlier in not using for this purpose. This also provided a prioritisation aid for NHS Boards.
- Scottish Patient Safety Programme Visit. Visit by HIS to take place on 10 February 2023. Noted to involve Acute Adult Collaborative as well as a number of clinicians and other colleagues. Will be key focus on falls and falls management.
- SPSO (Ombudsman) cases. Advised increased number of cases emerging. Need for consideration of any relevant issues by a senior clinical leadership group and development of regular reporting arrangements by the Clinical Governance Team.

- Complaints Activity. Advised need for improved processes at all levels, including relevant sign-off arrangements.
- Vaccination Activity. Advised transition to NHS Board service remains challenging, with number of complaints having been received. Clinical Governance Committee to be kept appraised of position through regular reporting by Chief Officer (Community) and Director of Public Health.
- Review of Quality. Advised this would likely involve consideration of clinical governance aspects. Waiting to hear further from A Croft, former Chief Nursing Officer on this matter after which an update on relevant findings and themes would be provided to the next meeting.
- Visit to Argyll and Bute. Noted B Peters to visit number of services in area the following week.
- Nursing, Midwifery and Allied Health Professions (NMAHP) Team. Advised development session held, with number of governance issues identified as to be addressed.
- Commissioned (THC/NHSH) Services Clinical Governance Oversight. Suggested inviting Highland Council representatives to next meeting to hear and participate in relevant discussion. Advised half day session had been organised to consider issues relating to governance of Children's Services and that would in turn feed into an upcoming audit review.

The Committee:

- **Noted** the reported position.
- **Noted** a full update in relation to the Vaccination Transformation Programme and associated forward plans to be brought to the next meeting.
- **Noted** an update on review of quality to be provided to the next meeting.
- **Noted** discussion of Commissioned (THC/NHSH) Services to be held at the next meeting.

10 PUBLIC HEALTH

There were no matters discussed in relation to this Item.

11 ORGAN AND TISSUE DONATION COMMITTEE SIX MONTHLY UPDATE

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 Dr J Rae had taken up the post of Clinical Lead for Organ Donation, there had been no missed potential donors within the reporting period and that staff availability to enable corneal donations remained sporadic with mortuary assistants undergoing additional training to improve this. Promotional activities to increase the public profile of organ donation had been considered successful, with similar activities planned for 2023/24. The report proposed the Committee take **Substantial Assurance.**

The Committee Noted the report and **Agreed** to take **Substantial** Assurance.

12 Strategic Risks 715 and 959 – Public Health (Covid-19 and Influenza) and (Vaccination Programmes)

There had been circulated a report providing an update on action being taken in relation to the two Risks identified, highlighting Covid levels had reduced over recent months as had the effects of Covid as a result of vaccination activity and the impact of immunity from prior infection. Influenza rates had fallen considerably from peak levels. The remained risks from Covid both in relation to individuals and from potential variants and mutations. It was reported Covid and influenza vaccination programmes had delivered population coverage slightly higher than the Scotland average and for Care Homes the rates had been considerably higher. These programmes were part of the overall Board delivered vaccination programme. There were risks concerning the delivery of

the whole programme including resources and staffing. It was proposed that the risk be modified to include all vaccinations and to change the risk scoring but maintain the risk level grading unchanged as high. The new risk would be: "There is a risk that the vaccination programmes will not be effectively and efficiently delivered leading to reduced population immunity and reputational damage.". It was proposed the stated levels of risk both remain as High. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee Considered the relevant Strategic Risks and:

- **Agreed Moderate** assurance be given to the NHS Board, based on the updates provided.
- **Agreed Risk 959** be amended to read **"**There is a risk the vaccination programmes will not be effectively and efficiently delivered, leading to reduced population immunity and reputational damage."
- **Agreed** the EDG be recommended to maintain the current Risk Level assigned to **Risks 715 and 959 as High.**
- **Agreed** to canvass Director of Public Health on including a separate Risk relating to long Covid.

Members noted the following two Items had been submitted for consideration however no reporting officers were present during the meeting to introduce the same.

13 NDAS UPDATE

There had been circulated a report on the NHSH Neurodevelopmental Assessment Service outlining the current waiting time position; a reducing total number of waits; and existing staffing level. It was reported interim leadership was in place and progressing work on the improvement action plan coproduced with relevant families and other professionals. The wider service skill mix had been altered and recruitment to newly developed Neurodevelopmental Practitioner posts had been successful. Support throughout the process, by Neurodevelopmental Support Practitioners was being trialled through a Test of Change under short term funding through a Scottish Government grant. This was on track and progress was reported regularly to Scottish Government, with further funding expected in 2023/24. Communication was improving, with frequent updates provided to staff, associated professionals and stakeholders. Discussion was ongoing with the Child and Adolescent Mental Health Service (CAMHS) with the aim of ensuring equity around the separate pathways to neurodevelopmental assessment. Commercial companies which did comparable work had been identified and a trial of offering some children and young people waiting the longest private assessments, funded through delays in recruitment, had commenced. It was expected waiting times and numbers waiting would reduce over in the next few months as further assessments in the community were carried out. It was likely around 40-60 assessments annually could be carried out by community professionals and an extra 120- 180 assessments per year, beyond the current rate, could be undertaken by the NDAS team if a further Neurodevelopmental Advanced Practitioner was employed and the 2 Support Practitioners retained. If procurement was agreed a further 120 assessments could be undertaken by commercial companies in 2023- 24. By March 2024 waiting numbers could have decreased by at least two thirds and waiting times to within 1 year, and by March 2025 to within the target. However, this would be dependent on staffing and ongoing funding. The report had proposed the Committee take **Moderate Assurance** however no decision was made.

The Committee:

- **Noted** the reported position.
- **Agreed** to **Defer** further detailed consideration to the next meeting, subject to inclusion of relevant waiting time trajectories and a responsible officer being present.
- **Agreed** that no formal assurance could be taken at this time.

14 CAMHS UPDATE

There had been circulated a report providing an update on the progress of the CAMHS Improvement plan, established in partnership with Scottish Government to support the implementation of the National Service Standards and specification for CAMH Services. The National CAMHS Specification was the central strategic aim for specialist CAMH Services. There had also been circulated a copy of the relevant CAMHS Improvement Plan and associated Waiting Times Summary. Specific updates were provided in relation to clinical modelling activity; clinical governance, risk and performance; workforce and finance; eHealth activity; service user/carer experience and participation; and colleague experience. Overall, it was reported a managed and detailed improvement plan with appropriate assurance and delivery models had been established. Improvements in a number of areas had been recorded and work continued on improving performance data and reporting ability. Risk in clinical and RTT performance was linked to limitations in workforce availability, recruitment and retention and capacity for eHealth to deliver on the requirements of the service. The report had proposed the Committee take **Substantial Assurance** however no decision was made.

The Committee:

- **Noted** the reported position.
- **Agreed** to **Defer** further detailed consideration to the next meeting, subject to inclusion of relevant waiting time trajectories and a responsible officer being present.
- **Agreed** that no formal assurance could be taken at this time.

15 2023/24 COMMITTEE WORKPLAN UPDATE

The Chair spoke to the circulated draft Committee Work Plan for 2023/24 and advised members there would be greater focus on Adult Social Care over the coming financial year. The Work Plan was submitted for approval and members were further advised this would remain a live document, updated after each Committee meeting.

After discussion, the Committee Approved the draft Committee Work Plan 2023/2024 document.

16 REPORTING TO THE NHS BOARD

16.1 Draft Clinical Governance Committee Annual Report 2022/2023

The Chair spoke to the circulated Annual Report, which required Committee approval prior to being submitted to the Audit Committee as part of the Annual Accounts process and subsequently presented to the NHS Board. B Peters drew the attention of members to the possibility of further inclusion of aspects relating to theme identification by A Croft, referenced earlier in discussion.

The Committee Approved the Clinical Governance Committee Annual Report 2022/2023 for onward submission to the Audit Committee and NHS Board.

17 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2023 as follows:

27 April

22 June
31 August
2 November

18 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 27 April 2023 at 9.00am.

The meeting closed at 3.30pm

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**3 March 2023 - 9.30am (Microsoft Teams)**

Present	Alexander Anderson, Chair Pamela Dudek, Chief Executive Tim Allison, Director of Public Health and Policy Graham Bell, Non-Executive Director Ann Clark, Non-Executive Director, Chair of HHSC Committee Gerard O'Brien, Non-Executive Director Garret Corner, Non-Executive Director Heledd Cooper, Director of Finance (Until 11:28) Lorraine Cowie, Head of Operations - Acute (Until 11:44) Boyd Peters, Board Medical Director (From 09:35 Until 10:12) Alan Wilson, Director of Estates, Facilities and Capital Planning
In Attendance	Pamela Cremin, Chief Officer, HSCP Brian Mitchell, Board Committee Administrator (Until 09:41) David Park, Deputy Chief Executive Iain Ross, Head of eHealth (Until 11:03) Prof Boyd Robertson, Board Chair (ex officio) Katherine Sutton, Chief Officer (Acute) Elaine Ward, Deputy Director of Finance (Until 11:28) Rhiannon Boydell, Head of Strategy & Transformation Natalie Booth, Board Committee Administrator

1 WELCOME AND APOLOGIES

Apologies were received from Fiona Hogg, James Bain, Kate Patience-Quate and Alasdair Christie.

2 DECLARATIONS OF CONFLICT OF INTEREST

There were no formal Declarations of Interest.

3 MINUTE OF THE MEETING HELD ON 20 OCTOBER 2022

The Minute of the Meeting held on 20 October 2022 was **Approved.**

4 FINANCE

4.1 Financial Planning and Budgets

E Ward spoke to the circulated paper 2023/2024 Financial Plan Update, explaining NHS Highland is required to submit a detailed financial plan for the 2023/2024 financial year and a forecast position for the 2024/2025 & 2025/2026 financial years. A financial recovery plan is also required to demonstrate how the Board will deliver financial balance by the end of the three-year period (by 31 March). A draft plan covering 2023/2024 has been submitted with a further submission due by 16 March 2023. Year-one of the financial plan identified a budget gap before savings, of £105.959m. With a savings plan of £29.113m proposed this would mean that NHS Highland require brokerage of £76.746m from Scottish Government to deliver financial balance in 2023/2024. Specific detailed updates were provided in relation to new medicine being funded; Reserve allocation with Highland Council; Inflationary pressure; Pressure on prescribing costs; Service Development Pressure costs for previous years.

A Savings/Reductions programme of £29.113m (3.79% of baseline allocation) has been included with the financial plan submission to bring the gap down to £76.846m. This programme splits across North Highland, Argyll and Bute and Adult Social Care. Risks were identified for the savings plan being delivery of savings/cost reduction targets; Adult Social Care funding; Inflation; it has been assumed Pay Award will fully fund the Pay Award; Allocations may be reduced if the Scottish Governments overall position deteriorates; Ongoing reliance on agency and locum staffing. It was proposed the Committee take **Limited Assurance.**

The following points were raised in discussion:

- Scottish Government Funding. Concerns were raised in relation to future challenges that may arise within the repayment plan. Noted additional ways to access additional funding through Charity grant applications, for test of change.
- Financial Gap comparison with other Scottish Health Boards. NHS Highland is different to other Health Boards figures as this plan covers pressures within Adult Social Care and the wider Highland Health and Social Care Partnership
- Link to Annual Delivery Plan (ADP). Aspiration to link the financial plan to the ADP, but it is noted that NHS Highland are not able to do this just yet. Further progress is required to work through the actions in the ADP, with some already being business as usual and need to be contained within current budgets. It was noted that from year-two of the plan improvement may start to be noticed in certain areas.
- Transformation elements. Noted the need to align these with sustainability and value work that Scottish Government is leading and other Health Boards are also engaging in.
- National Chairs Meeting. Noted that Nationally Health Boards are considering review variation and performance by accessing benchmarking tools. Discovery and the position with the NHS Highland finance team was noted. Microsoft Office 365 and Workforce were also noted as having been topics from the recent Chairs Meeting.
- Adult Social Care position. Noted that challenges with recruitment are assumed to continue as NHS Highland have not been able to recruit to the targets set by the Scottish Government.
- Funding Allocation to close financial gap in 2022/2023. Noted that NHS Highland collaborated with the Highland Council to use funding transferred over from last year to close the financial gap. Advised the funding transferred was a mixture of slippage & allocations, inclusive of Covid funding package.

After discussion, the Committee:

- **Noted** the 2023/2024 Financial Plan.
- **Agreed** to take **Limited** assurance.

4.2 Update on Transformation Activity

L Cowie presented an update on the Transformation Programmes in NHS Highlands, outlining the focus of year-two of the Annual Delivery Plan (ADP) and reflecting on year-one that created the core foundations/basics. Noted the review of the financial and performance benefits and quality within the overall transformation programmes across the whole system. Further review of the Urgent and Unscheduled Care Programme to focus on how the high impact areas are progressing and what they need to achieve in the coming year. Scheduled Care focus on maximising benefits alongside capacity demand plans. A brief discussion was had regarding the Programme Boards. Noting that the Boards provide a proactive view of progress being made within NHS Highland but needed further time to be fully embedded across the system.

The Committee:

- **Noted** the update on the Transformation Activity**.**

5 Digital Health and Care Group Update and Update on Progress with NHS Highland Digital Delivery Plan 2022/2023

I Ross spoke to the circulated report and provided an update on the progress with the NHS Highland Digital Delivery Plan 2022/2023. Explaining that HEPMA the electronic prescribing medicine administration that replaces the paper-based drug cardiac system, went live on 14th February at the three Hospitals in Caithness. Implementation of the Primary Care Order comm solution is in progress throughout NHS Highland, helping to free up resources in labs and reduce costs. Core Data Networks and WIFI solutions are being upgraded to support the digital solutions rollout. There is a national directive around the implementation of Office 365. NHS Highland are working in conjunction with the Scottish Government to replace the GP Deprovisioning and Community Health Index system. Digital Maturity review will take place across all NHS Boards in April 2023. It was proposed the Committee take **Substantial** Assurance.

The following areas were then discussed:

- Argyll and Bute issues with access to health records. Expressed concerns regarding access to Health records for those who work in the community and for independent healthcare providers. Active project to enable community health workers access to digital health records. VISION software rollout is a focus for the Scottish Government. GPs have access to full health records through the care portal. Reviewing how Community Pharmacy, Dentists & Opticians can also access health records.
- Maturity Review. Explained it monitors progress of Health Boards to move towards an electrical patient record. Based on a wide range of factors. Enables a comparison of progress against other Scottish Health Boards.
- Digital Solution Benefits. Noted each Project Board has standard agenda items to reflect on record of proposed benefits and if we are achieving those. Clinical and Professional staff being involved with the projects provide good opportunity for feedback. Both HEPMA and the Primary Care Solution involved input from Clinical staff and they have been successfully implemented.

- Migration away from Windows 7. Noted there are currently 64 Windows 7 devices still being used within NHS Highland. Due to supplier issues, there has been a delay with these devices being replaced, noted this should be rectified in the upcoming period.

The Committee:

- **Noted** the position in relation to the NHS Highland Digital Delivery Plan 2022/2023**.**
- **Agreed** to take **Substantial** Assurance.

6 ANNUAL DELIVERY PLAN UPDATE

L Cowie gave a short presentation to the committee in relation to development of the NHS Highland Annual Delivery Plan (ADP). Outlining the key areas of the Transformation Framework; Tackling Barriers and Challenges; Future Planning Framework and Drivers of Recovery. An overview of the Celebrating Success section submitted within the ADP was provided noting the positive outcomes. Scottish Government have released guidance on a new planning approach, therefore quarterly reviews will occur for the plan and delivery performance of each ADP area. Key Dates were shared for developing the ADP further and submission date for the new plans. Process has been put in place to support NHS Highland with the next steps of the ADP through risk-based approach to decision making, cost reduction targets and capacity and demand planning.

The following points were discussed:

- ADP progress. Advised would be based on realistic expectations reflecting on priorities given financial challenges and service pressures. Each Programme Board are at different stages of the progress targets, with some Boards meeting targets through Business-as-usual.
- Implementation pace. Noted that the ADP is a plan with milestone targets to drive change in NHS Highland. Such Plan requires a change of practice and thinking to provide time for reflection, enabling further understanding of core capacity and how it is improved by the Transformation Plan.

After discussion, the Committee:

- **Noted** the position in relation to reported performance areas.

7 INTEGRATED PERFORMANCE REPORT

L Cowie referenced the circulated report which provided the Committee with a bi-monthly update on NHSH performance and quality based on the latest available information, a summary of which would also be provided to the NHS Board. It was proposed the Committee take **Limited Assurance.**

Matters raised in discussion were related to the following:

- Updates to the report. Noted that the data and formatting within the Integrated Performance Report (IPQR) will be updated. The proposed changes to the IPQR will be presented through the Committee and Board governance cycle.
- Vaccination Rates. Advised NHS Highland numbers remained ahead of the Scottish average, following a decline nationally in the vaccination rates. Younger population cohort has the lowest vaccination numbers. NHS Highland figures are above the national average for Care Home residents and staff.

The Committee otherwise:

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

8 ASSET MANAGEMENT GROUP MINUTE

There had been no Minutes circulated for this meeting.

9 MAJOR PROJECTS – SUMMARY REPORT

A Wilson spoke to the circulated a report providing the Committee with an update on all major Capital construction projects, in relation to both financial and programme management performance. The report provided a progress summary, an outline of key risks, an indication of upcoming activities and a cost update. The National Treatment Centre (NTC) remained on course to open and prepare for the first influx of patients. Results are due soon to highlight any issues with the water supply and the Theatre Validation. There are ongoing discussions for the Raigmore Maternity Redesign Project as the is design is being finessed and changes made to scope of work. The Rural General Service work is near completion, interviews for the Lochaber and Caithness PSCP have taken place and new appointments have been made. This work is to establish the details of services in both Hospitals and levels of each service and there is a cross checking workshop planned for March 2023. It was proposed the Committee take **Moderate Assurance**.

Points raised in discussion were as follows:

- National Treatment Centre. Noted that Scottish Government have provided funding to recruit staff members to assist with the maintenance of the building. There will be a latent defect period granted in the contract to provide opportunity to find and resolve any defects.
- Lochaber and Caithness. Advised workforce issues with recruitment for clinical staff positions, currently being assisted by independent staff in the interim. Expressed concerns relating to vacant staffing positions were recognised. Action is being taken to monitor and promote recruitment to keep the resources available.
- Argyll and Bute. Advised that a new appointment to lead estates team within Argyll and Bute. Noted that both a strategic plan and a transformation plan need to be established and presented through a governance procedure for assurance allowing collaborative working.

The Committee otherwise:

- **Noted** the progress of the Major Capital Project Plan.
- **Agreed** to take **Moderate** assurance.

10 REVISED MATERNITY AND NEONATAL BUSINESS CASE

K Sutton gave a verbal update to the committee to explain there is further work to be done on the business case to ensure it provides a clear explanation as to how the service will be delivered. Scottish Government have announced that they are likely to release the funds early after a request was submitted by NHS Highland and NHS Grampian.

Discussion points included the following:

- Scottish Government Funding. Noted the need of a confirmation letter for the allocation and recurring funds. The diligence around the business case needs to be strong and provide clear justification of what the funding is needed for. Going to be a holistic model aiming to have high performance CMUs that should change the footprint in the Acute Hospital equally. There is a lot to monitor to ensure that when we recruiting it is for the right amount staff management.
- Clinical Risk Management. Advised the distance between a CMU and the main Hospital location affects the level of safety and risk decisions. Rural CMUs have lower patient and delivery numbers because of the increased risk. Consultants make the prospective parent aware of these risks then they would be more likely to attend a CMU closer to the main Hospital. To enable the CMU to have greater numbers of delivery then it will need to be close to the Raigmore site to transfer time is short enough that the risk is acceptable and the decision at the booking stage can be around the delivery location.
- The Committee **agreed** that they would meet on the 20th of March to discuss the Business Case before it goes to the Board for approval to ensure due diligence.

The Committee Noted the update.
The Committee Agreed to meet on 20th March 2023 to discuss the Business Case before it goes to the Board for approval.

11 COMMITTEE FUNCTION AND ADMINISTRATION

11.1 Draft Committee Annual Report 2022/2023

The Committee **Noted** and **Approved** the Committee Annual Report 2022/2023.

11.2 Committee Annual Work Plan 2023/2024

The Committee **Noted** and **Approved** the Committee Annual Work Plan 2023/2024.

12 AOCB

- Mid-year ministerial review had been postponed until 18th May 2023.
- The new Head of Environmental Sustainability has now been appointed and entering a crossover period into their new role. A Wilson will provide an update on sustainability at the next Board meeting.

13 FOR INFORMATION

There was no discussion in relation to this Item.

11 2023 MEETING SCHEDULE

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

5 May
7 July
8 September
3 November
(All meetings to be held from 9.30am to 11.30am)

12 DATE OF NEXT MEETING

The date of the next meeting of the Committee is 5 May 2023.

The meeting closed at 12:01pm

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	**7 February 2023 9.00am**

Present:
Gaener Rodger, NHSH Board Non-Executive (Chair)
Susan Ringwood, NHSH Board Non-Executive (Vice Chair)
Alexander Anderson, NHSH Board Non-Executive
Alasdair Christie, NHSH Board Non-Executive
Heledd Cooper, Director of Finance
Garret Corner, NHSH Board Non-Executive
Stuart Sands, Independent Lay Member

Other Non-Executive Directors Present:
Boyd Robertson, NHS Highland Chair

In Attendance:
Tim Allison, Director of Public Health
Ashley Bickerstaff, Azets Internal Auditors
Louise Bussell, Director of Nursing
Charlotte Craig, Business Improvement Manager, A & B HSCP
Ruth Daly, Board Secretary
Pam Dudek, Chief Executive
David Eardley, Azets, Internal Auditors
Jane Gill, Programme Management Director
Fiona Hogg, Director of People and Culture
Stephanie Hume, Azets, Internal Auditors
Lorna Munro, Azets Internal Auditors
David Park, Deputy Chief Executive
Kate Patience-Quaite, Interim Nurse Director
Boyd Peters, Medical Director
Iain Ross, Head of eHealth
Katherine Sutton, Deputy Director of Operations
Nathan Ware, Governance & Assurance Co-ordinator
Alan Wilson, Director of Estates
Stephen Chase, Committee Administrator

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

The Chair welcomed the members and attendees to the meeting and noted the change in chairing arrangements to the committee.

The Chair thanked A Christie and G O'Brien for their respective chairing and vice chairing of the committee, with particular thanks given to A Christie for having taken on the chair role during a difficult time for the Board and having helped address the Section 22 audit report.

A Christie will remain as a member of the committee and G O'Brien has now left to be replaced by G Corner who was welcomed to the committee.

Congratulations were given to S Ringwood on taking up the Vice Chair role.

Thanks were expressed on behalf of the committee to Kate Patience-Quaite for her work as Interim Nurse Director and congratulations given to L Bussell on taking on the permanent role.

Apologies had been received from Elspeth Caithness.

1.2 DECLARATION OF INTERESTS

None were made.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 6 DECEMBER 2022 [*pp.1-11*]

- The minute of the meeting held on 6 December 2022 was approved as an accurate record pending some corrections provided by B Robertson.
- The rolling actions were noted: leads for actions will be updated and the item on Unfilled Shifts removed now that it has closed.

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

1.4. MATTERS ARISING

There were no matters arising.

INDIVIDUAL INTERNAL AUDIT REPORTS

2.1 Progress Report [*pp.12-19*]

D Eardley introduced the Progress Report and noted that work was proceeding at a reasonable space with three Internal Audits lined up for March.
Management had identified areas within Payroll where Internal Audit may be able to suggest solutions, and the report has brought together some of the recurring themes following previous discussion at the committee.

The Committee **noted** the report.

2.2 Out of Area Referrals [*pp.20-41*]

S Hume provided an overview of the report and commented that the review had taken place in October 2022 and covered three control objectives examining processes in place for the Board to make out of area referrals and how they are managed.
Eight recommendations were made, three of which were rated amber relating to Service Level Agreements, Case Reviews and Clinical Advisory Group governance arrangements.

The Audit sponsor, B Peters acknowledged that the paperwork and processes had needed refreshing and following the changes in governance since COVID it was felt now was a good time to address these issues. He also gave a brief clarification of the two main governance routes for out of area referrals:
- The Clinical Advisory Group (CAG) is a once a month meeting of senior clinicians, which is aimed at considering requests for a patient to get treatment outside the Board area

where there is not an existing agreement for that to be done. This requires a very specialized approach because occasionally requests for treatment and conditions where there is no evidence that a treatment works are received, and therefore it acts as a last line of scrutiny.
- The Safe Haven Team largely consider referrals going out of Highland at a higher volume which are included under SLAs, and the team also reclaims funding for people treated in Highland who belong to other areas in the UK and vice versa.

During discussion, the further clarification of the difference between CAG and the Safe Haven Team was provided which noted that a clinician may refer a patient's case to CAG for consideration in cases where the clinician disagrees with the patient's request for a particular treatment, the CAG decides if the request should be supported based on expert clinical opinion.

- S Sands commented on the thematic elements which run through a number of Internal Audit reports around policy frameworks and staff awareness of policies and asked if it was possible to have a central point to provide an overview of the policy framework across NHS Highland.
- In answer, B Peters noted that Executive Director Group (EDG) had recognized a need to refresh repositories for policies and had commissioned work led by B Peters to quantify the state of NHS Highland policies, procedures and guidelines and will report back to the EDG at its next meeting. It is thought that it will take around a year to satisfactorily set up and embed a system that improves on these areas.

- A Christie commented that this area for improvement had been discussed at the Clinical Governance Committee and therefore it was welcome to hear that the EDG are considering this.
- A Christie asked, in response to the Internal Audit recommendations, if senior clinicians would have the time to take on the role of a dedicated case manager for high level treatment packages but noted that a centralised role may be more cost effective.
- In response B Peters noted that the volume of cases for CAG is low. He noted that the suggestion of a dedicated case manager was one that would be explored but to not commit to implementation until a full analysis had been carried out. Many of the high tariff treatments under consideration deal with mental health and learning difficulties that require specialised clinical input that would not be within the scope of a single person.

- J Gill spoke on behalf of the Head of Strategy and Transformation, Lorraine Cowie, to offer assurance on some of the actions assigned to the team and acknowledged that they would support the actions assigned to B Peters.
- Six actions had been assigned to the Head of Strategy and Transformation and some of these had already been actioned, and there is confidence that the associated timelines can be met.

The committee **noted** the report.

2.3 Shadow IT

A Bickerstaff gave a brief introduction to the report which gave two red ratings among the five control actions which concern respectively, appropriate user authentication controls and effective controls to manage the lifecycle of user accounts. The other main area for consideration was governance oversight of systems which showed some inconsistencies of approach.

The Audit sponsor, I Ross gave an overview of the management responses and noted that this audit had been long wanted and gave a good sense of the issues involved.

- Only four systems were included in the sample but there are others.
- I Ross noted the governance route for matters in this area which moves from the Digital Resilience Group with a diverse service membership who took part in the Internal Audit and to the Information Assurance Group which reports to Audit Committee.
- I Ross commented that he would lead on the actions to provide centralised oversight to report back to the Audit Committee.
- It was commented that those items graded red were largely legacy risks from a culture of work arounds and provide good planning insights for risks when Microsoft 365 is adopted.
- A number of local and national controls are being implemented to deal with these legacy risks. For example, controls have been agreed with Medical Physics and it was clarified that passwords are not shared but that there are reused passwords for specific systems where staff members may have left the organisation.
- Shadow IT work will tie in with work arising from the NIS audit to create core policies and procedures that comply with national policies as they become available.

During discussion, the following questions were addressed,

- It was asked if there was concern about possible higher risk systems outwith the sample for the audit.
- I Ross commented that this would be a process over time and that the Digital Resilience Group would pull together a full list of shadow IT to ensure implementation of controls above and beyond the four sampled areas.
- S Sands also asked if I Ross had capacity to take on the lead role and sufficiently influence teams to address weaknesses.
- I Ross answered that the wide representation in the Digital Resilience Group gave a good basis to proceed and influence teams across the services, and that his role would be more of a conduit for the information.

- S Ringwood asked what could be done to address the low take up of statutory training on cybersecurity
- I Ross answered that at the last meeting of the Audit Committee his report on the IAG noted the detailed work around the uptake of safe handling of information and cyber which also proposed a hard control of removing access to systems until the training is addressed as an ultimate sanction.

- A Anderson asked if there was a sense of how many shadow IT systems there might be in the organisation.
- I Ross answered that it was very likely that in the majority of major systems with clinical input that most shadow IT had been captured. It was thought that further down the system where people have built business applications and databases based on items like Microsoft Access and Excel where it would be more difficult to track. There was no easy answer but it was felt that the major systems had been largely addressed.

- D Park gave assurance to the committee that the main core systems are adequately protected without the same level of risk that was identified in the audit report which were more small localised systems developed over time.

- S Sands commended I Ross and his team for the way in which they had asked for the audit to be undertaken.

The Committee **noted** the report.

2.4 Workforce Planning

L Munro introduced the report and noted that NHS Highland had to publish a revised workforce plan in October 2022 and Scottish Government had issued guidance on a timeline. The audit confirmed that NHS Highland had followed the process expected.

- The sponsor of the audit, Fiona Hogg gave an overview of the management response which confirmed many areas of challenge to the culture and the responses will align with the Together We Care Strategy, the Annual Development Plan and the national workforce strategy.
- F Hogg noted that in the management response there was an aim to avoid being overambitious in terms of completion dates.

In discussion the following points were made,

- A Anderson expressed concern that only 5 out of 65 teams had taken part.
- F Hogg commented that many ways had been tried to engage staff but that giving a focus on managing business on a day-to-day basis and how this translates into performance more than workforce planning as such and make it more real for staff.
- P Dudek added that it is a matter of building up capability within the organisation and enabling managers to make decisions.
- D Park stressed the importance of coordinating planning processes to allow workforce planning to take place and that it is likely to take a few iterations before expectations are fully set and understood.
- K Sutton noted that the transformational plan is critical to the workforce plan and that a supporting piece of work is needed to get the right rules and capacity in place for delivery of care.
- B Robertson noted that it was a good report and vital to the Board in the context of strategy and delivery of the strategy. He expressed concern at the fragmented state of systems as they appear in some aspects of the report but that the analysis would enable F Hogg and colleagues streamline processes.

  In summing up the Chair noted that Clinical Governance Committee would have oversight of Out of Area Referrals and that Staff Governance would do likewise for Workforce Planning actions both in addition to the management updates coming to Audit Committee.

The Committee

- **NOTED** the reports.

ASSURANCE REPORTS

3. MANAGEMENT FOLLOW UP REPORT ON OUTSTANDING AUDIT ACTIONS

H Cooper noted that working has progressed over the last few meetings to reduce the outstanding management actions and get them closed.

- The Actions Planner had been dated and given ratings to show progress.
- All actions had been completed for Whistleblower Arrangements pending the review of the evidence by the Internal Audit team.
- Statutory Mandatory Training actions are partially complete and evidence will be submitted to consider if ratings can be downgraded.
- Most actions for Homeworking are partially complete and as above, the evidence will be submitted Internal Audit for consideration. Some of the actions cannot be progressed without the consideration of the potential impacts of the Once for Scotland policy.
- The Healing Process is mostly complete, and a review of data retention policy is required.

- Actions for Significant Adverse Events had been completed and evidence had been provided.
- Tendering actions remain partially complete but should be completed by the end of the March, subject to staffing and review of evidence Internal Audit.
- The Care At Home assessment model is partially completed and review policies and procedures had been undertaken and will be reviewed by the management team before the implementation programme can happen.

- H Cooper noted the recommendation to the Committee that actions graded at 3 and 4 be tracked regularly at the Committee and actions at grades 1 and 2 be subject to an annual review with a recognition of the risks.

During discussion it was noted that,
- Completion dates in the action tracker are still to be filled dependent on conversations with management teams and national policies.
- S Sands commended the approach of the reporting and the confidence given that actions are managed along similar lines, however he commented that the term 'partially complete' should be rephrased to emphasise the residual risk involved in the item.

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

4. COUNTER FRAUD

H Cooper provided an update on progress with Counter Fraud services and noted that work is ongoing with two health boards piloting the new counter fraud standards (see appendix 1).

- There are 12 standards to achieve focussed on achieving prevention, detection and investigating fraud. Within the organisation there is a local fraud liaison officer, Sarah Macauley, who addresses the first level of any fraud report and then refer on to the Counter Fraud Service where appropriate.

- The Counter Fraud Service carry out training for Highland and have updated their mandatory training modules.
- we also have some benchmarking information from other boards to help highlight potential risk.
- A quarterly national report is received from the Counter Fraud Service.
- There had been four fraud areas put forward to the Counter Fraud Service for investigation and one of them had been closed, one had provided some counterfeit actions, and the other two are ongoing.

- The Chair asked if the NHS Counter Fraud Strategy would come to the committee for endorsement, and asked that a future report on the National Fraud Initiative come to the committee.
- H Cooper noted that the Counter Fraud Standards have only recently been released and work is underway with Counter Fraud Service to address them. Several of the actions are in place already in terms of policies and infrastructure and more details will be provided as it becomes available as a result of the conversations.

- H Cooper noted that it was a national requirement to endorse the new standards and the committee confirmed its formal support.

The committee accepted **substantial** assurance from the report, noting that NHS Highland currently complies with the majority of the standards with the outstanding action of implementing a gifts and hospitality policy.
The committee also gave support to the National Fraud Initiative 2022-23 Exercise.

5. ANY OTHER COMPETENT BUSINESS

None.

6. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 7 March 2023** at **9.00am** on a virtual basis.

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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	**7 March 2023 9.00am**

Present: Gaener Rodger, NHSH Board Non-Executive (Chair)
Susan Ringwood, NHSH Board Non-Executive (Vice Chair)
Alexander Anderson, NHSH Board Non-Executive (until 10.07)
Alasdair Christie, NHSH Board Non-Executive
Heledd Cooper, Director of Finance
Garret Corner, NHSH Board Non-Executive
Stuart Sands, Independent Lay Member

Other Non-Executive Directors Present: Boyd Robertson, NHS Highland Chair

In Attendance: Louise Bussell, Director of Nursing
Ruth Daly, Board Secretary
Pam Dudek, Chief Executive
David Eardley, Azets, Internal Auditors
Patricia Fraser, Audit Scotland, External Auditors
Fiona Hogg, Director of People and Culture
Stephanie Hume, Azets, Internal Auditors
Kay Jenks, Audit Scotland, External Auditors
David Park, Deputy Chief Executive
Boyd Peters, Medical Director
Catriona Sinclair, Head of Area Pharmacy
Nathan Ware, Governance & Assurance Co-ordinator
Alan Wilson, Director of Estates
Gillian Woolman, Audit Scotland, External Auditors
Stephen Chase, Committee Administrator

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

The Chair welcomed the members and attendees to the meeting.

There were no apologies received.

1.2 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.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 7 FEBRUARY 2023 [*pp.1-7*]

– The minute of the meeting held on 7 February 2023 was approved as an accurate record.

The rolling actions were noted:
- Counter Fraud is now a standing item on the agenda.
- The Chair will discuss development session and training opportunities outwith the meeting and update the committee accordingly.
- Dates will be added to the actions by the Chair and S Chase.

The Committee
- **APPROVED** the amended minute of the meeting held on 7 February 2023.
- **NOTED** The Rolling Action plan.

1.4. MATTERS ARISING

There were no matters arising.

INDIVIDUAL INTERNAL AUDIT REPORTS

2.1 Progress Report [*pp.8-15*]

D Eardley introduced the Progress Report and noted that the plan was on track for completion by June.
- Management had identified areas within Payroll where Internal Audit may be able to suggest solutions, and the report has brought together some of the recurring themes following previous discussion at the committee.
- The review of governance accountability of finance and performance will be carried out concurrently and brought together as one report due to cross cutting themes. This report will now come to the May meeting of the Committee. The team have been liaising with H Cooper who has been coordinating and chasing up outstanding areas.

In discussion,
- The Chair asked about the delay to the Environmental Sustainability audit. It was confirmed that this is due to both senior staff members who had been leading on this issue for NHSH leaving the organisation. Discussions are underway with staff to see how best to take the piece of work forward and agree timescales.
- It was suggested that the additional meeting of the Committee scheduled for 4 July to complete outstanding audit work would be better placed ahead of the Annual Accounts to assist the Board with sign-off of the work for the year.
- S Sands commented that he felt that it was not appropriate that 50% of the audit plan was delivered at this stage in the year in terms of providing the Committee with the necessary assurance and asked if this will be addressed as part of the audit plan for the coming year.
- D Eardley noted that conversations had been had last year about front loading as much of the audit work as possible and that Internal Audit had done this, however some of the audits had encountered delays. Plans are in place to ensure delivery of all audits for the end of the financial year.
- H Cooper commented on the example of the delay to the Environmental Sustainability which was in part due to the staffing issue but also due to a request made to Internal Audit to prioritise the Payroll audit which it was felt was an urgent piece of work. She noted that on taking on the role of Director of Finance last year she had been keen to gain a full understanding of the audit plan and work to focus on areas of greatest benefit to the organisation.
- G Woolman commented from an External Audit perspective, noting that the most important aspect is that everything has been achieved relating to the provision of assurances for the annual governance statement as part of the annual report and accounts. She recommended that P Fraser be party to any discussions between Internal

Audit and the Director of Finance if any part of the plan needs to be reassigned to the 4 July meeting and agreed that the plan for 2022-23 would be better concluded ahead of the Annual Accounts meeting.

The Committee noted the report.

2.2 Patient Services, Contracting and Invoicing [*pp.16-32*]

S Hume provided an overview of the report and noted the three control objectives graded as amber within the report.

- Adult Social Care Activity and Income - a process in place for raising income in relation to services like telecare and support work. It had been found that there is currently no reconciliation being undertaken between the Care First system and those who are being charged for the services. A financial assessment is carried out as part of the initial process to determine whether a patient can pay and how, but it was found that there is no reconciliation between the patient users and the income to ensure that everybody who should be getting charged for a service is actually being charged for the service.
- A review of the Standing Procedure for Income, Cash and Debt Collection is due to be undertaken.
- A scoping document has been implemented to identify areas of improvement for contract management to ensure all contracts are captured on the register and held in a central repository with a clear process between teams to ensure the transfer of information is kept up to date.

H Cooper provided the management response and noted that more negative findings had been expected from the audit and that it had been a useful experience to view the data especially the main areas of focus around the adult social care team and the business support and the finance teams, and gaining a better understanding of the relationship between them.

- It was felt that there is still a risk around what goes onto the Care First system and then translates into raising debt and income.
- H Cooper noted that she had assessed recent proposed debt write-offs in order to determine assurance that a debt should or could not be collected and noted that putting processes in place from the start of a service was the best way to gain assurance with regard to the processes.
- The audit highlighted a gap in the relationship between the Finance team and the Business Services team and work is needed to identify better and closer working. The new Assistant Director of Financial Services will take the lead on this work when they begin in post.
- The Associate Director of Procurement will lead on work around policies regarding debt beginning with an amnesty to uncover contracts and agreements that may have gone under the radar due to the pandemic.

In discussion,

- A Christie noted the importance of timeliness in raising invoices to avoid delays and improve accuracy of reporting, and expressed concern that some debts will have passed the Statute of Limitations and will therefore need to be written off.
- A Christie suggested that NHSH could draw upon Highland Council's experience in debt collection and its awareness of the sensitivities in this area.
- H Cooper asked if A Christie could put her in contact with a suitable team at Highland Council to discuss this idea further.
- A Anderson commented on the high risk that the organisation is suffering in terms of costs relating to debt recovery and that the impact of inflation at the current time could be of concern.

- H Cooper answered that there was no evidence to suggest lost income but that there could be a danger instead of overcharging due to the lack of review.

- The Chair asked if training for staff should be added to the management actions in relation to the reissuing of guidance around the reconciliations of Adult Social Care Activity and Income and Adult Social Care Income Debt Collection.
- H Cooper noted that there had been a reasonable turnover of staff and that the reissuing of guidance was the main focus but that training and further discussion would be offered to the teams involved. In addition, there is an issue to consider whether the Business Service team ought to sit within Finance so that the teams have a better understanding of each other and that there is better cross cover.
- It was clarified that the Adult Social Care team will be involved in the management actions through the Finance and Business Service team's implementation of the management actions.
- It was also clarified that debts considered in the audit are for individuals only and do not include companies who deliver services.

The committee **noted** the report.

2.3 Internal Audit Plan 2023/24 [*pp.33-63*]

D Eardley gave a brief introduction to the plan which reflects feedback from previous iterations seen by the Committee and management forums. He noted that the report showed that at the time of the papers deadline for the Committee further comments had been received from the EDG which were briefly noted in the report (pp.36-37).

During discussion the following points were noted,
- The Chair asked for clarification of those aspects of the plan that were due further consideration as to direction and focus in discussion with EDG and management and those items to come to the May meeting of the Committee, and noted that,
- The new corporate risk register will also come to the May committee for assurance as to the risk process, and to review the Strategic Risk Register, less to seek assurance but to check expectations in relation to the Internal Audit Universe and determine areas that may be due for review.
- D Eardley, gave assurance that the process of feedback to make sure that the right audits are being done at the right time and with as much added value as possible with cross referencing to the risk register. He commented that it had not been possible to receive the latest version of the risk register in time for inclusion in the papers.
- The Chair noted that she would follow up as to why the Risk Register had been unavailable.
- S Hume noted that the risk register was eventually received and did not foresee future delays occuring.
- S Sands asked if Internal Audit should be carrying out the mapping referred to in the work and if it is realistic to think that that can be done in 25 days.
- He also commented that he would receive greater assurance from the Internal Audit identifying key risks to the organization and mapping the plan from this point of reference with cross referencing with the Risk Register more so than relying upon the Risk Register.
- The Chair noted that the reference to Corporate Risk Register should refer to the Strategic Risk Register.

The Committee
- **NOTED** the reports.

ASSURANCE REPORTS

3. Argyll and Bute IJB Audit Report

This item was deferred to the May meeting.

4. GIFTS AND HOSPITALITY POLICY [pp. 64-82]

R Daly noted the draft of the document for approval and explained how NHS Highland had relied previously on several different control documents to guide colleagues on these matters.

- It was felt that more clarity was needed to assist colleagues to identify where specific advice sits within the different documents and a guidance document was produced to this end.
- However, it was felt that governance would be better served with the production of a single policy document designed to pull all the guidance and provisions together, and update some previous areas of guidance.
- The draft policy had been shared with the Area Partnership Forum, who suggested that the document should make clear that provisions are to be applied in conjunction with other professional guidance for individual staff groups.
- Once the policy is agreed, the next step will be for it to be made available on the NHSH website and be shared with colleagues through the weekly comms update.

In discussion,

- G Woolman commented on paragraph 5.6.1 that the wording be revised to incorporate the NHSH Endowment Fund and its policy on donations.
- R Daly agreed that the wording would be updated to reflect the suggestion.

The Committee

- **Accepted** substantial assurance and
- **Approved** the report subject to the suggested amendment discussed.

5. CODE OF CORPORATE GOVERNANCE

R Daly noted that this was a follow up item from the previous meeting to reflect the update to the Terms of Reference for Staff Governance and Remuneration Committees for assurance to the Audit Committee and to be put forward for approval by the Board.

- D Eardley suggested that the use of the term ‘approving’ in relation to the Terms of Reference might be given some further thought from a governance perspective, and that a word such as ‘endorse’ might serve the purpose better to avoid suggesting the primacy of one governance committee over another.

The Chair acknowledged the point and agreed that the Audit Committee endorses the Terms of Reference to be submitted to the Board to signal its approval.

The Committee

- **Accepted** substantial assurance and
- **Endorsed** the Terms of Reference for both Staff Governance and Remuneration Committees be submitted for approval by the Board.

6. MANAGEMENT FOLLOW UP ON OUTSTANDING ITEMS

H Cooper drew the Committee's attention to the updates shown in the spreadsheet circulated ahead of the meeting, and noted that the next meeting will see a fuller update provided on actions with their associated timescales and grading.

B Peters provided a slide show overview of the 12 main actions arising from the Internal Audit of Risk Management which was circulated to the committee.

He noted,

- the approval of the new document by EDG,
- Internal Audit conducted a Risk Management audit in November 2022 with 12 recommendations, and
- that the Risk Management Steering Group relaunched in November 2022.

In discussion,

- The Chair noted that she would like to see an update at the May meeting and from then have a Risk Management review twice a year,
- And that the Risk Register be in line with the Together We Care strategy and include a comment on Risk Appetite also for the May Committee.
- B Peters commented that risk is something that should be part of all business as usual whatever the committee or department and does not end with the close-off of the Internal Audit on risk. He also noted that the Board is due to hold a development session where aspects of risk will be considered.
- The Chair requested from H Cooper that the management update on outstanding actions to the May committee include detail of plans to address areas where work is 'partially' complete, and suggested that evidence be used with a view to help downgrade risks.
- The Chair also made a plea to executives and management to provide information to H Cooper in a timely manner.

The Committee

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

7. COUNTER FRAUD

This item was considered at the additional meeting of the Committee on 7 February 2023 and will return as a standing item from the next meeting.

8. AUDIT COMMITTEE WORKPLAN

The Chair noted,

- the need to move the additional 4 July meeting to before the Annual Accounts on 27 June, in light of discussion above. A new date will be circulated to the members.
- Risk Management Update as a standing item.
- The Information Assurance Group and Resilience Committee will report to the Committee twice a year and this will be added to the work plan.

In discussion, P Fraser offered to provide an overview of the External Audit plans and tips for scrutiny of the Annual Accounts to the May meeting.

9. AUDIT SCOTLAND

The Chair drew the Committee's attention to the information at the link provided in the agenda, and noted

- the Auditing Climate Change Strategy paper published in November 2022, of particular interest to the Chair in her role as Board Sustainability Champion for Climate Emergency and Environmental Sustainability;
- the NHS in Scotland 2022 report, which showed a need for the organisation to be clearer about how long it would take the NHS to recover from the COVID-19 pandemic and to reform services. As NHS boards have limited finances to invest in recovery Audit Scotland note the need from Scottish Government to prioritize what can be realistically delivered and how to be more transparent about the progress made;
- the NHS Highland External Audit for 2021-22, which is now published, audit Plan for NHS Highland, and
- the Final External Audit Plan for NHS Highland 2021-22.

In discussion,

- G Woolman offered one of her colleagues to present the NHS Scotland 2022 report to the Committee and will liaise with H Cooper to find a suitable date.

The Committee noted the information.

10. ANY OTHER COMPETENT BUSINESS

None.

11. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 2 May 2023** at **9.00am** on a virtual basis.

The meeting closed at **10.34am**.

STAFF GOVERNANCE COMMITTEE
Report by Sarah Compton-Bishop, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 8th March 2023 with attendance as noted below.
- **Approve** the report and agreed-on actions resulting from the review of the specific topics detailed below.

Present:

Sarah Compton-Bishop, Board Non-Executive Director (Chair)
Jean Boardman, (Non-Executive) Vice Chair
Elspeth Caithness, (Employee Director)
Philip Macrae, (Non-Executive)
Ann Clark, (Non-Executive)
Kate Dumigan, (Staff side representative)
Pam Dudek, (Chief Executive)
Dawn Macdonald, (Staff side representative)
Fiona Broderick, (Staff side representative)

In Attendance:

Fiona Hogg, (Director of People and Culture)
Gaye Boyd, (Deputy Director of People)
Bob Summers, (Head of OHS)
David Park, (Interim Deputy Chief Executive)
Katherine Sutton, (Chief Officer, Acute)
Ruth Fry, (Head of Comms & Engagement)
Jo McBain, (Director of AHP's)
Heledd Cooper, (Director of Finance)
Fiona Davies, (Chief Officer, A&BSCP)
Helen Freeman, (Director of Medical Education)
Jill Mitchell, (Interim Deputy Chief Officer, HHSCP)
Karen Doonan, (Committee Administrator) (minutes)
Nathan Ware, (Governance & Assurance Co-Ordinator)
Ruth Daly, (Board Secretary)
Gayle Macrae, (People Partner Corporate Services), Item 4
Alan Wilson, (Director of Estates, Facilities & Capital Planning) Item 4
Lori Pattison, (People Planning & Analytics Manager), Item 6.2
Jennifer Swanson, (Head of Talent), Item 6.3

1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST

The Chair welcomed everyone to the meeting. Apologies were received from B Donald, B Robertson, C Sinclair and P Cremin.

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETINGS HELD ON 11th January 2023

It was highlighted that whilst the minutes were accurate the top header date had not been updated.

Action: K Doonan to update the date on the minute.

The minutes were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

- Workforce plan – proposed a June and December joint session with APF, this is now added to workplan so will close from the action plan
- E-Health and accommodation challenges – this will remain on the action plan as discussions are still ongoing
- Whistleblowing reports – wanted to add more categories to the reports but there were no new cases in Q3 so this will remain open and roll forward to next quarter report
- Health & Safety – minutes are now on the agenda so this will close
- IPQR – captured all the comments from last session and will remain on the actions until the work is completed.

Committee Terms of Reference (ToR) is marked as amber, this was added after last committee meeting to keep a track of attendees to ensure attendance is maintained and for all of the meeting scheduled time, this will remain for next 3 meetings.

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

2.3 COMMITTEE WORKPLAN and HOT TOPICS (Updated)

The Chair explained that the hot topics at the top of the document were a memory aid to make sure that they were noted and added to the agenda where required. This now runs through to the next financial year and other topics will appear as the year progresses.

The Committee:

- **Approved** the minutes of the meetings held on the 11th January 2023
- The Committee **Approved** the updates to the Action Plan.
- **Noted** the first version of the Staff Governance Committee Workplan 2023 to 2024

3 MATTERS ARISING NOT ON THE AGENDA

There were no matters arising.

4 SPOTLIGHT SESSION – Estates

Presentation by Alan Wilson, Director of Estates and Facilities

A Wilson spoke to the presentation regarding the estates, facilities, and capital planning explaining the workforce profile of the departments 800 staff members; Sickness Absence statistics, reasons, and average numbers of days absent; Statutory & Mandatory training completion rates; Colleague Appraisal completion rate; and Directorate structures.

In discussion the following was raised:

- The Director for Estates and his team were commended on their work in making significant changes to areas including training and appraisals, and the supportive ethos which the presentation highlighted
- The Cyber Security training completion rate in the Statutory and Mandatory training for the directorate needs to be increased.
- B Summers advised the Health and Safety team can assist to improve the Injury and Fracture related Sickness Absences.
- Appraisals. The importance of appraisals was highlighted and should not be a box ticking exercise. It was agreed that appraisals should be in place for all staff members to provide them with guidance and support, not only with their job but other issues too. Further monitoring of appraisals is required to understand who is having appraisals, and to understand why some staff members are not.
- Mental Health Training. Suggesting Mental Health training being within core training for all staff. Enabling early triggers of Mental Health to be recognised so staff receive help sooner.
- Estates and Facilities Appraisal success should be used as a role model within NHS Highland to provide other department management teams with a good practice approach. Suggesting that it is included in leadership and management development training.
- Access to Intranet and NHS Highland systems. It was raised that not all members of staff in Argyll & Bute are able to access a computer, making access to policies, training, and other documents difficult for staff members. It was agreed that this issue needs to be addressed.

It was concluded that the work within Estates and Facilities team should be used as a case study for good practice within NHS Highland. The Chair explained it would be a useful learning tool to understand how Alan and his team overcame setbacks in their approach to change the way people management is prioritised in the Estates and Facilities directorate. Further work is required to provide organisation wide access to the Blueprint, it was suggested that a further update is provided at a future Staff Governance meeting.

Action: Add to action log for the Staff Governance meeting in six months' time to be provided with an update on how Estates have continued to use this work to improve compliance in people related areas.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 Area Partnership Forum minutes of the meeting held on the 28th October 2022, 9th December 2022, 17th February 2023

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It was noted that the minutes of the 27th February 2023 had not been circulated with the papers and these would be taken to the next committee meeting.

The committee **noted** the minutes of the Forum **on the 28th October and 9th December**

5.2 Health and Safety Committee Minutes of the meeting held on 11th October and 13th December 2022

There were no questions or comments.

The Committee **noted** the minutes of meeting.

5.3 Annual Committee Assurance Review

Report from Fiona Hogg, Director of People and Culture

F Hogg explained that this report goes to the Audit Committee before going to the Board.

The Chair stated that the development sessions were very helpful in the understanding of the IPQR and that the report was a very comprehensive report. There were no questions.

The Committee **reviewed** the report and progress made and took **substantial** Assurance from the report.

5.4 Whistleblowing Q3 Report

Report from Fiona Hogg, Director of People and Culture

F Hogg stated that there were no new cases reported in Q3. The tables in the report are slightly out of date due to rechecking the dates of when the cases were closed, the chart was not able to be updated prior to the meeting but the case that was closed is included in the report.

There was to be further work on new categories to breakdown themes of cases, but as there were no new cases this was still to be actioned. There has been national work done on developing additional guidance to aid those who participate in the whistleblowing process, for managers, for colleagues and for HR colleagues and confidential contacts

which is the Guardian Service within NHS Highland. This will be published in April and there will further work done to share this widely.

In two of the cases the outcome was partially upheld, this means that there were learning outcomes from the cases and some improvements were made in respect of what was raised within the cases.

Discussions were had around the numbers in the report with it being noted that the numbers were quite low. Discussions were had around the supporting of and understanding of the Standards. It was noted that most of the cases were around patient safety concerns. It was also noted that the Guardian Service being used allowed for a sense of trust to build that other Boards did not have as they do not use the Guardian Service. There is more work to be done regarding the understanding of the Standards and how to take these forwards. National guidelines will be published in April and there will be further work to raise awareness of these along with some training.

The question was raised around how educational learning was being shared across the entire organisation and how we get assurance that this is happening. F Hogg stated that this could be looked at the next development session. This would allow for further conversation and discussion. Discussions were had around outcomes and whether the Guardian Service could incorporate this as part of their reporting as they are external.

The Chair asked questions on behalf of B Donald due to him being unable to attend the meeting in person. Discussions were had around the timescales involved in the whistleblowing journey. There was a feeling that there was more work to be done in respect of the guidance and the responsibilities and where they fell. B Donald was eager to have a workshop session that would discuss this further. F Hogg suggested looking at this in the June Development Joint Session. This would allow for more discussion and reflection as the national guidance would have been issued by then. This would allow conversations to be had and address the concerns that had been raised with a view to looking at what training could be implemented and what other procedures could be looked at.

It was highlighted that there was a need to build a culture of colleagues being able to raise concerns and feel safe in raising them. It is necessary to look across the entire organisation and have the right procedures in place to make the organisation a safe and supportive place to work. Discussions were had around staff engagement and having information available within staff communications to keep this to the forefront. The bredth and depth of work by B Donald was commended, and it was acknowledged that ongoing support would be required to maintain this momentum.

The Committee **reviewed** the report and took **Moderate Assurance** from the report

5.5 Review of Corporate Risks

Report from Fiona Hogg, Director of People and Culture

F Hogg gave a verbal update on the strategic risks reviewed in 2022 and actions from this have been linked to the Annual Delivery Plan. Statutory Mandatory Training and Workforce were highlighted as two key areas to support culture change within NHS Highland. In recognition of the key areas two groups are currently being developed to be commissioned through the EDG; Statutory Mandatory Training Task and Finish Group taking forward audit actions, strategic management of risk and the outcomes from the Health and Safety Annual Report; A Workforce Group that will provide a whole organisation view of our workforce status and performance relating to the Health and

Care Staffing Act. Commissioning the two key area groups would enable visibility of the desired outcome and who needs to be involved.

The Committee reviewed the report and progress made and agreed to take **Moderate Assurance** on progress with mitigating our risks.

5.6 Annual Health and Safety Review
Report from Bob Summers, Head of OHS

F Hogg spoke to her presentation to provide an overview of the Health and Safety Annual Report, explaining the clear strategy for the next five years to build a mature and resilient safety culture, improve our risk management by enhancing our compliance and safe systems to protect colleagues and patients, reduce harm and enhance quality of services. The thirteen recommendations of the report, if accepted, will enable the appropriate framework, resource, infrastructure, and plans which can be integrated as the norm, supporting a successful shift in culture and competence. F Hogg provided a brief overview of the thirteen recommendations in the presentation expanding on the wide areas of the organisation that they cover. Following on from the report, it was explained that the next step for the report is to receive feedback from this committee, Health and Safety Committee, Executive Director Group (EDG) and then finalise the report. The Action Plan will be developed and owners for the recommendations will be agreed by the EDG, the EDG will also track the progress of the Action Plan quarterly.

The Chair asked for further guidance on prioritisation of tasks and monitoring governance from this committee's perspective regarding the plan. F Hogg explained that splitting down elements of the plan and alignment with the relevant people, alongside having metrics monitored through the performance management system will provide further insight. Presenting data at Staff Governance through the IPQR and dashboard enables key areas to be monitored on a committee-by-committee basis. It was suggested that a dedicated session could be put in place to talk through the metrics in more detail. B Summers explained that parts of the recommendations are in place, the resources need to be used more effectively. Suggesting a reform of systems to make them easier for operation colleagues in terms of HSE enforcement and compliance.

Discussions were had regarding the Violence and Aggression training within the organisation, and specifically within Argyll & Bute. It was noted that more accountability is needed to understand the issues around attendance of the training sessions and if required, adjusting changes needed to the practicalities of delivering it. Further discussion was had regarding the quality of care being delivered within the organisation and reviewing the Health and Safety system in place to support that.

It was raised that a priority for our leaders and managers should be to ensure the Health and Safety of staff, visitors, and patients. It was noted that the organisation needs to have the capacity to do this, and changes should be made to ensure that there is. A report through the Performance Management Framework was suggested to monitor the capacity and the effectiveness of the Health and Safety systems in the organisation. It was discussed that the Health and Safety Team manage the organisations compliance with legislation, working organisation wide with teams to ensure systems in place to comply with the legislation are effective and making any improvements if required.

Action: P Dudek to speak with EDG and their management teams to review Health and Safety systems within the organisation, to ensure there is capacity to prioritise Health and Safety effectively.

Action: S Compton-Bishop and F Hogg discuss how to bring back the finalised report for noting and add into the workplan to review this at the right point in time.

The Committee **reviewed** the report and took **Moderate Assurance** from the report

5.7 NHS Highland's Equality Outcomes and Mainstreaming Progress Report
Report by Gaye Boyd, Deputy Director of People

The Committee was advised that this report will come to the next meeting

6 ITEMS FOR INFORMATION AND NOTING

6.1 People and Culture Governance Update
Update from Fiona Hogg, Director of People and Culture

F Hogg explained that discussions and reviews were still ongoing to move forward with the agenda for People and Culture. It was noted that the two key areas were discussed in the Review of Corporate Risks section of the meeting. The discussions have progressed and moved away from being centrally driven towards locally driven to allow engagement and discussion in multiple forums and channels. The local discussions are being still being reviewed to ensure the correct approach is taken based on feedback. It was mentioned that there should be a more substantive update available for the next Staff Governance Committee meeting regarding the feedback, Workforce group and the Statutory Mandatory Training Task and Finish Group commissioning.

The Committee **Noted the Update** on progress with revising the approach and assurance for People and Culture going forward.

6.2 IPQR and Workforce Report
Report from Lori Pattison, People Planning and Analytics Manager

L Pattison provided a workforce report update explaining that although positive feedback has been received, data is still being improved for certain topics and working in partnership with finance to align systems to present the establishment gap. It was noted that discussions have been ongoing around performance metrics to ensure all data available is presentable and user friendly to help make informed decisions. L Pattison spoke to the presentation explaining that the data set in the report was captured in January 2023, providing further update on the Workforce Profile; Equality and Diversity; Vacancies; Turnover; Sickness Absence; Employee Relations and Staffing Supplementary. It was highlighted that vacancies on job train do not reflect establishment gaps and work is underway with finance to enable more accurate reporting; it is a key action for the Equality and Diversity data set for management to ask staff to update their protected characteristics to improve the quality of data held; Sickness Absences levels continue to increase.

L Pattison spoke to the IPQR report noting that it provides similar data as the workforce planning report regarding recruitment and sickness absence. F Hogg has provided narrative to the IPQR explaining the data presented within the report. It was highlighted that there is further work required for the exit survey, although it is now in the testing stage further modifications are being made.

The following points were raised in discussion:

- Improvement of the recruitment process period. Metrics are available for each stage of the recruitment process. Further discussions are required to identify the relevant metrics and use them to review make improvements to the speed of the recruitment process.
- Access to Data. It was noted that monitoring at which point the data is being used is not possible, but it is known who has access to the data and who requests access to certain sections of data. The Workforce planning team encourage the use of, engage with teams to use the date and attend SLTs.
- Workforce Planning and Financial Information. Continuous work in progress to align budgeted establishment data as the three-year financial plan will be achieved only if the workforce planning is based around the plan.
- Retirement. It was questioned how the organisation was supporting those who are continuing to work until the national retirement age when the average age of retirement in the organisation is reducing. The question was not able to be answered within the meeting, it was agreed that this was a question that required further thought away from the Staff Governance meeting.
- Redeployment. Redeployment data is currently being transitioning over to the employee relations dashboard.

The Committee **reviewed the content of the reports.**

6.3 Induction Update

Update from Jennifer Swanson, Head of Talent

J Swanson spoke to the presentation explaining that the induction pilots started in February 2022 lasting 10 weeks, the period could be extended depending on the number of attendees in the pilot period. The presentation highlighted:

- NHS Highland Induction Policy is being reviewed. Standards & timeline for the Induction and Statutory training have been amended.
- Learning Outcomes. In place to help staff members understand NHS Highlands services, strategies, culture, values, governance standards and where to access information if required.
- Format of the Welcome Session. Short videos from each of the Chief Officers to introduce their services.
- Feedback received so far as attendees have commented on the positive organisational culture they have observed so far. All of those who have provided feedback have expressed they would prefer the session to be held on teams.

Action: S Compton-Bishop to add the Induction Update to the workplan for Staff Governance for an update to be provided in a future meeting.

The Committee **noted** the update on progress with launching Corporate Induction

6.4 Recruitment and Workforce Planning Audit Reports
Report from Fiona Hogg, Director of People and Culture

The Chair stated the reports did not need to be discussed in detail as they were scrutinised at the Audit Committee which occurred the day prior to the Staff Governance Committee meeting. The Chair asked a question on behalf of B Donald who questioned how the improvements found in the reports will be implemented and how Staff Governance will be provided with an oversight. F Hogg explained that certain actions will fall into the remit of the Workforce Group and EDG which will provide the Staff Governance committee with an appropriate level of oversight.

The Committee **noted** the report and associated actions

7 AOCB

There was no further business discussed.

8 Date of NEXT MEETING

The next meeting of the Committee will take place on Wednesday 10th May 2023 **at 10.00 am** on **MS Teams**.

8.1 Meeting dates for 2023

28 June 23
6 Sept 23
8 Nov 23

The meeting closed at 1.05pm

DRAFT	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	NHS Highland
MINUTE of MEETING of the AREA CLINICAL FORUM	**9th March 2023 – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Frances Jamieson, Area Optometric Committee (from 1.55pm) (Vice Chair)
Eileen Anderson, Area Medical Committee
Linda Currie, Associate AHP Director, A & B 9 (from 2.40pm)
Kara McNaught, Team Manager, Adult Social Care
Al Miles, Area Medical Committee
Zahid Ahmad, Area Dental Committee
Patricia Hannam, Area Pharmaceutical Committee
Manar Elkhazinder, Area Dental Committee
Alex Javed, Area Healthcare Sciences Forum

In Attendance

Boyd Peters**,** Medical Director (from 2.55pm)
Claire Copeland, Deputy Medical Director (from 2.05pm)
Ann Clark, Non-Executive Director
Joanne McCoy, Non-Executive Director
Sarah Compton-Bishop, Non-Executive Director
Gaener Rodger, Non-Executive Director

Jane Gill, Whole System Transformation Manager, Item 4
Karen Doonan, Committee Administrator (Minute)
Nathan Ware, Governance & Corporate Records Co-ordinator (from 2.20pm)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from L Bussell, E Caithness, H Eunson, C Dreghorn & S McNally.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 12th January 2023

These were taken as accurate and correct.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

4.1 Output from Professional Committees regarding Strategy and IPQR - Jane Gill, Whole System Transformation Manager

J Gill spoke to her presentation that provided some additional detail around the progress made in terms of NHS Highland's Strategy and how the Annual Delivery Plan (ADP) is designed around following a patient's journey through our services. She also provided detail on how each of the Strategy 'wells' are run and how committees feed into the assigned Programme Boards but they can also get involved more directly through Jane herself.

In discussion the following was raised:

- A Miles hoped that general practice could create more anticipatory care plans with more of a lead time into any proposed Winter Plan and provide more insight on how primary care can relieve some of the pressures on secondary care whilst retaining the focus on the similar pressure that comes directly to primary care and how best they could be supported in the wider winter plan.
- E Anderson referenced the constraints on diagnostics around cancer care and the pressures experienced around recruiting skilled people into the acute service especially within Radiology and things are extremely difficult so building that into the ADP is crucial in achieving the set targets.
- J Gill advised that recruitment and retention is a significant pressure overall and we have to look at transformation as a whole and look at resource based planning and whether we can or should deliver a particular service which may involve considering a 'North of Scotland' approach but at the moment that isn't a palatable initiative at this stage but something that could be considered.
- It was noted that we are supporting Aberdeen with cancer services despite NHS Grampian having many more surgeons and Radiologists so there is concern as to whether 'regional' collaboration is working.
- A Clark advised that the issues and specific challenges E Anderson has mentioned are known at Board Level and recruitment & retention is a key focus for the Board to try and address.
- M Elkhazindar referenced the Strategy/ADP and noted that it seems like a list of dreams that every Board would love to achieve but there seems to be a disconnect to the reality of the situation as for Dentistry it is not just a case of not having enough Dentists but rather some are no longer interested in NHS Dentistry and want to move to providing private services.
- C Sinclair also added that some of the Pharmacy standards were a significant challenge around what they can achieve locally compared to what is required nationally which could be due to local priorities not necessarily matching Scottish Government priorities within their day to day job and it's how they go about matching that which is the core challenge.
- J Gill noted that whilst Scottish Government have a specific view on services the Strategy team do push back and try to educate them around the mechanisms we have in place and the extensive engagement that has been ongoing in developing our long term Strategy and ADP aims.
- C Copeland mentioned that she and the services covers would welcome any opportunity to get involved in shaping the Strategy aims and helping translate that into more day to day meaningful guidance.
- It was also noted that it appears some of the culture programme boards were attended by a vast number of people but unfortunately only a handful of practicing clinicians were there further emphasising the disconnect that is present because

there should be a more even distribution of attendees including nurses, allied health professionals etc as at the moment there seems to be a consensus from other staff that working from home is great however that's really not an option for those seeing patients so a better overview needs to be taken into consideration.

- C Sinclair noted that this was an important point, however the Director of People & Culture has definitively said that the Culture programme is not finished, and it is only Phase 1 that is coming to an end so it is more the beginning rather than the end which will enable much more opportunity to influence and contribute moving forward.
- M Elkhazindar mentioned that there is still a disconnect and that Board & Committee meetings should stop or be significantly reduced and more Senior Managers, Directors & Non-Executive Directors out and about visiting different sites and speaking to those on the frontline to help shape the Strategy.
- A Clark confirmed that there are visits taking place but acknowledged there should be more taking place, but it was difficult during COVID but has now restarted, however there was still a significant opportunity for clinicians to contribute to culture.

In conclusion J Gill noted that some of the service planning templates developed do sound like a paper operation but some good benefits have already come to fruition but it's important this forum and the committees input as much data as possible such as 'what does the service actually look like?' so is it just a lack of resource or is there something else that needs looked at and take that risk based decision.

She also noted that it was important the data is gathered to make sure any decisions made are not done so based on anecdotal evidence and the journey needs to begin now otherwise the issues would continue to become worse over the course of the next year.

C Sinclair mentioned that the Area Pharmaceutical Committee (APC) had nominated various people from different sectors to be the key contacts for J Gill or her team with regards to pharmacy opportunities to contribute.

ACTION: J Gill to provide the ADP Summary document with the Committee.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 1st February 2023

M Elkhazindar & Z Ahmad advised of a few issues:

- Ongoing issues with dental care in Skye which remains a widely publicised concern.
- The Child Smile scheme had been removed but discussions around this continued to take place.

5.2 Adult Social Work and Social Care Advisory Committee – 2nd February 2023

K Mcnaught provided an update on discussions:

- The Committee approved their reference and a lot of work had taken place to change the membership because it was very top heavy so the refresh would give us space for an adult social care member and six social work spaces.
- Moving forward, agenda items would include the National Care Service, Area Clinical Forum and Highland Health & Social Care Committee updates.
- A presentation around recruitment and retention was given to the committee by a Care Home Manager and hearing her thoughts/suggestions had helped

encourage the committee think differently in that area.

5.3 Area Healthcare Sciences Forum meeting - No Meeting took place

A Javed confirmed no meeting took place but he has met with Lorraine Cowie around getting this back in place so there is a conduit to Board Level.

5.4 Area Pharmaceutical Committee – 13th February 2023

C Sinclair and P Hannam confirmed the minutes were an accurate reflection and that as discussed earlier in the meeting a selection of individuals will arrange to speak with J Gill around potential Strategy/Transformation collaboration.

5.5 Area Medical Committee meeting – 7th February 2023

A Miles spoke to the minutes of the meeting and noted:

- The Chief Medical Officer provided some clarity around the NHS & Private Care interface and where the responsibilities lie and some information from other Boards on what advice they give patients deciding for follow a private route to treatment.
- There were discussions around the National Treatment Centre (NTC) which is at 80% staffing capacity but some concerns around loss of staff from Raigmore.
- The rollout of the GP IT project has continued to move forward which is aimed at a full launch around summer.
- Work has continued to revitalise the Hospital Subcommittee and E Anderson advised that attending for only a few minutes isn't helpful as it needs people to dedicate time to the committee.

5.6 Area Optometric Committee – next meeting April 2023

F Jamieson confirmed that the next Optometric Committee meeting will take place in April. In response to her NTC question based around staffing progress A Miles advised that they are nearly at full recruitment for Ophthalmology.

5.7 Area Nursing, Midwifery, and AHP Advisory Committee – 26th January 2023

L Currie spoke to the minutes of the meeting and noted:

- Work has continued on revitalising the committee membership to ensure it adequately reflects the Nursing, Midwifery & AHP workforce.
- Helen Eunson had now been confirmed in post as Vice Chair of the committee.
- Work has continued on overall long COVID concerns.
- There was a general feeling that the Strategy/Together we Care changes are quite overwhelming for the staff on the ground leaving little time for development etc.

C Sinclair recommended that L Currie consider asking Jane Gill to speak to her team around the overall Strategy & Transformation piece.

5.8 Psychological Services meeting – no meetings took place

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

6 ASSET MANAGEMENT GROUP

A Javed confirmed the group had met in January and mentioned:

- At the end of month 10 they had spent eighteen and a half million pounds, but still 42 per cent left to spend by the end of March but it tends to be a perennial issue as everything is packed into the last couple of months.

- There hasn't been any notification of additional funding apart from the standard formula allocation.
- Work has continued to put together the priority list for next year.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

This meeting has been rescheduled to 15th March 2023

8 Dates of Future Meetings

04/05/2023
06/07/2023
31/08/2023
02/11/2023

9 FUTURE AGENDA ITEMS

- Environment & Sustainability
- Finance

10. ANY OTHER COMPETENT BUSINESS

None

11 DATE OF NEXT MEETING

The next meeting will be held on the 4th May 2023 at **1.30pm on Teams.**

The meeting closed at 3.20pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held in the BY MICROSOFT TEAMS on WEDNESDAY, 25 JANUARY 2023

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 Gary Mulvaney, 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: Evan Beswick, Head of Primary Care, NHS Highland
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Geraldine Collier, People Partner, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Chief Officer, Argyll and Bute HSCP
David Gibson, Chief Social Worker/Head of Children and Families and Justice, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Julie Hodges, Independent Sector Representative
Lorna Jordan, Interim Principal Accountant, Argyll and Bute Council
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Elizabeth Rhodick, Public Representative
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
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 Douglas Philand, Alison McGrory, Kevin McIntosh, Angus MacTaggart and Caroline Cherry.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 23 November 2022 were approved as a correct record.

4. MINUTES OF COMMITTEES

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

The Minutes of the meeting of the Clinical and Care Governance Committee held on 26 October 2022 were noted.

The Chair of the Committee, Sarah Compton Bishop, advised that at this meeting the Committee had looked at the revised Clinical and Care Governance Framework. The meeting had been very positive and she advised that she was looking forward to working within the new framework.

(b) Finance and Policy Committee held on 25 November 2022

The Minutes of the meeting of the Finance and Policy Committee held on 25 November 2022 were noted.

(c) Strategic Planning Group held on 8 December 2022

The Minutes of the meeting of the Strategic Planning Group held on 8 December 2022 were noted.

Stephen Whiston, who had Chaired this meeting of the Group, advised that there had been a very useful discussion at this meeting on the integrated performance management framework that was due to go live in April 2023. The Group had also considered the engagement framework which was undergoing a refresh since its original introduction in Spring 2019. He advised that the revised engagement framework would come before the Board in March 2023.

(d) Audit and Risk Committee held on 13 December 2022

The Minutes of the meeting of the Audit and Risk Committee held on 13 December 2022 were noted.

Councillor Kieron Green, Chair of the Committee, advised that a number of areas of audit had been looked at during this meeting. He highlighted that Audit Scotland were imposing an increase in a number of fees which was worthy of note given the reduction in Scottish Government funding.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer that highlighted system pressures faced by the organisation and the challenges that high levels of flu and other respiratory illnesses were having on service delivery; the Getting It Right For Everyone (GIRFE) Scottish Government Programme; the Excellence Awards Programme and ceremony; and the chaplaincy service.

Decision

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

(Reference: Report by Chief Officer dated 25 January 2023, submitted)

6. FINANCE

(a) Budget Monitoring - 8 months to 30 November 2023

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

Decision

The Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £657k as at 30 November 2022 and that it was anticipated the HSCP would operate within available resources;

2. noted confirmation that savings of £3.6m had been delivered, 60% of target;

3. noted that earmarked reserves of £5.5m had been committed; and

4. noted that the Scottish Government were in the process of confirming the claw back of Covid Reserves (circa £2.5m) and had reduced Primary Care Improvement allocations by £2.8m as a consequence of reserves held.

(Reference: Report by Head of Finance and Transformation dated 25 January 2023, submitted)

(b) Budget and Medium Term Financial Plan 2023-2026

The Board gave consideration to a report providing an updated budget outlook for the 2023/24 financial year and medium term financial plan. The report took into account the Scottish Government's draft budget published in December 2022. The report formed the basis for detailed financial planning and informed the HSCP value for money and savings target for 2023/24.

Decision

The Integration Joint Board –

1. noted the Financial Plan and budget outlook for 2023-24 to 2025-26 and noted the high level of risk and uncertainty;

2. noted the forecast budget gap totalling £9.4m;

3. noted that indicative savings targets had been allocated to services; and

4. noted that oversight of the budget process for 2023/24 would continue to be undertaken by the Finance & Policy Committee.

(Reference: Report by Head of Finance and Transformation dated 25 January 2023, submitted)

The Chair ruled and the Board agreed to take a comfort break for ten minutes at this point.

7. STRATEGIC RISK REGISTER REVIEW

The Board gave consideration to a report providing an opportunity for review of the Strategic Risk Register and endorsement of changes agreed by the Contingency, Risk and Resilience Committee and the Audit and Risk Committee.

Decision

The Integration Joint Board –

1. noted that the Strategic Risk Register had been reviewed by the Contingency, Risk and Resilience Committee in November 2022 and the Audit & Risk Committee in December 2022;

2. approved the Strategic Risk Register; and

3. noted that a Board Development session was planned for later in the year to facilitate a more detailed review of the Risk Register and Risk Appetite.

(Reference: Report by Head of Finance and Transformation dated 25 January 2023, submitted)

8. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 3 (2022/23)

The Board gave consideration to a report on staff governance performance covering financial quarter 3 (October to December 2022) and the activities of the Human Resources and Organisational Development (HROD) Teams.

Decision

The Integration Joint Board –

1. noted the content of the quarterly report on the staff governance performance in the HSCP;

2. took the opportunity to ask any questions on people issues that may be of interest or concern; and

3. endorsed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by People Partner dated 25 January 2023, submitted)

9. INTEGRATION JOINT BOARD REVISED COMMITTEE TERMS OF REFERENCE

The Board gave consideration to revised Integration Joint Board Committee Terms of Reference.

Decision

The Integration Joint Board approved the revised Integration Joint Board Committee Terms of Reference.

(Reference: Integration Joint Board Revised Committee Terms of Reference dated 25 January 2023, submitted)

10. 2023/24 SOCIAL WORK FEES AND CHARGES

The Board gave consideration to a report providing details of the proposed annual Social Work Fees and Charges uplifts for 2023/24.

Decision

The Integration Joint Board endorsed the 2023/24 Social Work Fees and Charges proposals so that the proposals could be submitted to Argyll and Bute Council for ratification at its 2023/24 budget meeting.

(Reference: Report by Interim Principal Accountant – Social Work dated 25 January 2023, submitted)

11. DIRECTIONS POLICY

The Board gave consideration to a report seeking approval of a Directions Policy and approval of the implementation of the Policy across the Partnership.

Decision

The Integration Joint Board approved -

1. the Directions Policy; and
2. the direction to partners to implement the Policy.

(Reference: Report by Business Improvement Manager dated 25 January 2023, submitted)

12. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 29 March 2023.

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 15 March 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Gerry O'Brien, Board Non-Executive Director - In the Chair
Philip Macrae, Non-Executive, Committee Vice Chair
Cllr, Christopher Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH (to 4pm)
Cllr, Muriel Cockburn, Board Non-Executive Director
Pam Cremin, Deputy Chief Officer, Highland Community
Cllr, David Fraser, Highland Council (until 2pm)
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Michael Simpson, Public/Patient Representative
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

In Attendance:
Rhiannon Boydell, Head of Strategy and Transformation
Stephen Chase, Committee Administrator
Tracey Gervaise, Head of Operations Women and Child Health Directorate
Arlene Johnstone, Head of Service, Health and Social Care
Michelle Johnstone, Area Manager North and West Operational Unit
Kate Kenmure, Sutherland District Manager
Ian Kyle, Head of Integrated Children's Services, Highland Council
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council (until 2pm)
Jo McBain, Deputy Director for Allied Health Professionals
Kara McNaught, Area Clinical Forum Representative (until 3pm)
Christian Nicholson, District Manager North and West Operational Unit
Jane Park, Head of Service (Health), Highland Council
Kate Patience-Quaite, Deputy Director of Nursing
Colin Stewart, Senior Contracts Officer
Nathan Ware

Apologies:
Tim Allison, Sarah Bowyer, Claire Copeland, Louise Bussell, Sara Sears, Catriona Sinclair.

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 Chair thanked the attendees for agreeing to the rescheduled meeting date and apologised to those inconvenienced by the change, in particular to the Chair of the Adult Protection Committee, Gary Coutts for kindly cancelling the meeting of the APC to enable the rescheduled HHSCC to take place. The Chair noted that he will email the APC Chair to express his thanks.

The Chair welcomed P Cremin to the Committee in her new role as Interim Chief Officer.

The meeting was quorate.

1.2 DECLARATIONS OF INTEREST

J McCoy declared an interest in item 3.3 as an employee of HTSI, however after applying the tests in the Code of Conduct she concluded that she had no direct connection to the fund under discussion.

1.3 Assurance Report from Meeting held on 11 January 2023 [*pp.1-14*]

The draft Assurance Report from the meeting of the Committee held on 11 January 2023 was approved by the committee as an accurate record.

The Chair noted that he had reviewed the rolling actions and proposed a course of action for each in order to close off these items and will discuss the matter of governance routes between the HHSCC and Clinical and Care Governance Committee with its Chair and provide an update at the next meeting.

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

1.4 Matters Arising From Last Meeting

In discussion, the following points were addressed,

- M Stevenson commented with reference to item 3.3 of the previous minutes which noted assurance received at the meeting from the Chief Officer regarding the plans for the Ross Memorial Hospital Rheumatology Service that the service would not be affected by the changes. However, she noted that two days after the meeting she received a phone call from the district manager who informed her as a Patient Representative of the Friends of the HRU that the General Ward beds would be moved into the area of the Rheumatology Unit where the outpatient redesign works had recently been completed. M Stevenson called for further fully transparent assurances and for a meeting with the Director of Estates.
- P Cremin apologised that the sequence of discussions had meant that a paper with the changed proposals had come to the senior leadership team shortly after the January committee. She also agreed for a meeting with M Stevenson to bring her up to speed on the improvement plans. The Director of Estates will attend if required.

The Committee:	
– **NOTED** the updates. – **AGREED** that the CO will meet outwith the Committee with M Stevenson to discuss updates to the plans for the Ross Memorial Rheumatology Unit and provide an update to the April committee.	

2 FINANCE

2.1 Year to Date Financial Position 2022/2023 [*pp.15-26*]

E Ward gave an overview of the month 9 position from the paper and planning for the next financial year.

- At the end of month 9 NHS Highland reported an adjusted forecast of £22.61m overspend which was a significant improvement on the position at month 8.
- Recovery plan actions had been coming to fruition and significant additional allocations had come through from Scottish Government in respect of new medicines funds.
- There had also been a reduction in the Board's contribution to CNORIS.

In discussion, the following areas were addressed,

- E Ward confirmed that NHSH is currently site near the top of other health boards in terms of the national picture.
- A Clark asked what tactics or processes are being implemented that will allow NHSH to be more robust with its savings plans for the next financial year.
- P Cremin noted that through the Joint Officer Group some proposals had been agreed around areas for savings and further meetings are planned to address the integration arrangements and where a redesign of services is wanted in order to develop effective transformational change.
- E Ward noted the need to do a further piece of work around years 2 and 3 of the plan to look at how far it is possible to get into financial balance by 31 March.

- A Clark asked what areas identified for savings were tied to national programmes of work and how far the overall Board approach might impact on the health side of the Communities Directorate.
- E Ward noted that it is a mix of attempting to replicate the ten areas within the national programme within both acute and community each of which has a low, medium and high savings target. The current work is addressing the medium targets.
- P Cremin added that there are some areas within the gift of the health board such as GP practices run by the Board and frameworks to control costs around pharmacy.

- N Wright commented that he would be keen to see more information about the national programmes of savings and that it would be good see a strategic view of savings noting that investment in areas such as Community and Primary Care would yield savings in other areas of the service such as Acute.

- The Chair suggested that part of a development session could be given over to give some detail around savings in terms of strategic priorities, guidance from government and cross-cutting programmes.

After discussion, the Committee:	
– **AGREED** to receive **limited** assurance from the report noting the financial challenge faced by ASC.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Highland Commissioned Services Assurance Report [*pp.27-73*]

T Gervaise and I Kyle provided an overview of the report respectively from an NHS Highland and Highland Council perspective

- I Kyle noted the complex reporting and governance structures around this area of work which is reported to the HHSCC, the Joint Monitoring Committee, and the Community Planning Partnership.
- Sections 11 to 14 of the report were highlighted as of particular interest to the HHSCC.
- I Kyle noted the strong partnership working across both organisations.
- The report provided detail of the performance management framework for the Integrated Children Services plan and its measures and it was noted that this is in the process of further refinement for the next iteration before the final draft is taken to the Community Planning Partnership Board in May for final sign off before being submitted to Scottish Government.
- In developing the plan the Integrated Children's Services Planning Board had undertaken a joint strategic needs assessment and data gathering from the activity will support an evaluation of the performance management framework.
- The next iteration of the plan, will reflect the undertaking to develop a whole system approach following the work responding to the impact of the pandemic and the re-establishment of priority themes.

T Gervaise noted the work of the Clinical Director for CAMHs, Duncan Clark, in writing the NHSH part of the paper.

- CAMHs remains under special measures at the current time and there are regular meetings with the Scottish Government team and the Minister. Initial feedback from a meeting with the Scottish Government CAMHs advisor is that they feel they have a much better understanding of the current position for NHSH and its improvement plan and the progress made. Further official feedback will be received once the team meet with the Minister in the coming weeks.
- T Gervaise noted the programme board work streams established around clinical modelling, clinical governance, risk and performance work and finance, E Health, service, user and carer experience and colleague experience.
- The review of current provision has targeted a return to locality-based services for core service provision, whilst maintaining the current successful urgent care model. The intensive home treatment model and service provision for young people presenting with eating disorders has also seen further development.
- Further interventions include a focus on early intervention and working with partners across the Highland Council and School Nursing, Primary Mental Health and also the third sector interface.
- In terms of clinical governance, risk and performance, there is a clear model of governance and reporting in place and significant work has been undertaken on the validation of week list cases to ensure systems and processes are fit for purpose.
- The service has continued to benefit from direct funding from Scottish Government in addition to substantive funding to address the shortfall of trained professional staffing. However, there had been some recent successes recruiting to the nursing and psychology teams.
- A clear public engagement plan is under development and several engagement events had already taken place working closely with groups supporting children and young people to engage and participate.
- Improvements continue around performance data and reporting clinical risk.

In discussion, the following areas were addressed,

- I Kyle noted the need to caveat some of the data around target indicators for children in residential care with a stronger narrative about the work during the pandemic. There had

been a significant increase from a risk management perspective about the number of youngsters in these settings. Since then a large piece of targeted work had taken place with specific reference to proactively returning children to Highland who were living outwith the region and ensuring robust, residential or at home packages to support them, and with a significant focus on quality of the education provision. This data was not able to be fully captured within the report.

- The next iteration of the Integrated Children Services Plan will include detail around developing approaches for whole family support as a preventative model to ensure families have the right support at the right time and that it is properly sustained.

- J Park noted the challenges around the changes to school nursing which aims to build 80% capacity into the school nursing workforce to address mental health and wellbeing as part of the core new role of school nurses.
- Highland has gone from having 10% to 80% of its school nursing workforce at advanced nurse practitioner qualified level. This is due to a master's level course offered through the Highland Council team with increased support from the Scottish Government allocation.
- The pressures on the system of supporting staff through advanced training were noted but the risks had been addressed through the clinical and professional governance.
- The Commissioned Service in Child Health now includes a lead nurse, and two associate lead nurses with five child health team leads to be recruited who will have clinical and professional responsibility for the 150 nursing staff.
- Work is progressing with the universities to support members of staff who do not have an advanced qualification to do additional top up modules to help raise the levels of skill and competence across the piece.
- T Gervaise noted that the additional resource via school nursing would support the work of CAMHs by providing a tier 2 service in conjunction with the mental health worker service but that further work to determine a whole system approach would be required to assess the changes to the services.

- J McCoy requested more information about the waiting list information provided in terms of how those removed from the wait lists were supported.
- T Gervaise noted the significant work still needed to address the waiting lists and that it had necessitated additional hours to support to initiative to reduce the lists which had required support to be provided to staff.
- M Cockburn asked about the reach and capacity across the region to avoid unsupported pockets in rural areas and what both organisations could be doing to address this factor.
- T Gervaise commented that the review of current provision had targeted a locality based approach but also acknowledged the need for cooperation between CAMHs, Highland Council and Third Sector teams to be most effective in those communities.

- The Chair requested that a mid year report on services for children and young people come to the September meeting of the committee with a fuller annual report to follow in March 2024. and for P Cremin to coordinate the direction of the content to ensure that the requirements for an assurance report are clearly defined and delivered against

- A Clark and M Cockburn suggested that the Committee accept moderate assurance due to the numbers on CAMHSwaiting lists but noted substantial assurance around the improvement plan and its processes.

Following discussion, the committee agreed to accept **moderate** assurance from the report due to the issues around waiting times but acknowledged the substantial challenges faced by the teams and the ongoing work to address all the issues.

The Committee:
- **NOTED** the reports, and

- **Agreed** to accept **moderate** assurance acknowledging the substantial challenges.
- **AGREED** that a mid year report come to the September meeting of the Committee.

3.2 Mental Health Services Assurance Report [*pp.74-81*]

A Johnstone gave a presentation summarising the findings of the report.
And noted the key achievements over the past year which included an updated Psychiatric Emergency Plan providing a service model for escorts, to ensure the safe transfer of patients and an audit plan for ligature risks in Places of Safety to be conducted in 2023/24.

During discussion, the following points were raised,

- The Chair noted that the IPQR data indicated significant waiting times for community mental health services.
- A Johnstone noted that there is a significant piece of work about data collection around community mental health teams to increase confidence in the accuracy and consistency of reporting which should conclude within the next 2 to 3 months.
- In addition, there is work underway to be able to move staff from Inverness to provide additional support to areas such as Caithness and address wait times.

- J McCoy asked if funding requirements for the DBI and Stress and Distress Service had been built into spend projections or if this was a requirement for additional money that would be required.
- A Johnstone commented that the DBI service would require additional funding but that work was underway with Finance colleagues to build in the Stress and Distress Service into projections and a business case was in progress to request the additional funding.

- A Clark asked what themes had emerged from the 'coffee conversation' engagement sessions and how these had been influencing work on the draft strategy.
- A Johnstone commented that there had been no particular surprises and that a main theme had been patient access at times suitable for the patient especially in terms of crisis response. This is a challenge for community services which mostly take place between 9-5 Monday to Friday hours.
- Another theme was the need for a 'no wrong front door' approach so that patients are not required to continually re-explain their needs and that there cases can be better triaged.
- There had been good stories of support received from Mental Health Services in the conversation cafes.

- It was acknowledged that work to reorganise services at local, integrated and Highland wide levels had included staff side.

In terms of any negative response to the reorganisation plans, assurance was given that the plan is not to centralise the system but to provide more effective reporting structures for governance so that managers and teams are working more effectively together for their localities.

The Chair asked if there was a good degree of confidence that a draft strategy will be brought to the next committee to which A Johnstone assented.

The Committee:

- **AGREED** to accept moderate assurance from the report noting the areas of challenge.
- **AGREED** that the assurance report for 2023/24 will be considered in 12 months time.

The committee held a short break at 2.55pm and reconvened at 3.05pm.

3.3 Third Sector Mental Health Funding Report [*pp.82-101*]

M Wylie introduced the report and outlined some of the key areas,

- Scottish Government had indicated that it is anticipated that this will be the closing year for the funding, however it is hoped that another round will be announced.
- The fund distributed more than anticipated with an allocation of around £703,000.
- She noted the increasing frustration within the sector that it is seeing short term funding strategies and annual funding cycles to address long term systemic issues.
- An interesting trend was noted in relation to remote and rural areas where it was felt that those who would seek counselling-based interventions feel excluded due to the distance of travel required to access them.
- It had been felt that the first year of funding did not quite hit targets to address needs for groups such as vulnerable women, young people over the ages of 16, the LGBTQ+ and BAME communities and refugee communities. The second year saw further developments around investment in these communities.

During discussion, the following points were addressed,
- M Wylie noted that ideally, the work carried out by most of the organisations involved would be preventative and therefore less observable in terms of impact on NHS services apart from GP-based link work.
- M Cockburn expressed concern about the lack of engagement in areas of rural deprivation and the problem of volunteer fatigue in the wake of COVID, and asked if this should be addressed as a risk.
- M Wylie acknowledged the significant concerns around the East and Mid Ross area and commented that funding support will be sought to see if it is possible to put a dedicated support worker in place for the area to address and focus community concerns and support community capacity for advocacy.
- The difficulty of working with an effective standstill budget was acknowledged and that this affected Third Sector capacity.
- It was noted that some organisations are better able to describe and measure efficacy and outcomes and succeed far better in traditional funding formats than organisations with less capacity and experience. M Wylie acknowledged the need to address the efficacy of the TSI matrix for appraising the best investment.
- M Wylie noted a specific piece of research undertaken, through the LEADER programme that looked exclusively at remote and rural deprivation to address those communities who had not been pulled out using the national government approach, and added that Public Health and Highland Council would be better placed to explain the detail around this work.
- With regard to volunteer fatigue, M Wylie commented that unlike larger organisations such as the NHS and the Council, Third Sector providers are not in a position to bargain for better working conditions and that consequently have been undervalued.
- P Macrae commented as Chair of the Community Partnership for Mid Ross that capacity is a serious issue which they are trying to address and acknowledged the difficulties for remote and rural areas.

The Chair in summing up requested that an update come to a later committee meeting once the outcomes and evaluation work around the report has been carried out.

The Committee:
- **AGREED** to accept **moderate** assurance from the report.
- **AGREED** that an update report come to a later meeting of the Committee.

3.4 Adult Social Care Fees and Charges Update [*pp.102-107*]

- C Stewart gave an overview of the report and requested a single item meeting of the Committee to approve the final recommendations when they become available.

- The Chair suggested that due to the Committee meeting later than the required approval deadline in early April, that instead there be a meeting of the Chair, the Chief Officer and the Deputy Director of Finance outwith the Committee to consider and approve the recommendations and that the outcome is reported to the April meeting of the Committee for formal approval.

During discussion,
- A Clark asked how close a conclusion is to the work on fees for PAs, which are currently under review. C Stewart confirmed that this agreement is outwith the remit of the ASC Fees Group. S Steer added that a paper was due to go to ASC the next week and is going through the management structures for consideration before it would reach governance level.
- A Clark also inquired if any minor local adjustments to fees were under consideration in relation to enhancements. C Stewart commented that this would be dependent on what money was available.

The Committee:
- **Accepted limited assurance** from the report, and
- **Agreed** that the Chair, the Chief Officer and the Deputy Director of Finance would meet outwith the Committee to consider and approve the final recommendations once they are available.

3.5 IPQR Dashboard Report [*pp.108-131*]

R Boydell introduced the paper to the committee and proposed it accept moderate insurance having considered the discussion from the January meeting around assurance levels where limited assurance was taken instead, and having assessed the assurance level against the Board risk matrix and considered the mitigating actions around the data.

In discussion,
- S Steer confirmed that there is further data outwith the IPQR, relating to the recovery of funds not used which gives a fuller picture of the outcomes of people moving to Option 1 of self-directed support where there is an illusion of choice because of instances where the other options were not available due to challenges around staffing and that this had been noted as an emergent issue the previous year.
- A Clark suggested that a development session be held for the Committee to review and consider what it would like to see from the IPQR.
- P Cremin noted that in terms of Adult Services there are discussions planned for the end of March with the Joint Officers Group and the JMC with the aim of taking a paper to help frame future reporting.
- The Chair proposed that the Committee accept moderate assurance noting the caveats outlined at the January meeting and acknowledged the work ongoing to address the challenges.

The Committee:
- **NOTED** the report, and
- **Agreed** to accept **moderate** assurance from the report noting the caveats outlined above.

3.6 Chief Officer's Report [*pp.132-164*]

The Chief Officer introduced the report to the Committee and noted that some of the engagement events had taken place since the writing of the report and the rescheduling of the meeting where there had been good feedback from the attendees. A similar engagement event is planned for Lochaber in April.

- The CO noted the significant ongoing challenges of workforce sustainability around Care Homes and Care At Home support and the reductions in availability of commissioned services.
- Peer engagement work is underway to understand the specific challenges for staff at individual and collective levels.
- An examination of how services are commissioned and how in house services are carried out is also underway.
- Dental Services have also been experiencing workforce challenges and work is underway to address the fragmentation of dental service provision across Highland as this is an area of risk.
- In terms of the Vaccination Transformation Programme there had been an issue at the start of the childhood vaccination programme where the staff were in place, but were not in a state of readiness in terms of all of the competencies and further training. A minimal amount of clinics were cancelled and colleagues from NHS Grampian were engaged to offer support and work alongside staff to bring them up to speed and no further disruption is anticipated.
- The Joint Strategy is in development and it had been hoped that it would be presented to the present meeting but due to the scale of the project it was decided that more time is needed to scope out the components in discussion with partners to ensure that the right engagement framework is in place for full engagement with the workforce, stakeholders and communities.

In discussion,
- M Simpson noted the ongoing lack of progress and community engagement around the North Coast Redesign project compared to other areas such as Caithness and requested assurances around this work.
- P Cremin invited M Simpson to meet outwith the Committee to address and follow up on his concerns.
- M Johnstone confirmed that Care Home workers across Sutherland and Caithness do have access to pool work cars or vans but that some staff opt to use their own vehicles.

- A Clark asked how the Committee can assure families and communities that the decisions taken are made within an overall agreed framework to demonstrate a fair and proportionate approach
- P Cremin confirmed that there is a framework for decision making and that there is a need for transparency and to engage with communities to show how difficult decisions such as those around Care Home closures are carried out by the Board and in partnership with Highland Council.
- S Steer commented on the various difficulties in the sector in relation to Highland and its geography and history and emphasised that the problem is less a matter of finding more money and more a case of considering the sustainability of staffing models and addressing equity of access across the region.
- A Clark asked about what successes or areas of positive impact there had been in the Care Home sector around workforce issues.
- S Steer noted the national focus on nurse recruitment which had perhaps overshadowed Care Home working as a career option and that there was a need to engage with smaller local organisations and their successes linking in with communities. In addition there is an intiative called the NHS Reserves which has seen a good response, to work with the limitations and short to medium term availability of staff in other areas of service. However, it was commented that HR onboarding processes had been an area of delay within the NHS.
- P Cremin noted some innovative work in Self-Directed Support in remote rural areas such as Dalmore where staff have been offered opportunities to work in care homes during the temporary pause to the respite service.

The Chair recommended a position paper on the situation for Dentistry in Highland come to the next Committee and that the matter be escalated to the Board.

The Committee:
- **NOTED** the report, and
- **Agreed** that a position paper on the situation for Dentistry in Highland come to the next Committee and that the matter be escalated to the Board.
- P Cremin invited M Simpson to meet outwith the Committee to address and follow up on his concerns.

4 HEALTH IMPROVEMENT

District Reports [PP.137-164]

Sutherland

K Kenyon provided an overview of the report and explained that the reports give a narrative and description on the districts. The Demographic area in Sutherland is predominantly rural with the aging population being higher than the rest of the UK in ratio with population size. A brief overview was given about the hospitals in the region and the services that they can provide. It was noted that the community teams are facing challenges with recruitment across all services. Day Care centres are currently run by unregistered independent and third sector organisations and funded through service level agreements. It was noted that there is ongoing work to engage with the community to develop services further and introduce new ideas based on feedback received from community drop-in sessions. Rural Support Worker role has been introduced to help make the services within Sutherland more robust, this position holder is capable of care at home and within a care home.

In discussion,

- M Johnstone commented on the progress of the North Coast redesign explaining it has been ongoing since 2015 with extensive consultations and further engagement sessions in process. Planning application has been submitted to Highland Council, currently awaiting outcome, once this has been received it will be fed back to communities.
- M Simpson expressed concern regarding funding for the Day Care centres that provide personal care and support workers to service users that has not been increased since 2012. Asking if there is intention to increase funding.
- K Kenyon explained in response to M Simpson's question, no further funding was provided nor was there any further expectation of funding given at the point of transition from Highland Council. Hubs have access to apply and receive funding from other sources.
- S Steer explained that Day Care services need to be reviewed to provide understanding of the valued services and shift focus onto those, as there are savings that need to be made within the next financial year.

Action: P Cremin agreed to discuss and review the Day Care funding with M Simpson at a future point.

Caithness

C Nicholson provided an overview of the report and explained that the reports give a narrative and description on the districts. The estimated population size of 25,500 people living in Caithness is split between Wick, Thurso and in rural locations. A brief overview of the district hospitals, care homes and day care centres were provided alongside the services that the community hospitals can provide. It was noted that Community teams within East

and West Caithness are facing challenges with recruitment across all services. Alternative methods have been reviewed to address recruitment challenges. There is ongoing work to engage with the community to develop services more widely and to increase the Caithness populations knowledge of services available to them.

The Committee
- **noted** the reports.
- P Cremin agreed to discuss and review the Day Care funding with M Simpson at a future point.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Work Plan [PP.165-168]

The Chair introduced the Work Plan for approval by the Committee noting its status as a fluid document to be updated throughout the year.

The Committee
- **noted** and **agreed** the Work Plan for 2023-24.

5.2 Annual Committee Assurance Report [PP.169-172]

The Chair noted the draft report to be submitted for endorsement by the Audit Committee before final approval by the Board.

The Committee
- **approved** the Annual Committee Assurance Report to be submitted for endorsement by the Audit Committee before final approval by the Board.

6 AOCB

- None.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 26th April 2023** at **1pm** on a virtual basis.

The Meeting closed at 4.18 pm