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 May 2022 – 9:30am**

Present
Prof. Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health and Health Policy
Mr Alex Anderson, Non-Executive
Mr Graham Bell, Non-Executive
Ms Jean Boardman, Non-Executive
Ms Elspeth Caithness, Employee Director
Mr Alasdair Christie, Non-Executive (until 1.35pm)
Ms Ann Clark, Non-Executive
Ms Sarah Compton-Bishop, Non-Executive
Mr Albert Donald, Non-Executive
Ms Pamela Dudek, Chief Executive
Mr David Garden, Director of Finance
Ms Heidi May, Director of Nursing
Ms Joanne McCoy, Non-Executive
Mr Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Ms Susan Ringwood, Non-Executive
Dr Gaener Rodger, Non-Executive
Ms Catriona Sinclair, Chair of Area Clinical Forum

In Attendance
Mr Stephen Chase, Committee Administrator
Ms Lorraine Cowie, Head of Strategy and Transformation
Ms Pam Cremin, Deputy Chief Officer Community Services
Ms Ruth Daly, Board Secretary
Ms Fiona Davies, Chief Officer, Argyll and Bute HSCP
Ms Tara French, Head of Strategy, Health and Social Care (had to leave at 2pm)
Mr Ruth Fry, Head of Communications and Engagement
Ms Fiona Hogg, Director of People and Culture
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Mr David Park, Interim Deputy Chief Executive
Ms Katherine Sutton, Chief Officer, Acute Services
Mr Nathan Ware, Governance & Assurance Co-Ordinator
Prof. Brian Williams, University of the Highlands and Islands
Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

Also in Attendance
Dr Beth Sage, RDI Director, item 3
Ms Frances Hines, RDI Manager, item 3

1 Welcome and Apologies for absence

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

Apologies were recorded from Louise Bussell and Philip MacRae.

2 Declarations of Conflict of Interest

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

3 Staff Recognition – RD&I

Dr Beth Sage gave a presentation outlining the work of the Research, Development and Innovation service, of which the key points included:

- The service has between 55 and 60 staff.
- Funding streams generate around £2m annually.
- There are 59 cancer & haematology trials in progress providing access to new drugs for patients.
- There are currently 62 non-cancer studies in progress which include device trials, Registries, surveillance studies, PhD and MSc-related work, and involving around 9,000 patients a year.
- Sustainability is also a key area of work including reducing cost, waste and carbon impact.
- To conclude, the Board was encouraged to think of and talk to RD&I in seeking to achieve its goals.

During discussion the following points were raised, and answered by Dr Sage and Frances Hines:

- RD&I has direct links into most of the innovation work led by Scottish Government.
- Priorities are determined by considering patient need or the wider value across Scotland, and how innovative the project is. The department has a clear decision-making process for every project that comes in. RD&I has particular strengths in resourcing for neurology trials and its work is much sought after. There is also much work ongoing in Palliative Care and addressing inequalities in access to health care.
- The specific health trends of patients in the Highland region were raised and it was noted that this is partly dependent on access to relevant experts in the region but that collaborative work across Scotland and the UK was key to success.
- It was asked how the Board can help RD&I with any blocks in access to funding or access to resources. At the moment there is an Innovation Infrastructure Group to ensure that key players for most innovation or research projects are available to address potential blockages and network opportunities together.
- B Williams noted the wide array of opportunities in collaborative work between RD&I and University of the Highlands and Islands (UHI). A new research strategy is in the process of being written based on the important issues for the region. B Williams commented that his work has had a focus on research capacity and he is keen to continue conversations between NHS Highland and UHI.
- D Park noted the ability of RD&I to attract funding through the successes of its projects and the importance of its work with consultants interested in research and development and innovation. Dr. Sage noted that RD&I is vulnerable to fluctuations in clinical trial activity, and therefore finances are precarious and more so coming out of COVID. Recruitment is a challenge much like other areas in NHS Highland.
- P Dudek commented on the importance of RD&I in relation to considering new ways of working to address long standing challenges.
- B Peters commented on the importance of developing RD&I as a Highland centre of excellence with scope to create a unique branding for research done in the Highlands which should be linked with the ‘Together We Care’ strategy. It was noted that COVID had raised more awareness of inequality in access to care and research. A number of companies are now approaching RD&I because of its remote and rural experience and there is an opportunity to build on this and not just do research in the same traditional manner within an urban setting.

The Chair thanked Dr Sage and Frances Hines for their informative presentation and encouraged further work to develop links within the Board and outside with UHI and others.

4 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 29 March 2022.

- Item 10 of the Action Plan regarding the Healing Process will be included in the special meeting of the Board in June.
- The Wellbeing Strategy was addressed below under item 13, the target date for completion will need to be moved as this is now an integral part of the Together We Care strategy engagement and consultation, which is expected to come to the July meeting of the Board.
- Following the Board's agreement to the extension of the co-option of an independent member onto the Audit Committee it was agreed that this item be removed from the Action Plan.

The Board **Noted** the Action Plan.

5 Matters Arising

There were no matters arising.

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

P Dudek noted that it has been a busy couple of months since the last meeting of the Board.

The opening of both Broadford, and Badenoch and Strathspey Hospitals took place recently with the Cabinet Secretary attending the official openings. Both events were felt to be positive experiences attended by several local people, people involved in the projects, and national and local dignitaries.

The National Clinical Director of Scottish Government Jason Leach paid a visit to Inverness to meet the Executive team, and met with staff at Raigmore and New Craigs to thank them for their efforts, with a live link up to more remote teams. It was felt that this was well received.

On 28th April the Chief Executive and Board Chair met with the Public Audit Committee regarding the Section 22 report to give evidence. Confirmation was received that that report had now closed and that the Committee was satisfied with the evidence presented.

NHS Highland received its annual review with Scottish Government on 4th May, which was felt to be a good opportunity to reflect and demonstrate progress made despite the pandemic. Feedback from the review is awaited and will be reported to the Board.

Despite the general public's return to a more or less pre-pandemic way of life, there were many system pressures in hospitals and in community settings. Mental Health Services have become an ever more present concern as highlighted by the pandemic alongside issues of physical health, with unprecedented demand.

Recruitment and retention of staff was now a significant concern. This was not unique to Highland, but was exacerbated by the remote and rural geography. NHS Education for Scotland has agreed to work closely with NHS Highland to see what transformation could be made to improve recruitment and retention.

A Maternity Services planning event was held with around 40 staff in attendance. This was felt by attendees to have been a useful event to take stock of plans for transformation of the service.

An inspection of Children's Services would take place during the summer with a focus on children at risk of harm. P Dudek currently chairs the Public Protection Chief Officers group for Highland

where it was discussed the preparedness between Highland and its partners around Children's Services moving forward, which currently appears satisfactory.

As noted above, an additional meeting of the Board will take place on 28 June 2022 to scrutinise the final report from the Healing Process.

During discussion, the following issues were raised,

- Media and political interest in proposed work with NHS Grampian to support its Maternity Services at Dr. Grays Hospital was noted, particularly regarding information on roadside deliveries en route to hospital. The Chief Executive answered that she was meeting weekly with her NHS Grampian counterpart and K Sutton to ensure appropriate pathways are being used. The reported cases of roadside delivery referred to mothers in transit within the Grampian area to Dr. Grays and Aberdeen and not to Raigmore.
  H May commented that figures for babies born en route are monitored carefully, of which there are very low numbers, and offered to supply the figures to the Board for assurance. The midwifery teams carry out careful risk assessments for all pregnant women developing one-to-one relationships with the women to ensure that there is an understanding of the need for early action on going into labour.

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

7 Public Health Report – COVID19 Update Assurance Report

The Director of Public Health gave an overview of the current situation, noting that coverage of COVID has reduced in the media and numbers of COVID cases have broadly gone down. He commented that it is important to be aware that fewer tests are being carried out which will affect the accuracy of data. However, in addition to the national surveillance survey, there are some other innovative ways of extracting data such as from sewage monitoring.

- Numbers in the NHS Highland area, particularly the Highland Council area, had been marginally higher than in other parts of the country.
- It is possible that there will be renewed waves of infection later in the summer and a combination with flu during the winter, and therefore there is a need to be aware of the potential harm that could be caused.
- There are some new micro variants of Omicron emerging, and the chance of further new variants such as those as have been seen in South Africa.
- Long COVID remains a major concern, and members may want a further briefing on Long COVID and its risks and measures for controlling it.
- Vaccination remains the main way to control the disease, with the presentation setting out the Vaccination Transformation Program.
- The take up of vaccination has largely been very good. There have been some hiccups in terms of delivery and messaging, but in terms of the overall adult population coverage, NHS Highland has performed better than the average for Scotland across all three doses.
- NHS Highland coverage of the fourth dose or 'spring booster' has not been as good and had lagged behind other Boards. It is thought that this may be due in part to a slow start in the lettering campaign. T Allison apologised on behalf of the Board for the inconvenience caused to the public.
  During discussion, the following points were addressed,
- Assurance was sought regarding the difficulties experienced with letters for vaccine appointments. Most of the issues have been resolved but the challenge of matching a national programme with Highland's remote and rural setting remains.
- COVID numbers in hospital have seen a considerable fall and symptoms have tended to be less severe, however there is still considerable pressure on staffing when cases arise and there remains a consequential impact on Care Homes. There is more work to be done

generally in terms of patient flow, but lessons learned during the pandemic have fed in to the workstream addressing flow.

- It was noted that there are some differences in how the vaccine programme is delivered in different localities where staff availability can be more challenging, which may have had an impact on vaccine uptake.

The Board **noted** the update.

8 Vaccination Strategy Report

The Director of Public Health provided an overview of the paper which addressed the larger vaccine strategy for Highland which includes COVID and flu vaccination programmes. The paper offered a moderate level of assurance to the Board.

- The Vaccine Transformation Programme (VTP) has seen the Board move from a GP-led model to Board delivery in line with the rest of Scotland.
- A range of lessons have been learned in developing clinics for COVID and flu about how best to implement VTP.
- The highest volume of delivery is for COVID compared to other vaccinations, closely followed by flu vaccinations.
- Delivery of school vaccinations had previously been carried out by school nursing staff and with the Board taking on this role it is expected that school nursing staff will be freed up to do other activity to help improve the health of young people.
- Implementation of VTP is still a developing picture and confirmation of all the funding available is still to be provided.
- Recruitment is an issue, in that there are seasonal patterns of delivery with very high delivery at certain times of the year, and very low volumes at other times.
- Much vaccine delivery continues to be within primary care while the new model is developed. There are parts of the Board area which will continue with primary care delivery, particularly the islands.
- There is a process for assessment of the model of delivery nationally, but the national system is set up for a more urban environment and does not necessarily fit well with what Highland needs to deliver.
- Thanks were expressed to GP and practice staff for their work alongside the Board, as well as employed colleagues, volunteers, armed forces, the Scottish Ambulance Service, and a range of others in delivering the COVID plan.

In discussion, the following matters were raised,

- The need to adhere to Scottish Government policy while also recognising the challenges of the geography of the Board area was noted, with particular reference to achieving an equitable service, especially when access to public transport may be limited and travel becomes more expensive, as well as difficulties with finding childcare or support for people with disabilities. In answer, T Allison expressed the need for collaborative working with different services to maximise efficiencies for local people and staff.
- There is a formal inequalities impact assessment and a formal Islands impact assessment, which will feed into this work.
- The moderate level of assurance was questioned due to the scale of the challenges posed by the VTP which still has several unknowns. It was also asked how milestones of the VTP will be monitored in terms of governance oversight. In answer, T Allison noted that the Vaccination Programme Board will report to the Performance Recovery Board. There will also continue to be fortnightly meetings with Scottish Government.
- It was suggested that VTP progress be added to the Board's Risk Register.

- T Allison commented that the moderate assurance level acknowledged the framework for delivery, the commission designed to implement VTP, and current progress, although he recognized there was still some way to go with challenges ahead.

The Chair summarised discussion, noting that Board members could not take moderate assurance from the paper at present, and that the governance issues required to be addressed. Instead, it was proposed that limited assurance be taken from the paper and that a further report be presented to the July meeting of the Board at which point it was expected a more secure position could be shown.

The Board **accepted limited assurance** from the paper and **Agreed** that a further report should be submitted to its meeting in July.

The Board took a short break at 11.31 am and the meeting reconvened at 11.45 am.

PERFORMANCE AND ASSURANCE

9 Integrated Performance and Quality Report

D Park introduced the SBAR which was presented for noting and advised that a fuller report with a consolidated IPQR will be brought to the next full meeting of the Board after it has been considered by the relevant governance committees for approval.

The Board **noted** the report.

10 Together We Care Annual Delivery Plan

L Cowie gave a presentation on the content of the paper and gave an overview of the consultation engagement work to date.

Thanks were expressed to colleagues, the wider workforce and Highland population who had submitted pictures for inclusion within strategy documentation.

A subtitle, 'With you, for you' had been given to the 'Together We Care' strategy following feedback from the engagement work with communities. Over 1,700 people have engaged with the consultation and 45 community and partner sessions have been held.

The strategic objectives and associated ambitions were outlined in relation to NHS Highland's different services. An overview of the implementation approach was given regarding the annual delivery plan and the annual delivery plan working group. Members of the Executive Directors Group are taking part in engagement work with dates to visit communities which will follow a similar process to the initial engagement work. A strategy document is being prepared which will integrate the feedback received from the engagement process. This will be brought to the Board in July as a final draft for its consideration.

During discussion the following points were made,

- There are financial challenges ahead and there is a chance that these will impact upon the Board's ability to deliver the strategy, and therefore it may be worth considering how public expectations can best be managed. Delivery of the strategy should therefore be included in the Risk Register.
- Regarding the previous point, it was also asked if the transformational space of the strategy ought to be implemented sooner given the financial challenges ahead. D Park noted that progress will be dictated by external factors and by government priorities. L Cowie noted that work is underway with the Finance and Culture teams to triangulate finance, performance and workforce requirements to best address strategic needs against available resources. P Dudek noted the need to keep the public in the conversation to achieve a better understanding of resource availability in relation to desired outcomes.

- L Cowie acknowledged the need to adapt in response to requirements from Scottish Government and work with the operational units to embed and develop the actions of the strategy.
- Argyll and Bute IJB has its own strategy and the two strategies would be best seen by the public to be sitting side by side supporting one another. Work is underway to consider how best to show how Highland and Argyll and Bute's strategies will work in tandem.

Following discussion, the Board,

- **Agreed** to take **substantial assurance** that the continued development process of 'Together We Care' and the active engagement, listening and consultation across the population, people and partners of NHS Highland will ensure a shared strategic intent is developed;
- **Endorsed** the approach being taken to develop the annual delivery plan alongside the strategy, acknowledging that it will give assurance of the actions being taken to deliver the strategy in complete collaboration with the Board's people and partners; and
- **Agreed** that the Board will receive the final draft of 'Together We Care' and the Annual Delivery Plan at the July Board meeting.

11 Finance Assurance Report Month 12 Draft Position and NHS Highland Financial Plan 2022/23

D Garden spoke to the circulated report and noted that at the start of the 2021-22 period the Board had set a balanced budget, but with a challenge to find £32.9m in savings.
However, in line with most Boards in Scotland, NHS Highland was unable to meet the financial challenge and Scottish Government provided all Scottish Health Boards sufficient resource to deliver a break-even position.

- Scottish Government asked that any surplus Covid resource be carried over into next year through reserves. Due to NHS Highland's integration model it will be possible to do this with Argyll and Bute IJB but not for the North Highland Partnership as it is a unique lead agency model in Scotland. Arrangements have been made with Scottish Government and Highland Council to carry any reserves over.
- A one-year financial plan was submitted to Scottish Government in March, and this is due to be revisited in quarter one once some of the current uncertainties are better grasped, such as the National Spending Review.
- There is a current financial gap of £42.3m with a savings target of £26m which is in line with previous years, with the unfunded gap of £16.272 million being discussed with Scottish Government.
- The planning assumption nationally is that there will be no further assistance in terms of COVID costs which presents a potential cost pressure on the plan with an assumed £32m of COVID costs over the year.
- Assumptions have been made for rising inflation, energy, and the cost-of-living costs, but this is an area of uncertainty nationally.
- Scottish Government is looking at the funding issues that are facing Health Boards in Scotland and developing national work streams to find ways Boards can work together with government to find solutions.
- The Chair thanked D Garden and his team for their work and commented on how the Board is entering a very challenging period with regard to funding gaps, but noted that the Board has shown in the past three years that it can deliver on financial savings targets.

During discussion the following matters were raised,

- Concern was expressed at the challenges in closing the funding gap against a backdrop of uncertainty. The Chair commented that the National Chairs Group for Scotland's Health

Boards had noted the mounting concern especially in light of the spending review and were due to meet with the Cabinet Secretary to find out more about the implications of the spending review.

- The shortfall in COVID funding with a potential £8m gap was raised. D Garden noted that previous guidance from Scottish Government was to assume costs would be funded but that work is underway to revise costs through mitigating actions and the potential gap is currently more likely to be £6m.
- The risks ahead for the Board were acknowledged, as were the difficulties of accepting moderate assurance due to the uncertainties. It was suggested that the Board use the Risk Register to help control this risk.
- It was agreed, after discussion, that moderate assurance could be accepted because of the clarity of both the report and the processes involved to mitigate the financial risks. It was suggested that the Risk Register should address these matters in order to help the Board have a good oversight of the situation.

The Board **accepted moderate assurance** from the report noting the difficulties ahead and **approved** the initial budget allocation for 2022/23.

12 National Treatment Centre Highland

D Jones introduced the circulated report which offered substantial assurance in relation to delivery of the National Treatment Centre. It was reported that there were now delays to the project, the details of which were set out in the paper. Following consultation with the contractor, Balfour Beaty, the revised dates are 9 December for the handover with 3 April 2023 as the 'go-live' date.

In discussion, the following questions were addressed,

- Assurance had been given by the contractor that the hand over will allow for a 12-week transfer of services with only minor snagging in the background.
- The challenges of recruitment were raised as there are significant recruitment opportunities with 210 posts. Muckle Media are working with the Communications and HR teams and 32% of staff have been recruited to date. A broader recruitment campaign is underway to minimise the impact recruiting to the NTC will have on recruitment to existing roles within NHS Highland.
- It is anticipated that details of the phasing of beds will be set out at the September meeting of the Board.

It was agreed that the level of assurance be changed from 'substantial' to 'moderate' given the unpredictable circumstances which had affected the delay.

The Board **accepted moderate assurance** from the update, **noted** the impact of the circumstances which had caused this, and endorsed the action plan.

Members took a lunch break at 12.48 pm. The meeting reconvened at 1.15 pm.

13 The Culture Programme Assurance Report

F Hogg spoke to the circulated report and noted an amber reporting level due to the system pressures that had arisen during the reporting period. Current signs were that the next period will see a return to a green rating.

- 30 of 35 bullying and harassment cases had reached early resolution with only 8 cases progressed, signaling a small step forward in the process.
- Regarding outstanding Board action on the Wellbeing strategy progress, as this is now an integral part of the wider Together We Care strategy, F Hogg wanted to ensure all possible engagement and feedback was received to this before a draft was created, but work is well

underway and the final Wellbeing strategy and plan will be developed and consulted on between August and October.

- It was hoped that the final report from the Independent Review Panel would be received in time for discussion at this meeting, but it was not received in time and instead the Board will hold a Special Meeting on 28 June to address the findings, recommendations and culture actions.

A moderate level of assurance was proposed to the Board and it is hoped that this will change to a substantial level of assurance with the remobilisation of this work by July.

In discussion, the following points were raised,

- S Compton Bishop endorsed the paper as presenting a good opportunity for the embedding of this work which the Staff Governance Committee have been discussing in detail.
- The need to make this work 'business as usual' was noted, and to this end easy to use templates were being created to assist local managers with the embedding of Performance Management so that progress indicators are better understood and that work is supported effectively.
- The Chair commented on the danger of staff apathy in responding to multiple surveys and referred in particular to close timing of the Listening and Learning and IMatter surveys. Nonetheless, it was noted that work on engagement was important in spite of its challenges.

The Board **accepted moderate assurance** from the report.

14 Quarterly Whistleblowing Standards Assurance Report

F Hogg introduced the update and noted that the July meeting of the Board will see the first annual report (with INWO guidance).

- The Whistleblowing document is the final item of the Internal Audit actions and will be launched in July.
- During the period, one Stage 2 case was closed with an action plan for remote and rural areas in Argyll and Bute.
- Three cases are now resolved with two cases still open and nine evaluated to be not whistleblowing.
- With it being the first year of the process it is still difficult to identify trends.
- The average time to completion for cases was 214 days.
- A Donald has continued to visit staff to raise awareness of Whistleblowing and a schedule of visits has been published for colleagues.

In discussion,

- A Donald noted the need to continue to assess awareness in relation to the national standards. There is also the need for vigilance to ensure all routes of data were observed.
- It was noted that there is a desire to tailor approach for each case, which is often a long standing and complex challenge which requires in depth and wide ranging engagement and investigation, but whilst most stage 2 cases are not closed quickly, the 20 day update - Ensures that progress is reported and those raising concerns have ongoing engagement and updates.

The Board **accepted moderate assurance** from the report.

GOVERNANCE

15 Strategic Risk Register

(a) Corporate Risk Register

L Cowie gave a presentation noting the simplified format of the register to highlight how to embed the strategy and risks in the work of the Board, and a revised Strategic Risk Register will be ready for late summer.

The Board noted the update and **accepted substantial assurance**.

(b) Draft Compliance Strategic Risk

F Hogg provided an overview of the report and noted that the Audit Committee, Staff Governance Committee and Risk Management Team agreed that Statutory Mandatory Training be added to the Strategic Risk Register. Updates will be provided to Staff Governance, Clinical Governance and Audit Committees and a project team will establish a plan, Terms of Reference and identify key stakeholders which will be integrated into the People elements of the Together We Care strategy and Annual Delivery Plan.

It was proposed that with the escalation of the risk to the register the assurance level can increase to moderate.

Board members noted the importance of the topic and drew attention to the following points in discussion:

- A Christie as Chair of the Audit Committee noted that the committee had an action to conduct a development session on the theme and asked how this workstream could be moved forward with speed. It was explained actions were being prepared by Emma Pickard before the end of June which will fit into the People elements of the Annual Delivery Plan with appropriate tracking and linking.
- It was commented that the 2024 date referred to on p.185 of the papers reflects how long it is likely to take to achieve all colleagues having objectives and PDP in place and the ground work needed to make this simple, but this is already underway. Every manager has responsibility to take this work forward with their colleagues once the tools and processes are in place to make this easy.

The Board **approved** the addition of Statutory and Mandatory Training to the Strategic Risk register and **accepted limited assurance**.

16 Board Assurance Framework – Update on Progress

R Daly gave an overview of progress made since January 2022.

The Board **noted** the contents of the report and **accepted moderate assurance** that progress is being made towards improvements identified in the Board Assurance Framework Improvement Plan.

17 Review of Governance Arrangements

R Daly introduced the proposal that from 1 June 2022:

a) the full suite of business should be reinstated at formal Committee and Board meetings and the full timetable of Development sessions for Board and Committees should be reintroduced,
b) Committee and Board business meetings continue to be held using MS Teams as the means of access for all participants, and
c) Development and Strategy sessions should also continue to be held over MS Teams for all participants as a standard approach, with discretion being extended to individual Chairs to agree to hold them in person as appropriate.

The Board **agreed** the proposal and **accepted substantial assurance**.

18 Governance Committees Annual Reports

R Daly drew members' attention to the Annual Reports of the NHS Highland Governance Committees which were produced for approval and to provide assurance to the Board throughout the last financial year as part of the Annual Accounts process. The annual reports will be submitted to the Audit Committee on 28 June 2022 evidencing that governance processes have been followed.

The Board **Agreed** to accept substantial assurance and **Noted** that the Annual Reports were approved by the Audit Committee on 3 May 2022 and were presented to the Board for information purposes.

19 Community Empowerment Act – Annual Reports

R Daly introduced the SBAR which details the annual reports for Asset Transfer and Public Participation Requests.

In discussion, Alan Wilson noted that there had been a notification of interest for an Asset Transfer in Broadford, Skye and work was underway with the communities in question to support applications.

The Board **approved** the annual reports and **accepted substantial assurance.**

20 Gaelic Language Plan – Delegation of Authority for Approval of Annual Monitoring Report

The Board **agreed** to delegate authority to the Board Chair and Chief Executive to approve the terms of the submission of the Bòrd na Gàidhlig Annual Monitoring Report (due 14 July 2022) and report back to the July Board meeting.

21 Register of Members Interests

R Daly outlined the statutory requirement of Board members to Register their interests in the Highland NHS Board Register. The formal Highland NHS Board Register is available at the Board's offices and on the NHS Highland web:
https://www.nhshighland.scot.nhs.uk/Meetings/Documents/Composite%20Register%20of%20Directors%20Interests%202021-2022.pdf

The Board **noted** the update.

22 Model of Code of Conduct

It was noted that, as requested by Scottish Government, agreement was sought outwith the usual schedule of Board Meetings to adopt the revised model of Code of Conduct. Board members had provided their agreement to adopt the new model and Scottish Government have been informed. All Boards had to publish the new Code of Conduct on their websites with branding logos by Friday 10 June and can be located using the below link.

https://www.nhshighland.scot.nhs.uk/meetings/pages/codeconduct.aspx

The Board **noted** the position regarding the virtual agreement of the Model Code of Conduct and **noted** that a development session on the Code of Conduct is under consideration.

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

a. Highland Health and Social Care Committee 27 April 2022
b. Clinical Governance Committee 28 April 2022

- Work is ongoing to address deterioration in Tissue Viability and falls indicators. It was felt that the system pressures arising from the pandemic are having an impact on patient outcomes and experience.

- The Board will not meet Infection Control Protocol targets for 2021/22 but are within the necessary levels and there is no concern from Government.

c. Finance, Resources and Performance Committee 28 April 2022

The next meeting will consider the Environment and Sustainability report.

d. Audit Committee 3 May 2022

The Chair referred to the committee's discussion of Strategic Risk in item 15b above.

e. Area Clinical Forum 5 May 2022
f. Staff Governance Committee 11 May 2022
g. Argyll and Bute Integration Joint Board, 30 March 2022

Budget set at the last meeting, including full repayment of monies owed to Argyll and Bute Council

24 Any Other Competent Business

- Argyll and Bute Council have nominated Garrett Corner (who replaces Graham Hardie) as their new Council member of the NHS Highland Board. Highland Council are due to meet soon to nominate their member to the Board.
- There will be a special meeting of the Board after the Annual Accounts held online on 28 June at 2.30 pm.

22 Date of next meeting

There will be a Special Board Meeting on 28 June 2022 at 2.30pm.

The next full meeting of the Board will be on 26 July at 9.30am.

The meeting closed at 2.24 pm

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DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**28 June 2022 – 2:30pm**

Present
Prof. Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health and Health Policy
Mr Alex Anderson, Non-Executive
Mr Graham Bell, Non-Executive
Ms Jean Boardman, Non-Executive
Ms Elspeth Caithness, Employee Director
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Dr Boyd Peters, Medical Director
Ms Susan Ringwood, Non-Executive
Ms Muriel Cockburn, Non-Executive
Mr Garret Corner, Non-Executive

In Attendance
Mr Stephen Chase, Committee Administrator
Ms Ruth Daly, Board Secretary
Mr Ruth Fry, Head of Communications and Engagement
Ms Fiona Hogg, Director of People and Culture
Mr David Park, Interim Deputy Chief Executive
Ms Katherine Sutton, Chief Officer, Acute Services
Mr Nathan Ware, Governance & Assurance Co-Ordinator
Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

Also in Attendance
Approximately 25 Members of staff, media and public

1 Welcome and Apologies for absence

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

Apologies were recorded from Board members Sarah Compton Bishop, Philip Macrae, Gaener Rodger, Catriona Sinclair and also from Fiona Davies, Lorraine Cowie, Tara French and Deborah Jones.

2 Declarations of Conflict of Interest

None were noted.

3 The Healing Process Reports and Progress Update

The Chair introduced the report with a statement on behalf of the Board:

The episode and events that led to the commissioning in 2018 of the Sturrock Report by the Cabinet Secretary for Health and Sport have proved costly and detrimental to NHS Highland financially and reputationally but the cost to individual members of staff of the harm inflicted upon them by bullying and inappropriate behaviour is incalculable and has to be uppermost in our thoughts and actions.

We must acknowledge the courage of the whistle-blowers in bringing that suffering to public awareness and drawing attention to the deviant culture that permitted such rogue behaviour. We owe it to them to put in place the kinds of steps and measures, policies and practices that have been identified by John Sturrock, by the Root Cause Analysis conducted in partnership with members of the Whistleblowing Group and by the Independent Review Panel which conducted the Healing Process.

I would like to thank the group of union representatives, whistle-blowers, HR staff and external advisers who co-designed the Healing Process and to place on record the Board's appreciation of the very professional and sensitive manner in which the Independent Review Panel set about its gruelling task. We are greatly indebted to Michael Fuller and his team for taking on such an intensive and highly-charged mission and for bringing a series of recommendations to the Board over 5 reports. We owe it to the whistle-blowers and to all who suffered harm to take full cognizance of the findings of the Independent Review Panel.

The publication of the Independent Review Panel Final Report draws the formal Healing Process to a close but the hurt and distress occasioned by the bullying and inappropriate culture is still felt by many and the healing will take time. That makes me personally as Chair and my colleagues on the Board all the more determined to press on with the programme of remedial actions which aims to establish a healthy and positive working environment and culture and to eliminate the behaviours that have afflicted the organisation in the recent past.

We remain wholly committed to that and would encourage anyone within the organisation who witnesses or becomes aware of inappropriate behaviour to use the channels that we have established like the Guardian Service to bring such concerns to the fore. I am encouraged that colleagues are already doing so and that early resolution has been achieved in many of the cases raised.

I would, in concluding these remarks, want to acknowledge the vital role that our External Culture Adviser, Emma Pickard, has played in helping the Board to address the issues that have arisen and in formulating appropriate responses and programmes of action. We thank her most sincerely for her valuable and valued input and wish her well in her future activities.

F Hogg gave an overview of the report and set out some context and observations.

The Healing Process launched in May 2020 and was open for applications from current and former colleagues of NHS Highland until the 31st of March 2021. Its purpose was to address the harm caused by bullying and inappropriate behaviour that some people experienced working for NHS Highland in the period up to the 31st December 2019. The Healing Process was unique, bespoke and co-created with colleagues, trade unions and some of those who had been directly affected by such behaviours the process sought to address.

The purpose was to bring some healing through

- formal apologies
- psychological therapies
- the opportunity to have the Independent Review Panel hear their accounts

- financial payment
- and for the Board to apply learning from the process.

Initially, 340 people applied for assistance and 272 had their account heard by the Panel. The areas of organisational learning have formed the basis of the Panel's reports. Further data from the report around participation levels and outcomes will be presented later in the year when all the final costs of running the process are available.

F Hogg expressed thanks on behalf of her team and the organisation to every individual who participated in the process, and acknowledged the difficulty and trauma experienced from the initial events and the process of recounting what they had experienced to the Panel. Recognition was given that for some people there will be lasting hurt and harm and apologies were expressed for this.

She expressed thanks for the substantial contributions made by the following: the Independent Review Panel, members of NHS Highland involved in setting up and running the Healing Process in particular HR advisor, Barbara Anne Nelson, staff side, Whistle Blower representatives, legal support from Shepherd and Wedderburn, and practitioners from Validium who continue to deliver psychological therapies.

Work has been ongoing to improve communication and engagement with colleagues, including the Listening and Learning survey which took place last summer, and visits across the Board area. Listening and Learning panel sessions have begun, permitting colleagues to provide their personal experiences of what it is like to work for NHS Highland to the Director of People and Culture, the Board Chair and the Chief Executive. Listening and Learning 'Live' sessions are planned throughout key areas of the Board and the wide-reaching participation and engagement exercise on the five-year strategic plan was now nearing completion. While recognising the progress made by NHS Highland in achieving cultural transformation, it was stressed that there was still much work to be done to impact positively on the experience of all the Board's 10,500 colleagues across a vast geography. This endeavour would be an integral part of the People elements of the 'Together We Care' five-year strategic plan on which progress reports would be brought to the Board, the Staff Governance Committee, the Area Partnership Forum and leadership meetings to ensure the momentum continues.

In concluding, Fiona Hogg expressed her thanks for the work of Emma Pickard in driving forward progress on the Culture agenda since she became External Culture Adviser in March 2020.

In discussion, the following matters were addressed:

- The role of colleague experience surveys was discussed in terms of how the Board obtains feedback and measures changes in organisational culture. The Listening and Learning survey is tailored to NHS Highland's specific context whereas the iMatter survey has standard questions to cover all Scottish Health Boards, so both are valuable in different ways.
- The risk of 'survey fatigue' could lead to reduction in completion rates due to perceived cross over with the national iMatter survey and could be exacerbated if colleagues do not see changes implemented from survey results.
- Listening and Learning virtual visits to front line colleagues were noted as very useful opportunities for non-executive and executive members to engage with and listen to front line colleagues across the organisation and should be encouraged.
- A report for the Board on results from the most recent iMatter survey is expected soon, and the next iMatter survey is likely to be held in March 2023, as part of a national move to survey all of NHS Scotland at a similar point. Consideration will be given to minimise any overlap between iMatter and the next Listening and Learning survey.

- Use of the CultureAmp platform will be extended with, onboarding and exit questionnaires used in addition to local exit discussions, to capture more about the experience of colleagues at different stages in their careers.
- The challenge of engaging with colleagues who cannot or do not take part in technology-enabled interactions was raised. It was stressed that line managers should ensure information is cascaded to all of their team but it was recognised there was a need to support and resource local managers with training and development plans.
- Future focus would be on addressing the individual experience of colleagues so as to create, in its broadest sense, a more inclusive approach. This would involve regular conversations with teams and managers to ensure they are properly and consistently supported, to discover improved ways of working and areas which need more attention. This would be done with specific alignment to the values of the organisation.
- It was asked what work was being done differently in relation to recruitment and on-boarding of new colleagues for the National Treatment Centre and if lessons learned from the redesign projects at Lochaber and Caithness form part of this to avoid previous failings. It was noted that significant community engagement work formed part of the redesign projects which included listening to colleagues and service users to bring more of a co-design approach. There were opportunities to try new ways of working to promote long term career development and support with the practicalities of attracting new employees to the area.
- P Dudek paid tribute to the work that had been done by colleagues who had worked on the learning reports and dealt with the challenges of doing engagement work during a pandemic. She noted that she had received feedback from emails that positive change was being felt from the Healing Process and expressing thanks for the formal apologies received. However, she also acknowledged that some people felt the process was of no or little benefit. She stressed that patient safety is at the forefront of culture improvements which requires an open and transparent system for colleagues to feel able to speak up. She acknowledged the significant body of work still ahead of the organisation in this regard. This remained a priority for Executives and senior leadership teams.
- Responding to a query regarding whether there was any cross-over between the recommendations of the Independent Review Panel and the Once for Scotland policies, it was confirmed that Fiona Hogg is part of the working group for National Leadership Development, working to establish A success profile for executives within NHS Scotland to ensure recruitment, performance management and succession planning were based on the needs of the future. Executive and Senior Manager annual appraisals locally now will include a focus on succession planning and 360 degree feedback.
- E Caithness, as Employee Director, commented on the involvement and expectations of trade unions and professional organisation representatives with the Healing Process. Reference was made to section 5.4 of the report in which participants had felt that staff side representation had been ineffective in picking up on issues effectively across the organisation. Assurance was given that staff side is looking at the areas identified and was receiving support to take this work forward. Colleagues were invited to contact the Employee Director directly if they felt any matter in relation to these issues needed to be escalated. F Hogg commented on the strong relationship that had been developed between the organisation and staff side representation which is at the heart of how the Board would wish to understand and support its workforce.
- The Chair urged the need for real change to be evident to avoid any criticism that culture improvements were not being taken seriously throughout the organisation. F Hogg stressed that the People and Culture team want people to engage with them through all the different options, including confidential channels to express concern in areas they believe improvements still need to be made. P Dudek added that if colleagues are feeling threatened or uncomfortable by their working interactions then they are encouraged to use the

confidential routes of contact and come forward with their concerns. There is a zero tolerance approach in relation to bullying behaviour. Nonetheless, this is a people business and especially at a time of severe system pressures in an organisation with 10,500 colleagues behaviour will sometimes fall below that expected by our values.

- The Chair highlighted the need for Executive and Non-Executive Directors visibility as this had been one of the points raised in a recent Listening and Learning panel. A Donald noted how, in his role as Board Whistleblowing Champion, he had found the visits he has undertaken over the past year to different areas across NHS Highland to have been very productive and a useful way to gauge the feeling of colleagues within the organisation. They have appeared to appreciate these in person visits.
- It was asked what Non-Executive members should take on board in terms of their own appraisal processes in order to demonstrate better what they are doing with regard to this piece of work. P Dudek noted the aim to keep the profile of this work high among executive and Non-Executive members. The Chair added that the Non-Executive appraisal process has a focus on this particular area.
- The Vice Chair acknowledged the importance of addressing the concerns of NHS Highland's partner colleagues (from GPs through to third party care home staff). A partner survey had been conducted over December 2021 and January 2022. Even though the survey took place during the pandemic date which had some impact on responses, there was good engagement, particularly from GP colleagues. The results were broadly similar to the main Listening and Learning survey but there was a sense of a lack of full engagement and information sharing with partners, because of different contractual status, even though NHS services were being delivered. Going forward, a focus on sharing and working collaboratively needs to be the starting point. It was noted that there is an opportunity to address the matter of better information sharing with the NHS Highland website redesign.

The Chair drew the meeting to a close noting that the Healing Process had been an important milestone in the cultural journey of NHS Highland, and expressed gratitude to the Independent Review Panel for the work they had done and for the pointers they have given the Board to areas that require further work.

Culture is a matter that concerns each and every person within the organisation and should not be considered exclusively a matter for People and Culture colleagues. It was therefore important to have the active participation of all colleagues across the organisation in addressing the recommendations that have been produced by the Panel.

In closing, he drew particular attention to part 6.4 of the Independent Review Panel's final report, in which the work already undertaken was acknowledged, and it was highlighted that more is still required. It was now the Board's responsibility to respond to this directly and to take forward the recommendations. The next meeting of the Board will largely focus on the new five-year strategy of which Workforce and Culture will be an important element.

The Chair thanked everyone for their attendance and interest in the session.

22 Date of next meeting

The next full meeting of the Board will be on **26 July 2022** at **9.30 am**.

The meeting closed at 3.56 pm

Agenda Item 8

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**26 July 2022**
Title:	**Finance Report – Month 3 2022/2023**
Responsible Executive/Non-Executive:	**David Garden, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

This aligns to the following NHS Scotland quality ambition:

- Effective

This report relates to the following Corporate Objective(s)

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 3 2022/2023 (June 2022).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26.000m proposed. No funding source was identified to close the residual gap of £16.272m. Work is ongoing, both within Board and nationally, to look at options and schemes to close identified gaps. This report summarises the position at Month 3, provides a forecast through to the end of the financial year and highlights the current funding position with regards to costs linked to the ongoing response to the pandemic and ongoing service pressures.

2.3 Assessment

For the period to end June 2022 (Month 3) an overspend of £10.977m is reported. This overspend is forecast to increase to £33.446m by the end of the financial year. The YTD position includes slippage against the savings plan of £5.984m with slippage of £12.515m forecast at financial year end.

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

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

There is a high risk that a break-even position will not be delivered by the end of the 2022/2023 financial year. A £26.000m CIP represents a significant challenge and closing

the residual gap of £16.272m exacerbates this challenge. The Board continues to look for opportunities both locally and nationally to close this gap.

3.5 Equality and Diversity, including health inequalities

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

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

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

- Executive Directors Group – via monthly updates and exception reporting
- Financial Recovery Board held weekly
- Quarterly financial reporting to Scottish Government

3.8 Route to the Meeting

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

- EDG

4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Capital Expenditure at Month 3

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**26 July 2022**
Title:	**Finance Report – Month 3 2022/2023**
Responsible Executive/Non-Executive:	**David Garden, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Financial Plan

1.1 NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26.000m proposed. No funding source was identified to close the residual gap of £16.272m. Work is ongoing, both within Board and nationally, to look at options and schemes to close identified gaps. This report summarises the position at Month 3, provides a forecast through to the end of the financial year and highlights the current funding position with regards to costs linked to the ongoing response to the pandemic and ongoing service pressures.

1.2 Financial reporting submissions to Scottish Government will revert to monthly during 2022/2023 recognising the severity of the financial challenge that all Boards are facing. The first submission will reflect the month 3 position and a follow on review by Scottish Government is expected following receipt of this submission.

2 Financial Position YTD & Forecast

2.1 For the three months to the end of June 2022 NHS Highland has overspent against the year-to-date budget by £10.977m and is forecasting an overspend of £33.446m at financial year end.

2.2 The YTD position includes slippage against the CIP of £5.984m with slippage of £12.515m forecast through to financial year end. At this early stage in the financial year it is estimated that the residual gap of £16.272m can be covered via the flexibility created at the end of the 2021/2022 financial year if these are all available for the Board to utilise.

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

Table 1 – Summary Income and Expenditure Report as at June 2022

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,096.364	**Total Funding**	252.958	252.958	-	1,096.364	-
	Expenditure					
396.296	HHSCP	100.120	103.060	(2.940)	406.742	(10.446)
231.923	Acute Services	59.691	66.687	(6.996)	252.076	(20.152)
232.498	Support Services	37.148	38.018	(0.870)	234.999	(2.501)
860.716	**Sub Total**	**196.959**	**207.765**	**(10.806)**	**893.817**	**(33.100)**
235.647	Argyll & Bute	56.000	56.170	(0.170)	235.993	(0.346)
1,096.364	**Total Expenditure**	**252.959**	**263.935**	**(10.977)**	**1,129.810**	**(33.446)**
	Surplus/(Deficit) Mth 3			**(10.977)**	**33.446**	**(33.446)**

2.4 A breakdown of the forecast by cost previously charged to Covid, unachieved savings and the net operational position is detailed in Table 2.

Table 2 – Breakdown of YTD & Forecast

	Covid (Unfunded)	Unachieved Savings	Operational Under (Over)Spend	Total Forecast Under/ (Over)
HHSCP	(0.386)	(5.309)	(4.751)	(10.446)
Acute Services	(2.654)	(4.195)	(13.303)	(20.152)
Support Services	(0.998)	(1.773)	0.270	(2.501)
Argyll & Bute	-	(1.238)	0.892	(0.346)
Total	**(4.038)**	**(12.515)**	**(16.892)**	**(33.446)**

3 Highland Health & Social Care Partnership

3.1 The HHSCP is reporting a YTD overspend of £2.940m with this forecast to increase to £10.446m by financial year end. Table 3 shows the position across Health and Social Care.

Table 3 – HHSCP Breakdown as at June 2022

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
242.143	**Health**	**60.436**	**62.602**	**(2.166)**	**249.815**	**(7.673)**
154.153	**Social Care**	**39.684**	**40.458**	**(0.774)**	**156.927**	**(2.774)**
396.296	**Total HHSCP**	**100.120**	**103.060**	**(2.940)**	**406.742**	**(10.446)**

3.2 Within Health the forecast position reflects:

- £0.386m of costs which would previously have been funded by a Covid funding allocation
- £5.309m of unachieved savings
- £1.230m of service pressures in Enhanced Community Services & Palliative Care
- £1.071m within Mental Health relating to ligature works at New Craigs and locum costs within Psychiatry
- £0.655m overspend within 2C practices relating to staffing pressures.

3.3 Adult Social Care is currently reporting an overspend of £0774m which is forecast to increase to £2.774m by financial year end. This reflects additional placements and complex packages coming into place since budgets were agreed.

3.4 The current budget plan for ASC does not reflect the full amount of available ASC funding. Plans are continuing to be developed around investment of additional funding which has been allocated by Scottish Government.

4 Acute Services

4.1 Acute Services are reporting a YTD overspend of £6.996m with this forecast to increase to £20.152m by financial year end. Table 4 provides more detail on this position.

Table 4 – Acute Services Breakdown as at June 2022

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
63.504	Medical Division	16.034	18.385	(2.351)	69.657	(6.154)
18.351	Cancer Services	4.580	4.828	(0.248)	19.269	(0.918)
59.864	Surgical Specialties	15.658	16.788	(1.130)	62.829	(2.965)
25.104	Woman and Child	6.497	6.491	0.005	25.104	-
41.459	Clinical Support Division	10.732	11.111	(0.379)	42.344	(0.886)
(3.223)	Raigmore Senior Mgt & Central Cost	(1.051)	1.381	(2.431)	4.616	(7.839)
0.652	NTC Highland	0.652	0.652	-	0.652	-
205.710	**Sub Total - Raigmore**	**53.102**	**59.637**	**(6.535)**	**224.472**	**(18.761)**
12.388	Belford	3.116	3.339	(0.223)	13.214	(0.826)
13.825	CGH	3.473	3.711	(0.238)	14.390	(0.565)
231.923	**Total for Acute**	**59.691**	**66.687**	**(6.996)**	**252.076**	**(20.152)**

4.2 The forecast position for Acute includes £2.654m of costs which would previously have been funded from a Covid funding allocation and at this stage have had no funding applied. It is assumed that a further £0.528m of forecast Covid related costs will be funded from a specific Scottish Government allocation for Test & Protect.

4.3 £4.195m of unachieved savings is also reflected in the forecast position.

4.4 The following pressures are currently the main drivers for the operational overspend:

- Locums across all areas £1.546m

- Respiratory Testing Contract £1.700m
- Radiology outsourcing £0.755m
- Medical Unfunded beds £1.495m
- Surgical Unfunded beds/ theatre staff £1.898m
- Minor Injuries Unit in the Belford previously funded from an additional allocation £0.300m
- Minor Injuries Unit in CHG previously funded from an additional allocation £0.201m
- Acute Drugs £4.500m

4.5 The Acute Drugs position is currently being analysed in detail as this overspend has materialised despite significant additional funding being built into the 2022/2023 budget. Further detail will be included within subsequent finance reports.

5 Argyll & Bute

5.1 Argyll & Bute are currently reporting an overspend of £0.170m with this forecast to increase to £0.346m by financial year end.

5.2 The forecast position includes slippage on savings of £1.238m.

5.3 The position net of savings is an operational underspend of £0.892m largely generated through unfilled vacancies, over-recovery of income and sundry non-recurring slippage.

6 Support Services

6.1 Support Services are reporting a YTD overspend of £0.870m with this forecast to increase to £2.501m.

6.2 This position includes £0.998m of costs which would previously have been charged to Covid and £1.773m of unachieved savings.

6.3 The net forecast position is an underspend of £0.270m which reflects recruitment slippage against vacant posts.

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 £5.984m with £12.515m of savings forecast to be unachieved by the end of the financial year.

7.2 Table 5 provides a summary of the savings position at month 3.

Table 5 Savings at Month 3

	Target £000s	YTD Target £000s	Achieved YTD £000s	Variance £000s
Workstreams NH	18,202	4,550	38	(4,512)
Workstreams A&B	589	147	8	(139)
Housekeeping NH	3,740	882	56	(826)
Housekeeping Argyll & Bute	3,469	872	365	(506)
Total Savings M3	26,000	6,451	468	(5,984)

8 Covid Related Expenditure

8.1 The financial plan submitted to Scottish Government included an estimate of Covid related costs of £31.514m. £23.200m of funding received in quarter 4 of 2021/2022 was earmarked to part fund these costs. Which left a potential additional pressure of £8.314m.

8.2 Work has been ongoing to rebase these costs and the current forecast is £23.964m broken down as detailed in Table 6.

Table 6 Covid Related Cost Estimate at Month 3

Covid Expenditure Category	Total NHS Higland	
	Actual to Date £m	Forecast Outturn £m
Additional PPE	0.013	0.073
Scale up of Public Health Measures	0.087	0.162
Additional Bed Capacity/Change in Usage	0.179	0.195
Additional Infection Prevention and Control Costs		
Additional Equipment and Maintenance	0.032	0.142
Other Additional Staff Costs	0.476	2.387
Staff Wellbeing		0.006
Loss of Income	0.374	1.333
Digital & IT costs		0.367
Primary Care	0.071	0.131
Community Hubs		
Adult Social Care	0.202	0.250
Other - please detail	0.558	2.111
Flu Vaccination & Covid-19 Vaccination (FVCV)	0.725	7.072
Test and Protect	0.801	2.635
Covid-19 Financial Support for Adult Social Care Providers	1.764	7.100
Total Covid Costs	**5.283**	**23.964**

8.3 It is anticipated that funding of £19.926m would be available to support these costs. The balance of £4.038m is reflected in unit's operational position as per Table 2.

8.4 This position is set against the letter from Richard McCallum of 1 June 2022 which indicated that NHS Highland should be working within a cost envelope of £9.900m for non-delegated spend. The current level of non-delegated spend is £10.045m.

8.5 The balance of funding in respect of Covid, currently being held by SG, forms part of the year end flexibility intended to support the unfunded gap of £16.272m.

8.6 Plans are ongoing to exit Covid related costs and incorporate recurring requirements into baseline budgets/ allocations.

9 2021/2022 Year End Flexibility

9.1 NHS Highland received a funding allocation of £48.551m in quarter 4 of the 2021/2022 financial year. This funding was in respect of funding to enable Boards to break even in that year but also advance funding in respect of estimated Covid costs estimated for 2022/2023.

9.2 SG indicated that the balance of funding available at the end of 2021/2022 should be carried forward in ear-marked reserves to fund Covid related expenditure in 2022/2023.

9.3 The ability to do this exists within Argyll & Bute and funding has been managed in this way.

9.4 Within North Highland it is not possible to carry funding from year to year due to the Lead Agency arrangement. Recognising that the North Highland area of NHS Highland would be at detriment compared to the rest of Scotland agreement was reached that funding would be 'handed back' to SG to manage over year end and that a similar arrangement be explored with Highland Council for related elements of cost.

9.5 At the end of 2021/2022 SG were managing a sum of £29.153m - £16.062m being Covid funding related and the balance relating to slippage on other allocations which IJBs would be able to carry forward in reserves.

9.6 £15.000m of the funds held by SG are already incorporated into financial planning assumptions for 2022/2023.

9.7 A similar arrangement was agreed with Highland Council with £16.352 being managed by them over year end. £7.100m of this funding relates to Covid Costs within the HHSCP and the balance of £9.252m was slippage on ASC related allocations which were to be used in support of the ASC funding position in 2022/2023.

9.8 As work commenced nationally to review the overall financial challenge in 2022/2023 the flexible use of the non-Covid related funding has been discussed with the expectation that this will be utilised in Board to support the 2022/2023 position and assist with closing the financial gap.

9.9 NHS Highland is working with SG and Highland Council to facilitate return of this funding.

10 Financial Risk

10.1 The following risks have been identified:

- **Covid-19 costs**. Operational units are carrying £4.038m of forecast costs which would previously have been charged to covid. This pressure is significantly reduced from the estimate presented to the Board in May. Further work is ongoing to finalise the vaccination delivery model and associated costs and it is expected that these will reduce from earlier estimates. Funding in respect of Test & Protect costs is currently being assumed (£2.635m) but there is a risk that this may not be available should the overall SG financial position worsen.
- **Delivery of cost improvement targets** – the target of £26.000m is significant and there is a risk associated with delivery. Slippage of £12.515m is currently being forecast.
- **Argyll & Bute's SLA with Greater Glasgow and Clyde** – whilst this issue was resolved for 2021/2022 the position will be kept under review as NHSGGC are developing a revised SLA model.
- **Adult Social Care funding** - a £3.000m savings programme and additional SG allocations will bridge the gap in 2022/2023.
- **Inflation** is currently running at a rate significantly higher than that assumed when the financial plan was submitted. There is potential for additional cost pressures of £6.556m. This will be reviewed as part of routine monthly monitoring.
- **Agenda for Change Pay Award**. The budget allocation letter received in December 2021 noted "initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements will be revisited by the Scottish Government in line with the outcome of the pay negotiations". At this time an initial offer of 5% has been made. Should funding not be forthcoming this will create an additional pressure of approximately £14.400m.
- No financial provision has been built into the plan to tackle increased waiting lists.

11 Capital

11.1 Total anticipated Capital Funding for NHS Highland for 2022/2023 is £49.614m.

11.2 Details of the expenditure position across all projects are set out in Appendix 1. To date expenditure of £1.066m has been incurred.

11.3 The main areas of investment to date include:

Project	Spend to end June 2022
National Treatment Centre – Highland	£0.218m
Home Farm Works	£0.233m
E-health	£0.201m

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

12 Recommendation

- NHS Highland Board members are invited to discuss the contents of the Month 3 Finance Report.

Appendix 1

Capital Expenditure at Month 3

Original Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000
		Capital Schemes	
1,794	-	Radiotherapy	(6)
12,900	-	National Treatment Centre (Highland)	218
2,500	-	Grantown Health Centre Refurbishment Portree/	9
2,820	-	Broadford HC Spoke Reconfiguration Belford	-
1,250	-	Hospital Replacement Fort William. Caithness	29
1,250	-	Redesign	29
100	-	Raigmore Reconfiguration	-
4,980	-	Increased Maternity Capacity - Raigmore	6
650	-	Community Midwifery Unit	-
200	-	Additional VIE	-
1,000	-	Raigmore Fire Compartmentation upgrade	2
1,200	-	Raigmore Lift Replacement	(5)
600	-	Home Farm works	233
2,200	-	Cowal Community Hospital GP relocation	13
250	-	Campbeltown Boiler Replacement	3
1,750	-	Raigmore Car Park Project	2
900	-	Wifi network Installation Project	34
200	-	Inverness Primary Care	-
1,500	-	Raigmore Oncology Unit	-
2,500	-	Environmental Projects - Highland Wide	-
620	-	Endoscopy Decontamination Washers	4
1,500	-	eHealth investment programme	-
-	-	Laundry Water Filtration Equipment	50
-	-	New B&S Community Hospital	27
-	-	New Skye Community Hospital	54
42,664	**-**		**703**
		Formula Allocation	
800	800	PFI Lifecycle Costs	204
2,350	2,350	Estates Backlog Maintenance	46
1,850	1,850	Equipment Purchase Advisory Group (EPAG)	3
1,000	1,000	eHealth Capital Allocation	201
500	500	Minor Capital Group	-
150	150	AMG Contingency	-
300	300	IFRS16 - New Capital Leases	-
-	-	Other	(89)
6,950	**6,950**		**363**
49,614	**6,950**	**Capital Expenditure**	**1,066**

Agenda Item 10

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 July 2022**
Title:	**Blueprint for Good Governance Action Plan**
Responsible Executive/Non Executive:	**Prof. Boyd Robertson, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This report is presented to the Board for:

- Assurance
- Awareness

This report relates to:

Government Policy

Local Policy.

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

- Effective governance

This report relates to the following Corporate Objective(s)

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

2 Report summary

2.1 Situation

This report invites the Board to take assurance from the progress made against the Action Plan associated with the Blueprint for Good Governance of 2019.

2.2 Background

Scottish Government issued DL (2019) 02 in February 2019 launching the NHS Scotland Blueprint for Good Governance. The Board held a self-assessment workshop and co-designed its Action Plan against the requirements of the Blueprint and submitted the agreed Plan to Scottish Government by end April 2019.

This report provides an updated Action Plan for the Board's consideration and invites the Board to agree that it is now closed.

2.3 Assessment

The Action Plan focused on the functions and enablers of the Blueprint for Good Governance:

- Setting Direction
- Assessing Risk
- Engaging Stakeholders
- Influencing Culture
- Skills Experience and Diversity
- Roles, responsibilities and accountabilities
- Values, relationships and behaviours

The Action Plan addressed priority areas for development already known to the Board through previous external governance reviews and included specific individual and collective developments to enable Board members to be most effective in their Governance role.

Engagement Strategy

The Board assessed progress against the Blueprint Action Plan in September 2021 at which time the commitment to develop a comprehensive, structured engagement strategy for NHS Highland was recorded as 'in progress'. Since this time the draft engagement strategy (known as the Engagement Framework) has been refined and shared with Executive Directors Group and with Board members at the most recent development session. The Framework is designed to meet statutory duties, moral responsibilities and our core values, as captured in the organisational strategy 'Together We Care', and is underpinned by guidance, processes, templates and training to support services to engage appropriately.

A clear pathway for finalising the plan has been established with ratification through Clinical Governance and Highland Health and Social Care Committees, prior to seeking Board endorsement of the plan later in the year. On the basis that progress has moved well beyond the initial stages, and a clear pathway for finalising the strategy is now in place, Board members are asked to consider this outstanding action as being sufficiently complete to close the original 2019 Action Plan.

Blueprint 2022 and Independent Assessment of the Board's Assurance Framework

The Azets Internal Audit review of our Board assurance framework of 2021 recommended that an independent assessment be carried out of the Board's governance systems. This is also a requirement of the 2019 Blueprint for Good Governance and will be a significant feature of the Blueprint's next iteration due to be published later this year. Board members are invited to note that discussions are underway to establish an independent review of our governance against the expectations of Blueprint 2022 once it is released.

The Board will also re-introduce Committee and Board self-assessments in February 2023 as part of the annual cycle of Board and Committee activity.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

The impact on quality / patient care is a key consideration for governance.

3.2 Workforce

The impact on workforce is a key consideration for governance.

3.3 Financial

Financial governance is a key component of the Board's Code of Corporate Governance, containing therein the Scheme of Delegation and Standing Financial Instructions.

3.4 Risk Assessment/Management

Without making changes to the way the Board gets its assurance, there is a risk that the Board will not have active oversight on the achievement of its objectives.

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

Reviewed by EDG and Chairs' Group

3.9 Route to the Meeting

The Action Plan was agreed by the Board in April 2019 and progress against it was last reported to the Board in September 2021. This report has been considered by EDG on 4 July 2022 and share with the Board in development session on 19 July 2022.

4 Recommendation

The Board is invited to:

(a) **Take assurance** on the significant progress made with the Engagement Framework,

(b) **Agree** the closure of the 2019 Blueprint for Good Governance Action Plan, and

(c) **Note** that discussions are underway for an independent external review of the Board's governance to be undertaken following the publication of the next iteration of the Blueprint for Good Governance expected later in the year.

2 List of appendices

The following appendix is included with this report:

- Appendix No 1, NHS Highland Blueprint for Good Governance Action Plan July 2022.

Blueprint for Good Governance Development Plan – July 2022

DEVELOPMENT AREA	INTERVENTION	OWNER	TIMEFRAME	Anticipated benefits	STATUS
Setting Direction					
1 Skills in creating clear direction Development of one, clearly articulated **strategic planning document**	**Board Workshop**: Vision and Strategy	Chair/CE to determine **Chief Executive**	May 2019 onwards	Better understanding of Strategy and the Board's role in setting direction Clarity of direction for NHS Highland	**Complete** Board Workshop undertaken on **Vision, Strategy and Objectives** Feb and March 2020 **Board Strategy Day February 2021** considered our Vision and Values **Board meeting March 2021** agreed 1 year strategy **Appointment of Head of Strategy and Transformation** September 2021
2 A **planning cycle framework** to be co-produced between the Board and the Executive	Consideration of all the key plans/strategy documents/annual and other reports required for submission to SG, with indication of timing/governance	Chair/CEO/Lead Executives/Board Secretary	From May 2019 onwards	This will provide a better grasp of the necessary reporting duties of the Board. It will ensure appropriate sequencing of Board business to focus on the right issues	**Complete** Initial Planning cycle framework generated for Board business

	committee/executive leads etc. Planning Cycle framework to flow from this work and Board Chair to invite board non executives to propose areas for future Board consideration.			at the right time thereby ensuring accountability is kept at the forefront of the Board's attention.	
Board Chair, Chairs of Committees and the Chief Executive should design a process for ensuring that potential agenda items are properly considered and scheduled if necessary. Oversight of Governance Committee remits and priorities	Understand the governance documentation for each committee. Committee Chair "huddles" (initially facilitated) to understand whole governance infrastructure and delivery against national outcomes	Chair/CE to determine OD support	July 2019 onwards	This will develop Board members' understanding of the purpose of each governance committee and better appreciate the assurance framework of the Board	**Complete** **Board and Committee Chairs meetings resumed in October 2019 and regular bimonthly meetings held thereafter**
3 Understanding of organisational structure, delivery	Policy into practice diagram showing how different parts of operation align,	National lead for Board Development (S Millar) And Board secretary (R Daly)	July 2019 onwards	This will provide a better understanding for Board members of the inter-relationships and	**Complete** **Proposed new NHSH Senior Leadership and Management Structure shared with the Board July 2020**

priorities and outcomes	operate and communicate Schedule of leadership walk-arounds to operational areas with tips and guidance to enable proactive engagement with staff, services and patients.	**Director of HR and OD**		dependencies within the organisation.	
4 **Guardian of Quality** – Boardroom to point of care giving. **Culture Fit for the Future (CFFF) Delivery Group to** provide the Board with details of the initiatives and plans to deliver the NHS Highland cultural blueprint across the organisation and to share resulting changes and improvements	**Board Workshop:** Applying Value Management approach at the Board - creating the conditions for effective governance of health system quality	Director of HR & OD		**The Culture Programme should underpin each area of the organisation and is expected to demonstrate how our culture contributes to performance and patient care.**	**Complete** **Now a standing update at Board** meetings and **Development Sessions**

Assessing Risk					
5 **Strategic risk management workshop for the Board and for the Executive team**.	Board Development session to include both Board and Senior Management to help with consistency of understanding and to focus on: Ø the role of audit; Ø responsibilities of the audit committee members/Board; Ø the use of information for assurance and benchmarking Ø understanding risk and applying the approach to NHS Highland; Ø a refreshed risk register and risk appetite statement.	Board Chair and Internal Audit	May 2019 onwards Now planned for 14 August	This is designed to improve Board members' skills, knowledge and experience in detecting, challenging and being satisfied that risks are appropriately managed	**Complete** **Risk Management workshop held on 14 August 2019** **Risk Appetite refreshed September 2019** **Further consideration and re-organisation of our approach to risk undertaken with the Board in August 2020 – risk now central to a Board Assurance Framework and Integrated Performance Reports through Governance Committees** **EDG development session on 23 August 2021, the EDG agreed the risk appetite and tolerance.**

Engaging Stakeholders					
6 **Develop a comprehensive, structured engagement strategy for NHS Highland.**	To be commenced following appointment of a Head of Corporate Communications.	**Head of Comms and Engagement**	Q1 2020	This is to ensure that stakeholder analysis and interface with the external environment is robust and can properly demonstrate that activity is in the public interest and maintains public trust and confidence.	**Complete** **Community Engagement Manager appointed June 2021** **Three-year Engagement Framework now developed and agreed by EDG on 4 July 2022 and shared informally with the Board 19 July 2022.** **Governance oversight included in the draft framework through HHSCC and Clinical Governance Committee.** **Clear arrangements for community and stakeholder engagement and affiliated groups.** **Intention to sit this alongside the A&B framework.**
	Training on concepts and practices for skillful conversation	National lead for Board Development (S Millar)	**Devt Session led by Sharon Millar, NES 27 August 2019**		**Complete**

Influencing Culture					
7 **Dissemination of stated values and ethos internally and externally.**	To be completed following appointment of a Director of Corporate Communications and Director of Human Resources and Organisational Development.	**Head of Comms and Engagement** **Director HR and OD**	To be captured in the Culture Fit for the Future action plan delivery	Embracing organisational shared purpose and leading from the top with an appropriate 'tone from the top'	**Complete** A summary of our 1 Year strategy has been cascaded through managers, and the full strategy is now online.
Skills Experience and Diversity					
8 **Board Induction**	Local orientation and Induction programme to be reviewed On line national orientation and Induction programme	National lead for Board Development (S Millar) And Board secretary (R Daly)			**Complete** Induction process endorsed by Board at April 2019 Development Session together with National approach Now being implemented
9 **Exemplar Peer Support**	Informal buddying arrangement between Non Executives and Executive	Board Chair and Board Secretary	May 2019	Support for non-executive directors to promote a sense of purpose and focus.	**Complete June 2021**

	Participation in the NHS Boards' National Mentoring scheme	National lead for Board Development (S Millar)			
	Closer working between Lead Executives and Governance Committee Chairs to underpin committee governance and processes				**Complete** Executive Leads and Governance Committee Chairs closer working now established
Roles Responsibilities and Accountabilities					
10 The **criteria** for deciding which issues are dealt with at Board or Committee meetings and development sessions should be produced and approved by the Board.	Greater accountability to be built into how decisions are enacted A Framework on standard levels of assurance is being generated for the Board and Committees which will provide clarity on escalation routes and likely courses of action	Chair and Board Secretary	May 2019 onwards	This should underpin good governance and support the Board to lead and have greater clarity at Board meetings regarding actions and who is accountable for their delivery.	**Complete** Local governance review undertaken 2020. Refreshed governance structure and Committee ToRs agreed July/Aug 2020. Integrated Performance Report and Board Assurance Framework now in early stages of operation.

	where full assurance cannot be taken.				
11 The Board wishes to provide a route for Board members to raise issues, if they are unable to do so with the Chair.	**Senior Independent Director** role now included in the role of Vice Chair of the Board	Board Chair		This promotes leadership and good relations within the Board and ensures a healthy corporate culture	**Complete** **New Vice Chair appointed with effect from 3 September 2019**
12 The Board wishes to ensure a culture of openness, transparency and candour, where staff are actively encouraged to speak up about wrongdoing and malpractice within their organisation, particularly in relation to patient safety, without fear of recrimination.	Board Non-Executive Director **Whistleblowing Champion**	Board Chair	Board Meeting May 2019	'Tone From the Top' – benefits the organisation through increased openness and visible active support for staff.	**Complete** **Nationally appointed Whistleblowing Champion in place from 1 Feb 2020**

Values, Relationships and Behaviours					
13 The Board should revisit the **Board Protocol** and confirm it is still fit for purpose and actively implemented.		Chair and Board Secretary	April Dev Session	This provides a better understanding of the way in which behaviours in the Boardroom impact on effective governance	**Complete** **Revised Protocol updated in April 2019**
14 Being Corporate: living values, appreciating roles, accountabilities, responsibilities	**Board Workshop** on Blueprint Enablers to clarify values, developing relationships for healthy organisational culture Using Personal Influence Webinar	Chair/CE to determine OD support National lead for Board Development (S Millar)	May 2019 onwards		**Complete** **Workshop delivered by Sharon Millar, NHS Education for Scotland, on 27 *August and follow-up 22 October 2019*** ***Board members undertook training provided by NHS Education for Scotland in April 2021 looking specifically at Active Governance.***

Agenda Item 11

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 July 2022**
Title:	**Committee Memberships review**
Responsible Executive/Non-Executive:	**Prof. Boyd Robertson, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective

This report relates to the following Corporate Objective(s)

Safe and Sustainable

- In control
- Well run

2 Report summary

2.1 Situation

This report outlines proposals to fill vacancies on Governance Committees created by the changes tothe Boardmembership followingthe recentLocal Government elections in May 2022.

2.2 Background

At the meeting in January 2022, theBoard revised the membershipof its governance committees to maximise the skills and experience of more recently appointed members. Board membership has changed since January as a result of the Local Government elections held in May 2022 and therefore the composition of governance committees requires to be revised.

2.3 Assessment

The outgoing Board members from both The Highland Council and Argyll and Bute Council were members of Clinical Governance, Finance, Resources and Performance and Highland Health and Social Care Committees. These

vacancies are therefore proposed to be filled as shown in green on Appendix 1 to this report. Appendix 2 shows the spread of memberships for each individual Non-Executive Board member.

Given the changes in Board membership, the Highland Health and Social Care Committee will now need to appoint a new Vice Chair.

In terms of the Highland Health and Social Care Partnership, Board and Council members are included in the membership of the relevant strategic Committees of each lead agency. Three Highland Councillors have been appointed to the Highland Health and Social Care Committee and we await confirmation from The Highland Council regarding their expectations for Board membership of the Health, Social Care and Wellbeing Committee

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

The proposed level of assurance will lift to 'substantial' once Board membership of The Highland Council Health, Social Care and Wellbeing Committee is in place.

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper. However, it is hoped that the proposals will enable a more diverse range of skills and experience are directed to our Governance Committees.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Non-Executive Board members involved.

3.9 Route to the Meeting

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

4 Recommendation

The Board is asked to:

- **approve** revised governance committee memberships as shown in Appendix 1 with immediate effect,
- **note** that Highland Health and Social Care Committee must now appoint a new Vice Chair from its membership, and
- **note** that a formal approach from The Highland Council is awaited to request Board appointment to their Health, Social Care and Wellbeing Committee.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 Proposed Committee memberships – changes shown highlighted
- Appendix 2 table illustrating the spread of Non-Executive memberships across all governance committees

Memberships of Committees July 2022 **Appendix 1**

Committee	Current Membership
HHSCC **5 Non Executives including The Highland Council nominated appointee to the Board**	• Ann Clark – Chair • Philip MacRae • Gerry O'Brien • Joanne McCoy • Muriel Cockburn
Argyll and Bute Integration Joint Board	• Sarah Compton Bishop – Chair • Jean Boardman • Graham Bell • Susan Ringwood
Audit Committee **5 Non Executive members**	• Alasdair Christie – Chair • Alex Anderson • Gerry O'Brien - V Chair • Susan Ringwood • Gaener Rodger • Independent Lay Member
Finance, Performance and Resources Committee **4 Non Executives**	• Alex Anderson - Chair • Graham Bell - V Chair • Ann Clark • Garrett Corner
Clinical Governance Committee **4 Non Executives** ***And*** **Chair ACF**	• Gaener Rodger – Chair • Alasdair Christie • Joanne McCoy • Muriel Cockburn • Catriona Sinclair, ACF Chair
Staff Governance Committee **4 Non Executives** ***And*** **Employee Director**	• Sarah Compton Bishop – Chair • Jean Boardman – V Chair • Bert Donald • Philip MacRae • Elspeth Caithness (Employee Director)
Endowment Funds Committee **4 Non Executives *including* Employee Director**	• Ann Clark (Interim Chair) • Jean Boardman • Elspeth Caithness (Employee Director) • Gaener Rodger
Remuneration Committee **5 members *including* Board Chair, Vice Chair and Employee Director**	• Boyd Robertson • Ann Clark (Chair) • Elspeth Caithness (Employee Director) • Gerry O'Brien • Bert Donald
The Highland Council Health, Social Care and Wellbeing Committee **3 Board members**	• • •

Appendix 2

Membership Chart July 2022

	HHSCC	ARGYLL AND BUTE IJB	AUDIT	FINANCE RESOURCES PERFORMANCE	CLINICAL GOV	STAFF GOV	REM COMM	PHARMACY PRACTICES	ENDOWMENTS COMMITTEE
Alex Anderson			ü	ü **Chair**					
Graham Bell		ü		ü					
Jean Boardman		ü				ü **Vice Chair**			
Elspeth Caithness Employee Director						ü	ü		ü
Alasdair Christie			ü **Chair**		ü			ü	
Ann Clark	ü **Chair**			ü			ü **Chair**		
Muriel Cockburn	ü				ü				
Sarah Compton-Bishop		ü **Chair from April 2021**				ü **Chair**			
Garret Corner									
Bert Donald						ü	ü		
Philip MacRae	ü					ü			

Joanne McCoy	ü				ü				
Gerry O'Brien	ü		ü				ü		
Susan Ringwood		ü	ü						
Gaener Rodger			ü		ü **Chair**			ü **Chair**	
Boyd Robertson									
Catriona Sinclair ACF Chair									

For information – Argyll and Bute IJB holds development sessions on alternate months to their formal business meetings, and Board Non-Executives hold the following positions on IJB Committees:

	Audit and Risk Committee	**Strategic Planning Group**	**Clinical & Care Governance Committee**	**Finance and Policy Committee**	**Argyll and Bute Community Planning Partnership**
Sarah Compton Bishop	Member	Member	Chair	Member	
Graham Bell				Member	Representative of the IJB
Jean Boardman		Chair	Member		
Susan Ringwood	Vice Chair				

BÒRD NA GÀIDHLIG

FOIRM DÀTA BLIADHNAIL 2021-22
ANNUAL RETURN FORM 2021-22

Ainm na buidhne **Organisation's name**	**NHS Highland | NHS na Gàidhealtachd**

Prìomh Dhàta Measaidh
Primary Indicator Data

Fios bhon Phoball **Communications from the Public**	Cia mheud brath sgrìobhte a fhuair am buidheann bhon phoball ann an Gàidhlig am-bliadhna? How many written communications have the organisation received from the public in Gaelic this year?	0
A' sgaoileadh fiosrachaidh **Dissemination of information**	Cia mheud pìos a sgaoil am buidheann air na meadhanan sòisealta ann an Gàidhlig am-bliadhna? How manyposts did the organisation distribute on social media in Gaelic this year?	0 (but we have already published some this year)
	Cia mheud fios-naidheachd a chaidh a sgaoileadh leis a' bhuidheann anns a' Ghàidhlig am-bliadhna? How many press releases did the organisation publish in Gaelic this year?	2
Luchd-obrach **Staff**	Cia meud neach-obrach a fhuair cothrom trèanaidh ann an sgilean Gàidhlig am-bliadhna? How many staff received Gaelic skills training this year?	0
	Cia mheud dreuchd a th' agaibh an-dràsta far a bheil Gàidhlig ann mar sgil riatanach? How many posts do you currently have where Gaelic is an essential skill?	1
	Cia mheud neach-obrach a th'agaibh an-dràsta aig a bheil sgilean Gàidhlig? How many staff currently within the organisation have Gaelic skills?	According to the last survey carried out in 2017, 282 staff had

		some ability in Gaelic.

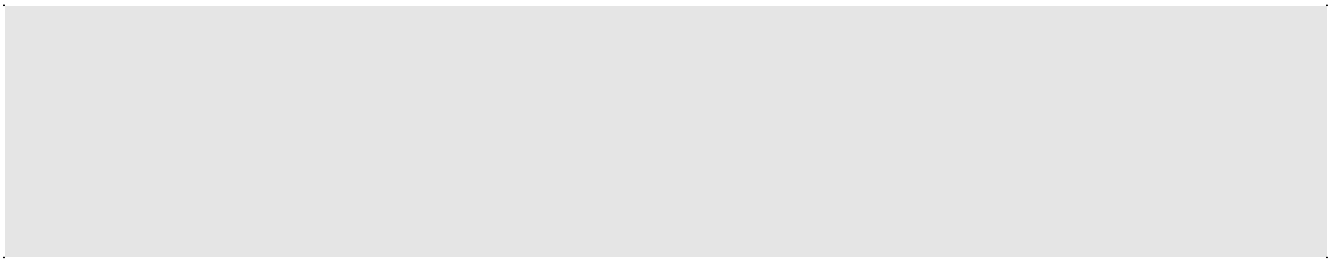
Foillseachaidhean **Publications**	Cia mheud foillseachadh a dh'fhoillsich am buidheann gu dà-chananach am-bliadhna? How many organisational publications have been published bilingually (Gaelic and English) this year?	0
Inbhe **Status**	Cia mheud soidhne dà-chànanach a chuir am buidheann an àirde am-bliadhna? How many bilingual signs has the organisation erected this year?	300 approx (All new signage bilingual in Broadford and Strathspey & Badenoch hospitals).

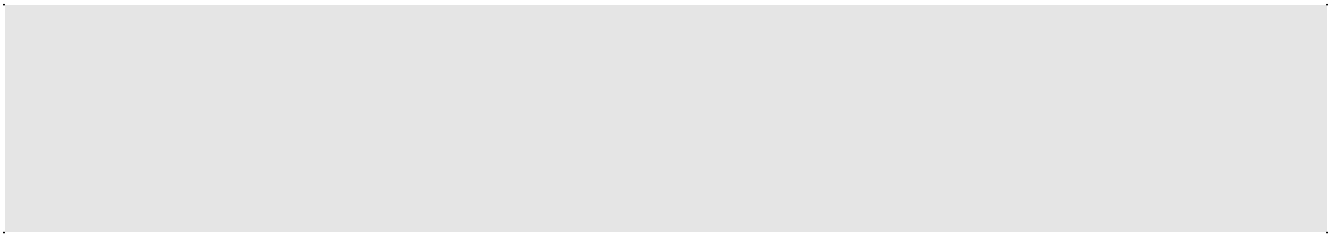
Prìomhachasan a' Phlana Cànain Nàiseanta Gàidhlig **National Gaelic Language Plan Priorities**
Cleachdadh na Gaidhlig / Using Gaelic Ciamar a tha a' bhuidhinn a' toirt fàs air cleachdadh na Gàidhlig? How is the organisation increasing the use of Gaelic?
Gaelic signage on all new buildings and developments Gaelic within the internal newsletter Gaelic awareness module in the Induction process Gaelic weekly videos about why Gaelic Matters for all staff Bilingual email signatures becoming more common and being requested due to being highlighted Staff now requesting access to Gaelic classes and being surveyed around the most useful methods/ systems for roll-out
Ionnsachadh na Gàidhlig / Learning Gaelic Ciamar a tha a' bhuidhinn a' toirt fàs air ionnsachadh na Gaidhlig? How is the organisation increasing the learning of Gaelic?
The Staff Survey goes live in July to provide an update on current skills and attitudes towards Gaelic. A pilot is being explored with Argyll & Bute and Highland Council to share Gaelic classes for staff across the areas A survey to gauge specific Gaelic class preferences is currently live.
A'cur air adhart na Gàidhlig / Promoting Gaelic Ciamar a tha a' bhuidhinn a' cur deagh iomhaigh air adhart airson na Gàidhlig? How is the organisation promoting a positive image of Gaelic?
The plan is being given greater awareness across the organisation mainly through the Weekly Internal Round-up newsletter, where a weekly video is prepared and relevant information shared. This helps to embed Gaelic within the organisation and provides an opportunity for staff to consider Gaelic implications within their own roles. Teams channels are now up and running where staff can engage with areas they are interested in in terms of Gaelic and can contribute to the conversations. The current drafting of the NHS Highland Gaelic Plan 3 is also helping increase awareness. The Gaelic adviser is attending and presenting to a range of fora across various levels within the

organisation, such as the Executive Directors' Group, the Systems Leadership team and the Peuple and Culture Directorate. This ensures that staff across a broad range of departments have the opportunity to feed into the process.

Fiosrachadh dearcnachaidh eile Other monitoring information

A' brosnachadh Foghlam Gàidhlig Promotion of Gaelic Education Chan fheum ach Ùghdarrasan Ionadail seo a lìonadh a-steach For Local Authorities only to complete
Fo Earrainn 15 de dh'Achd an Fhoghlaim (Alba) 2016, feumaidh ùghdarrasan ionadail aig a bheil foghlam Gàidhlig anns an sgìre aca seo a shanasachd ann an dòigh iomchaidh. Feumaidh gach ùghdarras ionadail sanasachd a dhèanamh air na còraichean a th' aig pàrantan gus tagradh a dhèanamh airson foghlam Gàidhlig aig ìre na bun-sgoile agus foghlam luchd-ionnsachaidh na Gàidhlig a stèidheachadh. Ciamar a tha sibh a' coileanadh an dleastanais seo? Under Section 15 of the Education (Scotland) Act 2016, local authorities which already provide Gaelic education in their area must take reasonable steps to promote this. All local authorities must take reasonable steps to promote the rights which parents have under the Act to make a request for Gaelic Medium Primary Education and the potential provision of Gaelic Learner Education. Could you tell us how you are undertaking this?
n/a
Pàrantan Corporra **Corporate Parenting** Chan fheum ach Pàrantan Corporra seo a lìonadh a-steach For Corporate Parents only to complete
Am b' urrainn dhuibh dàta a thoirt dhuinn air an àireimh de dhaoine òga le Gàidhlig a tha, no a tha air a bhith, fo chùram a tha clàraichte leis an Ùghdarras. Please provide data on the number of Gaelic-speaking care experienced young people registered with the Authority.
This information has not been gathered during 2021.
Am b' urrainn dhuibh fiosrachadh a thoirt dhuinn air tachartasan no cothroman a tha sibh a' cur air dòigh airson daoine òga le Gàidhlig a tha, no a tha air a bhith, fo chùram a tha clàraichte leis an Ùghdarras. Please provide information on activities or opportunities you provide for Gaelic- speaking care experienced young people.
We do not offer anything specifically for Gaelic-speaking care experienced young people as we do not gather this information.





Co-ionannachd Equalities Bu chòir don a h-uile buidheann seo a lìonadh a-steach For all organisations to complete
An do chomharraich an t-ùghdarras poblach agaibh cùisean sònraichte sam bith co-cheangailte ri co-ionannachd chothroman a thaobh leasachadh na Gàidhlig? Has your public authority identified anyparticular issuesrelatingto equality of opportunity with regard to the development of Gaelic language?
None to date.
A bheil poileasaidhean, modhan-obrach no dòighean-obrach sam bith co-cheangailte ri co-ionannachd a chaidh a chur an gnìomh leis an ùghdarras phoblach agaibh, no a tha gan cur an gnìomh an-dràsta, a bhuineas ri bhith a' cur co-ionannachd chothroman air adhart an lùib leasachadh na Gàidhlig? An inns sibh dhuinn mun deidhinn? Are there any equalities policies, procedures or measures that have been implemented by your public authority, or are in the process of being implemented, that are relevant to advancing the equality of opportunity in the development of Gaelic language? Can you tell us about them?
n/a
A bheil eisimpleirean ann de cheumannan sònraichte a ghabh sibh gus piseach a thoirt air in- ghabhail agus com-pàirteachas a tha air obrachadh gu sònraichte math a thaobh leasachadh na Gàidhlig taobh a-staigh an ùghdarrais phoblaich agaibh? An inns sibh dhuinn nam biodh sibh toilichte nan sgaoileadh Bòrd na Gàidhlig na h-eisimpleirean agaibh agus nan dèanamaid sanasachd orra. Are there examples of implementing specific measures to improve inclusivity or engagement that have worked particularly well regarding Gaelic language development for your public authority? Please indicate if you would be happy for Bòrd na Gàidhlig to share and promote the examples provided.
No

Amasan airson Seirbhisean Corporra	**Corporate Service Aims**	
Àrd Phrionnsabalan	Overarching Principles	
Spèis Cho-ionann A h-uile gealladh anns a' phlana Ghàidhlig air a lìbhrigeadh dhan aon ìre anns a' Ghàidhlig agus anns a' Bheurla.	**Equal Respect** Gaelic language plan commitments delivered to an equal standard in both Gaelic and English.	The corporate services aims are progressing well. A number of them have been hindered, however, by the current impasse with NHS Scotland around a bilingual logo.
Cothroman Follaiseach Gnìomhan practaigeach gus dèanamh cinnteach gu bheil fios aig luchd-obrach na buidhne agus am poball daonnan air na cothroman a th' ann gus Gàidhlig a chleachdadh leis an ùghdarras phoblach.	**Active Offer** Practical measures to ensure that staff and public are kept regularly informed of all opportunities that exist to use Gaelic in relation to the work of the public authority.	A weekly Gnothaichan Gàidhlig | Gaelic Matters video, in the weekly staff newsletter, ensures staff are kept up to date regularly about Gaelic developments and opportunities across the organisation. More will be done publicly as we develop the recruitment campaign #AimHighland and publish the new Strategic Plan Together We Care | Cùram Còmhla which will have Gaelic embedded in the Nurture Well section.
Treas Phàrtaidhean A' dearbhadh gum bi ALEOs agus cunnradairean eile ag obair gus plana Gàidhlig an ùghdarrais phoblaich a chur an gnìomh.	**Third Parties** Ensure that Arm's Length Executive Organisations and other contractors help with the delivery of the public authority Gaelic language plan.	This has yet to be initiated.
Gàidhlig na nì àbhaisteach Geallaidhean bhon phlana Ghàidhlig air an gabhail a-steach ann an structaran an ùghdarrais phoblaich tro thìde, le sgrùdadh cunbhalach airson cothroman a chomharrachadh taobh a-staigh bhuidseatan stèidhichte gus Gàidhlig a thoirt air adhart.	**Normalisation** Gaelic plan commitments are normalised within the structures of the public authority over time, with opportunities to grow Gaelic within existing budgets constantly assessed.	Delivery of the Gaelic plan is embedded in our latest version of the Together We Care | Cùram Còmhla, NHS Highland stragic plan, as part of the 'Nurture Well' ambitions. Additional policy changes have been developed and are being implemented across the organisations such as induction, recruitment and training.
Pàrantan Corporra	**Corporate Parenting**	NHS Highland is fully aware

Gu bheilear mothachail air na dleastanasan a th' ann mar Pàrant Corporra gum bi a h-uile pàiste is neach òg fo chùram no a b' àbhaist a bhith fo chùram le Gàidhlig a' faighinn na h-aon cothroman 's a tha clann le cànain eile.	That the authority is aware of the duties of a Corporate Parent to ensure that looked after children and young people and care leavers with Gaelic receive the same opportunities as those with other languages.	of its responsibilities under Corporate Parenting and makes no distinctions around language.

Inbhe	Status	
Suaicheantas Ag amas air suaicheantas corporra anns a' Ghàidhlig agus anns a' Bheurla a chruthachadh nuair a thig a chiad chothrom agus mar phàirt den phròiseas ùrachaidh.	**Logo** Aim to render the corporate logo in both Gaelic and English at the first opportunity and as part of any renewal process.	Pressure on NHS Scotland continues, amid a recurring push-back about no policy decisions on bilingual branding. This has been a major issue for us in progressing many of the coporate service aims. We would be grateful for support from BnG in addressing this issue. We understand NHS Scotland does not require a Gaelic plan. The issue has been raised by our Chair with the Director General and the Cabinet Secretary for Health, neither of whom felt there would be an issue, however, we are still awaiting progress on a decision.
Soidhnichean Prìomh shoidhnichean air an dèanamh dà-chànanach nuair a thathar gan ùrachadh.	**Signage** Prominent signage will include Gaelic and English as part of any renewal process.	Bilingual signage for all new signs, has been agreed as a policy and has been now been implemented across all the capital projects last year and this year such as Broadford Hospital and Strathspey & Badenoch Community Hospital. The National Treatment Centre plans have included Gaelic from the earliest stages of development and all parties (including third parties) are aware of this positive development.

Conaltradh leis a' phoball	Communicating with the public	
Brosnachadh Teachdaireachdan gu bheil fàilte air conaltradh sa Ghàidhlig bhon poball daonnan.	**Promotion** Positive message that communication from the public in Gaelic is always welcome.	Complete.
Conaltradh sgrìobhte Fàilte ga cur air conaltradh sgrìobhte sa Ghàidhlig (post, post-d agus meadhanan sòisealta) daonnan agus bidh freagairt ann sa Ghàidhlig, a rèir clàr-ama conaltraidh àbhaisteach na buidhne.	**Written Communication** Written communication in Gaelic is always accepted (post, email and social media) and replies will be provided in Gaelic in accordance with the general policy.	Complete.
Ionad-fàilte agus am fòn Far a bheil luchd-obrach le Gàidhlig ann airson seo a thoirt seachad, gheibh iad taic airson seo a dhèanamh agus thèid sanasachd a dhèanamh air t-seirbheis dhan phoball.	**Reception and phone** Where Gaelic speaking staff are capable of providing this service, they are supported to do so and the service is promoted to the public.	Policy currently being developed around this.
Coinneamhan Cothroman airson coinneamhan dà-chànanach no sa Ghàidhlig a chumail air an rannsachadh gu cunbhalach agus air am brosnachadh.	**Public meetings** Opportunities to hold public meetings bilingually or in Gaelic are regularly explored and promoted.	Bilingual meetings were not held during the last year, mainly due to Covid priorities but we hope to have some as part of the Gaelic Plan consultation over the summer.

Fiosrachadh	Information	
Fiosan-naidheachd Prìomh fhiosan-naidheachd agus fiosan-naidheachd mu dheidhinn na Gàidhlig air an cuairteachadh sa Ghàidhlig agus sa Bheurla.	**News releases** High profile news releases and all news releases related to Gaelic are circulated in both Gaelic and English.	Press releases around the official opening of the Broadford Hospital were released bilingually.
Meadhanan sòisealta Stuth Gàidhlig ga sgaoileadh tro na meadhanan sòisealta gu cunbhalach, le stiùir bho ìre cleachdaidh no cleachdadh a dh'fhaodadh a bhith ann.	**Social Media** Gaelic content distributed regularly through social media, guided by the level of actual and potential users	There is work on Gaelic social media content currently being developed, including some videos to complement the #AimHigh recruitment campaign, with a specific angle on Gaelic recruitment.

		Content has been recorded and is now at the editing stage.
Làrach-lìn Stuth Gàidhlig air làrach-lìn an ùghdarrais phoblaich, le prìomhachas air na duilleagan le faicsinneachd mhòr.	**Website** Gaelic content should be available on the public authority's website, with emphasis given to the pages with the highest potential reach.	There is a moratorium on content for the current website as it is no longer fully supported for updates and information cannot be updated/removed easily. The Web Manager role was advertised as Gaelic desirable. The content and design of the new website is now being carried out and there is a plan for the inclusion of Gaelic as appropriate.
Irisean Corporra Irisean corporra sa Ghàidhlig agus Beurla le prìomhachas air sgrìobhainnean le faicsinneachd mhòr.	**Corporate Publications** Produced in Gaelic and English, with priority given to those with the highest potential reach.	Gaelic has been included in the NHS Highland strategy Together We Care/Cùram Còmhla.
Taisbeanaidhean Cothroman airson taisbeanaidhean dà-chànanach no sa Ghàidhlig a chumail air an rannsachadh gu cunbhalach agus air am brosnachadh, le prìomhachas air an fheadhainn aig a bheil a' bhuaidh as motha.	**Exhibitions** Opportunities to deliver public exhibitions bilingually or in Gaelic should be explored on a regular basis, with priority given to those with the highest potential impact.	n/a
Corpas na Gàidhlig	**Gaelic Language Corpus**	
Gnàthachas Litreachaidh na Gàidhlig Leanaidh an t-ùghdarras Poblach Gnàthachas Litreachaidh na Gàidhlig as ùire mar stiùir airson a h-uile rud sgrìobhte aca.	**Gaelic Orthographic Conventions** The most recent Gaelic Orthographic Conventions will be followed in relation to all written materials produced by the public authority.	This is already in place.

Luchd-obrach	Staff	
Sgrùdadh Luchd-obrach Sgrùdadh cunbhalach air sgilean Gàidhlig agus iarrtasan airson trèanadh Gàidhlig tro bheatha gach plana.	**Internal audit** Conduct an internal audit of Gaelic skills and training needs through the life of each plan.	The survey goes live in July.
Inntrigeadh Eòlas air a' phlana Ghàidhlig mar phàirt den phròiseas inntrigidh.	**Induction** Knowledge of the public authority's Gaelic language plan included in new staff inductions	Information about the Gaelic plan will be included in the TURAS corporate induction suite.
Trèanadh cànain Trèanadh ann an sgilean Gàidhlig ga thabhann agus ga bhrosnachadh, gu sònraichte a thaobh a bhith a' cur plana Gàidhlig na buidhne an gnìomh.	**Language training** Gaelic language skills training and development offered to staff, particularly in relation to implementing the public authority's Gaelic language plan.	This is currently being developed with various partners across Highland and Argyll & Bute with potential collaboration with the two councils.
Trèanadh le Fiosrachadh mun Ghàidhlig Trèanadh le fiosrachadh mun Ghàidhlig, le prìomhachas air stiùirichean, buill bùird, comhairlichean agus luchd-obrach air a bheil dleastanas a bhith a' conaltradh leis a' mhòr-shluagh.	**Awareness training** Gaelic awareness training offered to staff, with priority given to directors, board members, councillors and staff dealing directly with the public.	It is currently with the elearning team for transfer. We will be using the Gaelic Awareness module developed by the Scottish Fire Service and produced by Roddy MacLean.
Fastadh A' toirt aithne is spèis do sgilean Gàidhlig mar phàirt den phròiseas fhastaidh.	**Recruitment** Recognising and respecting Gaelic skills within the recruitment process.	We have made progress in this area with policy being agreed around Gaelic as a desirable skill in specific areas of the organisation. In addition, we have a Gaelic essential role within comms which is being developed. The Web Manager role was advertised as the first Gaelic Desirable job within NHS Highland. The most recent Skye jobs were advertised bilingually. Standard inclusive wording is also being developed for us in general recruitment .
Gàidhlig ainmichte mar sgil a	Gaelic named as an	See above.

tha na buannachd agus/no a tha riatanach gus seirbheisean Gàidhlig a lìbhrigeadh agus a rèir na comhairle laghail aig Bòrd na Gàidhlig.	essential and / or desirable skill in job descriptions in order to deliver the Gaelic language plan and in accordance with the Bòrd na Gàidhlig recruitment advice.	
Sanasan-obrach dà-chànanach no sa Ghàidhlig airson dreuchdan far a bheil Gàidhlig ainmichte mar sgil riatanach.	Bilingual or Gaelic only job adverts for all posts where Gaelic is an essential skill.	We are already advertising bilingually in Skye and Raasay. This will be built on as capacity allows. The areas targeted for this initially are Skye, Raasay, south west Ross, Oban and the Isles.

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	**28 June 2022 10.12am**

Present:
Mr Alasdair Christie, NHS Board Non-Executive (Chair)
Mr Gerry O'Brien (Vice Chair)
Mr Alexander Anderson, NHS Board Non-Executive
Ms Gaener Rodger, NHS Board Non-Executive
Mr Stuart Sands, Lay Representative

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

In Attendance:
Mr Iain Addison, Head of Area Accounting
Dr Tim Allison, Director of Public Health
Ms Joanne Brown, Grant Thornton
Ms Louise Bussell, Chief Officer
Ms Ruth Daly, Board Secretary
Ms Pam Dudek, Chief Executive
Mr David Eardley, Azets
Ms Ruth Fry, Head of Communications and Engagement
Mr David Garden, Director of Finance
Ms Fiona Hogg, Director of People and Culture
Ms Stephanie Hume, Azets
Mr David Park, Deputy Chief Executive
Mr Boyd Peters, Medical Director
Ms Katherine Sutton, Deputy Director of Operations
Mr Nathan Ware, Governance & Assurance Co-ordinator
Mr Stephen Chase, Committee Administrator

1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

Apologies were received from Philip Macrae and Susan Ringwood.

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

2. MINUTE AND ACTION PLAN OF MEETING HELD ON 3 MAY 2022 [*pp.1-10*]

The minute of the meeting held on 3 May 2022 was approved pending amendment of the minute and the Annual Report of the Audit Committee to show A Anderson as present.

The Committee
- **APPROVED** the amended minute of the meeting held on 3 May 2022.
- **NOTED** The Rolling Action plan and agreed for the

3. MATTERS ARISING

There were no matters arising.

INDIVIDUAL INTERNAL AUDIT REPORTS

4.1 PMO – Impact of Unfilled Shifts [*pp.11-70*]

Report by Azets, Internal Audit

G Gunn provided a brief response to the report noting that timescales and working had been agreed with named management leads.

S Hume noted consultancy work of impact on different areas and increasing demand for support staff – what wider impact

The focus of the report was on the period of January to December 2021 and the report outlines advisory recommendations.
Reporting advisory
Potential covering annual leave – policy issue
Reasons vacancies and age of vacancies – management look at

In discussion that followed,

- G Rodger noted an interest in the correlations between unfilled shifts, adverse events and related items and will take the paper to the September meeting of the Clinical Governance Committee for discussion.
- H May commented that the alignment between this piece of work on the part of both HR and clinical staff needs to be strengthened and committed to ensuring this happens in conjunction with B Peters. She also noted the importance of the work and that it would be of interest to the Chief Nursing Officer for Scotland
- A Anderson commented that there is a lot of useful detail to be teased out of the report through further work which is likely to show correlations with issues around Statutory and Mandatory Training.
- S Sands suggested that the work could productively be applied prospectively especially in terms of E-Rostering which is not currently used across all wards.
- G Gunn noted that an E-Rostering plan is in the process of being rolled out as part of a national workstream. In addition, the system is starting to be used for requesting medical locums.

The Committee

– **NOTED** the report, and the pathway to Clinical Governance Committee oversight and requested a future update

4.2 Home Working [*pp.71-90*]

D Eardley introduced the report and noted the current NHS Highland approach to Home Working. The main recommendations of the report were for clearer strategic oversight and wider strategic objectives. It was not possible to obtain objective evidence of how work is managed online with information garnered from local circumstances more than a larger structured approach.

During discussion,

- The Director of People and Culture noted that the organisation was moving towards a long-term approach of agile working and agreed that there should be shared strategic priorities and objectives with the Estates strategy. An Agile Working Group has been re-established to consider these workstreams.

Other questions raised included,
If it was known how many staff have been home working and in what kinds of positions,

- If meetings continue in person by exception do non-executives and lay representatives fall under this requirement?
- If the action plan dates were over ambitious.

The Chair commented that this issue cut across the remit of several committees and that F Hogg will pick up these issues with the Agile Working Group.
F Hogg commented that the Staff Governance Committee will discuss these issues at its 20 July meeting.

The Committee
– **NOTED** the report.

4.3 Accommodation Processes [***pp.91-107***]

S Hume gave an overview of the report which had been requested by the Director of Estates and noted that while there is a capital plan in place for the organisation, there is not an accommodation strategy that outlines how the organization deals with accommodation in the future especially with regard to net zero and environmental sustainability targets. It was noted that there is a lot of inconsistency across the organisation in dealing with accommodation. The Internal Audit found that while most people understood their role in the process, they did not understand the wider implications in relation to the organisation as a whole.

A Wilson assured the committee that decisions had now been brought into the Estates Department with the setting up of the new directorate. A new Estates strategy is underway, and accommodation will form part of this.

In discussion, the following points were raised,
- S Sands noted that this report reflected a similar theme to other reports that had come to the committee outlining problems with distributed controls that do not operate consistently across the organisation. He suggested that this theme could be added to the Risk Register for more detailed consideration.
- G Rodger commented how the lack of an accommodation strategy could contribute to inequalities for staff, patients, and their families.
- A Anderson raised a concern that the major redesign projects which are underway need to address the concerns of the audit and be incorporated into the wider strategy work.
- P Dudek noted that the Executive team are very aware of the concerns raised and the need for proactive work to address this.

A Wilson suggested that the financial obligations be considered by the Workforce Board and the FPR Committee also.

The Committee
– **NOTED** the report.

4.4 Internal Audit Annual Report 2021/22 [***pp.108-122***]

D Eardley introduced the Annual Report on the Internal Audit opinion and noted the step down to moderate assurance which reflects the work around Statutory and Mandatory Training, and other areas where it had not been possible to provide an adequate level of assurance.

The Chair and other committee members commented on the fairness of the report, recognising the issues identified and that plans were in place to address these particularly with regard to Statutory and Mandatory Training and changes to the safety culture to feed into the Annual Delivery Plan.

The Committee
– **NOTED** the report.

ASSURANCE REPORTS

5. Audit Assurance Reports on External Systems [*pp.123-214*]

Update by Iain Addison, Head of Area Accounting

I Addison noted that there is an emphasis of matter in the payment verification to Practitioner Services audit and that this is the only item that keeps it from a completely unqualified opinion. A subcommittee has been set up and has an action plan to review and progress this work and make sure that internal controls are not being eroded by a lack of payment verification.

The Committee
- **NOTED** the report.

6. CORPORATE GOVERNANCE – Audit Committee Annual Report [*pp.215-217*]

The committee noted the Annual Report.

The report will incorporate an amendment to reflect the amendment to the Minutes of 3 May 2022 noted above.

The Committee
- **NOTED** the report.

7. ANNUAL REPORT AND ACCOUNTS 2021/22

7.1 Assurance for the Consolidation of Endowment Fund Accounts [*pp.218-251*]

The Committee
- **NOTED** the approved NHS Highland Endowment Fund accounts which had been approved by the Endowment Trustees, to be consolidated into the accounts for NHS Highland.

7.2 Draft Final Annual Audit Report [*Separate from collated papers*]

J Brown introduced the draft Final Annual Audit Report and drew the committee's attention to a few of the main points,

- The External Auditors proposed an unmodified audit opinion (this is not expected to change).
- Work on the Remuneration Report, related parties, pensions and PPE valuation is now complete. The remaining work is to address points of documentation and standard audit conclusion procedures.

- J Brown noted that the timeline for accounts of Scotland's health boards is now very tight. Accounts can now only be produced for the second week in May and therefore the External Audit started on 9th May.
- A good quality set of numbers was received through the Scottish Government template, and this was translated into a good quality annual report and narrative. It was felt that for the Board to produce its report earlier would be to sacrifice the quality of information for the External Auditors.
- The External Audit's methodology must comply with EFRC and FRC requirements which have become increasingly challenging, and it was commented that this is likely to be an area of discussion for the Board with the new External Auditors.
- It was noted that NHS Highland has a five-year rolling program to value all its assets over this period and in the intervening period NHSH uses indexation which conforms with the terms of the manual of accounts. However, there has been some variation year on year which has resulted in a number of assets not being physically valued in that five-year period. Therefore, the report recommends that this information is captured with a clear process to give assurance that there is no material risk of impairment.
- Regarding the fixed asset register, it was noted that there are a couple of assets which have been disposed of but are still sitting on the register with no net book value. A few discrepancies were noted in the valuation report received from the valuer, and it was recommended that a control is put in place to assure the Board that the information received from the valuer is correct before it is inputted into NHS Highland's records.
- It is a requirement of the regulators that pensions are marked as a significant audit risk. J Brown noted that the External Audit is comfortable with NHS Highland's pensions work and disclosures but recommended that NHS Highland enter into a more formal agreement with Scottish Government regarding any deviation from IAS 19. It was felt that this will assist the new external auditors.
- It was recommended that the committee consider the enhancements presented in the report to IAS 19, on critical judgments and estimates.
- It was commented that, in terms of the financial challenges ahead, these are largely shared with the other Scottish health boards and are not out of the ordinary by comparison.
- It was commented that because the incoming External Auditors have particular interests in the areas of equalities and climate change the report contains a brief narrative on work undertaken by the Board.
- The letter of representation will provide assurance for unadjusted errors noted in appendix one.
- After the meeting, the report will be updated, finalised and signed off for submission to Audit Scotland and Scottish Government, with a copy to be sent to NHS Highland over the next week.

The Chair thanked J Brown and her staff on behalf of the committee and the Board for their work over the past few years on the audit. The Board Chair added his thanks with regard particularly to the External Audit's assistance preparing the Board for its interactions with PAPLs.

D Garden stated with regard to valuations, that the Board should have put out to tender last year for evaluation but had not. He noted that he will make sure that plans are in place to get the tender out for next year's annual accounts sales.

I Addison noted the recommendation for a formal agreement on IAS 19 with Scottish Government, and added that Scottish Government had been kept fully informed over the past 10 years in the reporting and satisfied with the arrangement in that it had funded the pensions shortfall on a year-to-year basis. Plans will be drawn up later in the year to discuss a more formalised agreement with government.

The Committee
- **approved** receipt of the report from the External Auditor.

7.3 Letter of Representation from NHS Highland to Grant Thornton – to be tabled

[***Separate from collated papers***]

The Chair noted the Letter of Representation and presented it for the committee's approval.

The committee **approved** the Letter of Representation.

7.4 Draft Annual Report and Accounts 2021/22 for NHS Highland [***pp.252-369***]

D Garden gave a brief overview of the report and accounts. He noted that quality of narrative in the reporting had improved making the reading of the accounts easier, and thanked Ruth Fry, Ruth Daly, Lorraine Cowie and their teams for assistance in this matter.

It was commented that it had been hoped that this year's report would have given a better picture of NHS Highland's finances after the significant work carried out over recent years and through the pandemic, however current challenges had made a significant negative impact.

The Committee
- **NOTED** the report.

8. ANNUAL ACCOUNTS FOR PATIENTS AND CLIENTS PRIVATE FUNDS

8.1 Patient and Client Private Funds [***pp.370-375***]

I Addison gave a brief overview of the accounts and explained the purpose of the letter from the auditors, Johnson Carmichael, which gave some indication of their findings none of which were considered significant issues.

The committee **approved** the Patient and Client Private Funds for 2021/22.

The Committee paused at 11.26am for an In Committee Meeting of the Board to consider the Annual Accounts. The Audit Committee resumed at 11.29am.

9. NOTIFICATION FROM SPONSORED BODY AUDIT COMMITTEE [*Separate papers*]

I Addison confirmed that a letter had been drafted and circulated in the meeting via the Teams channel. The letter is a notification to Scottish Government of anything that the audit committee may have identified that would be of significance on a national basis.

The Audit Committee was asked to identify if it is aware of any issue which it feels the Scottish Government Health Finance Division ought to be aware of as a matter of national significance.

The committee had no issues to highlight to Scottish Government and **approved** the delegation of preparing and signing the finalised letter for Scottish Government to be arranged by I Addison.

10. COUNTER FRAUD [*Separate from collated papers*]

A paper will come to the September meeting of the committee.

11. SIGNIFICANT ADVERSE EVENTS

Dr B Peters provided a verbal update and noted that work is continuing to follow the action plan. A paper had been brought to the last meeting of the Clinical Governance Committee and an update will be provided to its next meeting. It was commented that there is some good work being carried out at operational level in terms of both process and activity. G Rodger, as Chair of Clinical Governance Committee, added that she would check timescales for the actions to see if they need amending.

The committee **noted** the update.

12. RISK MANAGEMENT PROCESS [*pp.71-83*]

A paper will come to the September meeting of the committee.

13. AUDIT SCOTLAND [*pp.71-83*]

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

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

14. MANAGEMENT FOLLOW UP ON OUTSTANDING AUDIT ACTIONS [*pp.71-83*]

I Addison provided a brief update on audit actions since the committee's meeting in May. The Procurement and Tendering Internal Audit action plan is progressing well and there are more items that have been completed. There are a couple of items outstanding but these are in line with the previously identified timelines. A full report will be brought to the next meeting of the committee.

D Park provided an update on the paper circulated which addressed progress around actions for issues of Resilience and Business Continuity Planning.

An error had been noted on p.1 of the report: this should be corrected to read, that the paper was presented for the purpose of 'noting' by the committee, and not for a decision.

The Head of Resilience, Kate Cochrane, had made a notable contribution to these workstreams in the past year since her appointment. The team established to address Resilience issues is starting to take effect, and there have been useful exercises conducted with external agencies in both Highland and Argyll and Bute.

An update report was offered to come to the committee in about 6 months

The committee **noted** the updates.

15. ANY OTHER COMPETENT BUSINESS

None.

16. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 6 September 2022** at **10.30am** on a virtual basis.

The meeting closed at **11.40 am.**

17. PRIVATE SESSION – AUDIT COMMITTEE MEMBERS AND INTERNAL AND EXTERNAL AUDITORS ONLY

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	**30 June 2022 – 9.00am (via MS Teams)**

Present Dr Gaener Rodger, Non-Executive Board Director and Chair
Dr Tim Allison, Director of Public Health
Jean Boardman, Non-Executive Board Director
Pamela Cremin, Deputy Chief Officer (Community Services)
Dawn MacDonald, Staffside Representative (from 9.10am)
Heidi May, Board Nurse Director
Joanne McCoy, Non-Executive Board Director
Gerard O'Brien, Non-Executive Board Director
Dr Boyd Peters, Medical Director
Simon Steer, Interim Director of Adult Social Care (from 9.35am)
Donald Watt, Service Manager (Argyll and Bute)
Emily Woolard, Lay Representative

In attendance Ruth Daly, Board Secretary
Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics)
Rebecca Helliwell, Deputy Medical Director (Argyll and Bute)
Frances Hines, Research Manager (from 11.00am)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Iain Ross, Head of eHealth (from 11.15am)
Ian Rudd, Director of Pharmacy
Elizabeth Sage, Consultant Physician (Item 12)
Katherine Sutton, Director of Acute Services
Nathan Ware, Governance and Assurance Coordinator (from 9.40am)
Constantinos Yiangou, Deputy Medical Director (from 10.20am)

1 WELCOME AND APOLOGIES

Apologies werereceived from Louise Bussell,R Cargill, A Christie, LCowie, R Donkin and S Govenden.

J Boardman and G O'Brien were welcomed to the meeting as substitute members. It was reported that G Hardie was no longer a member of the Committee following re-election to Argyll and Bute Council. The Chair took the opportunity to thank him for his work on and dedication to the work of the Committee and wished him well for the future.

1.1 Declarations of Conflict of Interest

There were no Declarations of Interest made.

2 MINUTE OF MEETING ON 28 APRIL 2022 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 28 April 2022 was **Approved,** subject to the following amendments:

List of Attendees –Amend to indicate A Clark, S Govenden, MMoss and S Steer were "In Attendance".
Page 5, Item 5.1, Line 7 – Amend to read "…noted that one senior member of the local Clinical Governance Team was to retire, with one further senior staff member moving to a new role…"

Associated Actions (Including Actions 18 and 19 from last meeting) were considered as the meeting progressed. It was advised that in relation to the Committee forward Work Plan an update in relation to Realistic Medicine would be brought to the next meeting on 1 September 2022.

The Committee otherwise:

- **Approved** the Minute subject to the amendments discussed.
- **Noted** actions would be discussed as the meeting progressed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

2.1 MATTERS ARISING

2.1.1 Grade 2-4 Pressure Ulcers

H May advised that existing Tissue Viability data did not automatically distinguish between those patients who had pressure ulcers prior to hospital admission and those who acquired the same whilst within hospital. To ensure appropriate consideration of standards of care, data was being investigated manually with a view to identifying those individual patient cohorts. Activity was being led by S Sears, Associate Nurse Director and it was intended that a further update be brought to the September 2022 meeting.

The Committee:

- **Noted** the reported position.
- **Noted** a further detailed update would be provided to the next meeting.

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

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

3.1 Infants, Children & Young People's Clinical Governance Group

H May spoke to the circulated report, highlighting the ongoing position in relation to CAMHS, NDAS and Child Protection Services. The CAMHS service was under Special Measures at that time, with a range of improvement activity underway including the recent recruitment of a new Clinical Director. The Child Death Review Processes had begun although a backlog of cases remained, in relation to which an improvement plan had been developed. Relevant governance arrangements included regular quarterly reporting of outcomes to Operational Units and submission of an annual report in relation to the same to this Committee. With regard to the joint inspection of Highland children's services, inspectors had met with key leads within the partnership and with specific health staff, with a focus on Covid and the measures introduced to keep children safe during the pandemic. Other focus related to outcomes and how these demonstrated that lives

have been improved, or children made safer. There had also been circulated Minute of Meeting held on 1 June 2022. The report proposed the Committee take **Limited Assurance.**

Discussion points were as follows:

- CAMHS. On reference to improved oversight within Argyll and Bute area, view expressed a more detailed update was required on the overall NHSH position to gauge the overall level of assurance to be taken on the CAMHS service. Confirmed arrangements in Argyll and Bute had significantly improved, with a recent report to the local Clinical and Care Governance Group confirming Consultant oversight was in place, with the service to be fully staffed at senior level in early course. Noted K Sutton was the re-established NHSH Programme Board lead, with T Gervais, Head of Operations (Woman and Child) as Chair. The Board would establish overall current position in detail and look to refresh the relevant Action Plan. Current arrangements and links with Argyll and Bute activity, including aspects relating to governance and ensuring shared learning were to be taken forward. Agreed any detailed update to the Committee should include reference to the overall NHS Highland position, risk mitigation activity, improvement aims and relevant governance structure arrangements.
- Corporate Parenting. Reference made to stated unmet need and timeframe for results from relevant impact assessment, noting potential human rights implications. Advised NHSH Corporate Parenting Plan to be presented to the NHS Board in July 2022, following which Non-Executive Board members would receive relevant training. The position relating to the impact assessment would be investigated and reported back.
- NDAS. Noting concern relating to visibility of Children's Services had been raised at the Highland Health and Social care Committee, the view was expressed little assurance could be taken at this time. Advised Performance Recovery Board providing regular oversight; assurance and governance at this time, including progress against the relevant improvement plan. Acknowledged this was complex area of activity across a number of agency partners. Agreement Committee should receive a detailed update at the next meeting.

The Committee:

- **Noted** the report content.
- **Agreed** matters of interest be discussed by S Govenden with J Boardman out with meeting.
- **Agreed** detailed updates in relation to CAMHS and NDAS be brought to the next meeting.
- **Agreed** to take **Limited** assurance.

4 INFECTION PREVENTION AND CONTROL REPORT

H May spoke to the circulated report which detailed NHS Highlands position against local and national key performance indicators to end February 2022. All Antimicrobial prescribing targets had been met in 2021/2022 and whilst targets for C.diff, SAB and E.Coli had not been met, associated performance remained within predicted limits. Reported relevant targets were expected to be extended for a further year, due to pandemic impact. The position in relation to Statutory and Mandatory training had improved significantly, with plans for yet further improvement in place. There had been no incidences or outbreaks of Flu across the same period although one outbreak of Norovirus had been reported during May 2022. During the reported period a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The Infection Prevention and Control team continued to work alongside Health Protection staff to continue to manage a number of individual cases, and contacts across all health and social care sectors of NHS Highland. There had been 3 Care Homes closed during May and June 2022. The Team continued to follow the guidance published in the Winter respiratory Infection Prevention and Control Addendum to manage Covid19 cases. The transition back to previous guidance would take place in July 2022. There had been no Healthcare environment inspections carried out since the last reporting period and there had been no risks to compliance with Data Protection legislation. Relevant areas of

challenge were outlined in more detail for the information of members, with a continued focus on aspects relating to Mandatory Training. There had also been circulated relevant 2021/2022 Annual Work Plan End of Year Report, 2022/2023 Annual Work Plan start of year update and Infection Prevention and Control Annual Report 2021/2022. The report proposed the Committee take **Substantial Assurance.**

On the matter raised in relation to target setting, it was advised NHS Boards had a degree of influence over these, in discussion with ScottishGovernment, reflecting that infections can be acquired out with care settings.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.
- **Agreed** to take **Substantial** assurance.

5 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

5.1 Children's Services Inspection

H May spoke to the circulated Briefing relating to the joint inspection of services for children and young people at risk of harm in North Highland 2022, Phase 1 of which had commenced. It was reported there was a need for NHS Highland to be aware of the tasks/actions required and to ensure all relevant staff involved or impacted were aware and supported through the process. Phase 1 involved submission of a pre-inspection return; the issue of a staff survey and a review of childrens and young peoples records. Following this, surveys for children and young people and parents and carers would be issued. Phase 2 would involve the submission of a position statement and supporting evidence, and a week of engagement activity. The overall final report, due in October 2022 would be written with the above in mind, taking account of regulatory reports, partner information ad publicly available information that will have scoped the joint inspection.

The Committee so Noted.

H May left the meeting at 9.45am and the Committee agreed to revert to the original agenda order at this point in the meeting.

6 MATTERS ARISING

6.1 Internal Audit Review (Significant Adverse Events) Update

M Morrison advised progress was being made against the relevant Action Plan, with all Significant Adverse Event Reviews (SAERs) and Adverse Events (AEs) with a Duty of Candour element being subject to formal review. An audit had also been established for those AEs that progressed to an SAER designation, with inclusion of a feedback element. It was reported NHS Highland had a high number of AEs and whilst progress had been made there was a need for development of improved data capture and theme identification processes, such as in place for complaints activity. Reported that Patient Alerts were to be re-introduced and the internal "When Things Go Wrong" Webpage was to be updated.

The following points were raised in discussion:

- Datix System concerns. Advised range of improvement activity underway, including in relation to the Action Plan module. Noted Datix operated primarily as a risk management system and was being used to provide relevant IPQR data. Noted ensuring effective incident management systems was a national issue, with potential learning from a system in Wales being considered.
- Trend/Theme Identification. Advised activity should be undertaken at Operational Unit Quality and Patient Safety (QPS) Group level, with the Mental Health Service having shown positive action in that area. Confirmed Datix does include reporting categories and sub-categories, including bullying and harassment, some of which were subject to restricted access given the nature of the information. Other processes were also available to record such issues as bullying and harassment. Reviewer training was key and made readily available, including in relation to relevant feedback arrangements. Training was regularly reviewed; updated and applied across all NHS Highland, including Argyll and Bute. Training was regularly advertised. Confirmed Argyll and Bute Council did not have access to Datix system, limiting available data.
- Datix for Shared Learning. Noting system used widely across NHS Boards in Scotland, with feedback elements crucial to seeking learning and implementing associated improvements. Recognised that system not easiest to navigate and utilise most effectively for this purpose. Informed engagement with the system and better identification of high tariff trends and themes would help drive such learning and improvement activity through improved intelligence gathering. It was suggested Committee receive a detailed report on Datix at a future meeting.

After discussion, the Committee otherwise Noted the update provided.

7 ADVERSE EVENT REPORTING PROCESS

M Morrison spoke to the circulated report outlining the process for managing adverse events. The NHSH process followed the national framework for adverse events and ensures that adverse events are reported, acted upon analysed at the appropriate level and that knowledge gained as disseminated to improve quality, patient safety and performance of the organisation. Relevant key challenges and current developments were outlined. There had also been circulated Adverse Event and Significant Adverse Event processes, including relevant flow charts. It was advised over 1,000 individual adverse events were reviewed every month by relevant Quality and Patient Safety Groups, learning from which was utilised to make relevant changes to Datix where required. Similar work was ongoing in relation to Maternity care. A meeting was to be held with NHS Grampian colleagues to discuss and take learning from how Datix was utilised effectively within that organisation. The report proposed the Committee take **Moderate Assurance.**

The Committee Noted the content of the report and **Agreed** to take **Moderate** Assurance.

8 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Study documents, 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. Acknowledged the requirement for patient identifiable information to be redacted from such reports. In terms of ensuring appropriate staff learning, it was advised this would be led by the relevant Investigating Officer.

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

9 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance around Complaints, Freedom of Information (FOI) requests, Adverse Events, Significant Adverse Events, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. With regard to Complaints, some improvement had been evidenced, with Chief Officers having been tasked previously with developing and setting an appropriate performance improvement plan. On FOI request performance, it was reported NHSH was subject to Level 2 intervention by the Scottish Information Commissioner for the following nine months in relation to which improvement was required to ensure the target of 95% was met over that entire timeframe. An improvement plan was in place. In general terms, members were advised that relevant reporting would be kept under active review and additions/changes made where considered appropriate. It was proposed the Committee take **Moderate Assurance.**

The following areas were then raised in discussion:

- FOI Request Trends. Advised is variable and can be dependent on current issues in the public domain locally or nationally. A large number of requests came from MSPs and commercial organisations. Recent increase in requests relating to Maternity Services. All request information was captured, and Executive Lead Officers were in place to ensure timely responses. On occasion the nature of a request would require to be clarified and in some cases the requesters were signposted to information already publicly available. Some requests were resource intensive to respond to and some could be considered quite unusual in nature.
- Clinical Governance Dashboard. Confirmed active senior level consideration being given to development of an appropriate Dashboard, how this could be presented and what level of relevant data should be included etc. Discussion was ongoing regarding ensuring this would be relevant to Committee members.
- Falls. Noting position relating to Caithness, members were advised targeted improvement activity was underway and producing positive results. Contributory factors had been identified as relating to and including staffing and the number of patients subject to multiple fall events.

After discussion, the Committee otherwiseNoted the reported content and **Agreed** to take **Moderate** Assurance.

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

10.1 Argyll & Bute Health and Social Care Partnership

There had been circulated Minute of Meeting held on 28 April 2022. It was confirmed a formal report would be brought to the next meeting.

The Committee otherwise Noted the circulated Minute.

10.2 Highland Health and Social Care Partnership

P Cremin spoke to the circulated report relating to Child and Adolescent Mental Health (CAMH) Services, the Scottish Government having recommended services be provided up to 18 years, independent of whether still within Education. This required to be agreed in each NHS Board and resources provided to ensure a service may be provided. It was reported work was required to review current NHSH Policy in respect of the care to be provided to young persons over the age of 16 and under 18 years who are not enrolled in school-based education. Until the review was

complete there was a need to ensure that the requirement for these young people to be supported by Adult Mental Health Services to be ratified and communicated to all CMHT Team Leaders.

It was advised there was currently no Operational Clinical and Care Governance Group within the Highland Health and Social care Partnership (HSCP) area, with proposed Terms of Reference for the same to be submitted to the next meeting. B Peters confirmed the existing Quality and Patient Safety structure would also be maintained, with continued regular reporting to this Committee. The exact nature and detail of reporting to this Committee required further discussion and agreement. It was noted the assurance mechanism for the Chief Social Work Officer and associated governance alignment(The Highland Council) had been established. The report proposedthe Committee take **Moderate Assurance.**

Matters raised in discussion were:

- Transitions Team Impact. Advised working with Highland Council to ensure improvement in the functionality of the Transitions Team more generally. Individual cases involving 16 to 18 years old children would be handled through the general Adult Psychiatry Service. North of Scotland Planning Group involved in discussion relating to implementing national CAMHS service specifications, standards and shared supervision arrangements etc.

The Committee otherwise:

- **Noted** the report content.
- **Agreed** to communication with CMHT Team Leaders on service provision for 16 to 18 years old children.
- **Noted** Care and Clinical Governance Group Terms of Reference would be submitted to the next meeting.
- **Agreed** to take **Moderate** assurance.

10.3 Acute Services

E Gray spoke to the circulated report in relation to Acute Services, indicating the Clinical Governance framework previously discussed had been implemented, with weekly meetings of the Quality and Patient Safety Review Group; monthly meetings of the QPS Validation Group; and bimonthly meetings of the Acute Services Division (ASD) Clinical Governance Committee. Issues highlighted by exception had included capacity and flow, the impact on delivery of the elective surgical programme, issues arising from access block to emergency and admitting departments, increasing Inpatient Falls, staff availability within professional groups, and poor performance against measures included in the Scottish Stroke Care Audit now the subject of a focussed improvement plan within Emergency Care. There had also been circulated Minute of Meeting of the ASD Clinical Governance Committee held on 17May 2022. The report proposed the Committee take **Moderate Assurance.**

Matters discussed related to the following:

- Elective Surgical Programme. Noted programme delays reflect the national position. Learning to be taken from the positive position around the Orthopaedic surgery recovery programme and applied elsewhere. Aim also to make best use of capacity within Rural General Hospitals.
- Wider Service Delivery. Advised regular meetings held with Clinical Teams to discuss areas of concern. Clinicians are anxious that concerns are recognised and acknowledged, up to and including at NHS Board level. Active consideration being given to existing and future patient pathways, for the frail and elderly, in association with community-based colleagues. Staffing will be a continuing pressure and limiting factor in relation to service delivery.
- Scottish Stroke Care Audit. Noted number of admittance standards to be met, with NHS Highland performance having been improved significantly prior to advent of Covid but having

fallen back since. Focussed improvement work being undertaken, including in relation to direct admission arrangements from the Emergency Department. Future assurance reporting to Committee would be viathe relevantQuality and Patient Safety Group. Matters were also reported to the Performance Recovery Board.

After discussion, the Committee:

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

The Committee adjourned and 10.55am and reconvened at 11.05am.

11 PUBLIC HEALTH UPDATE

T Allison spoke to the circulated report outlining the work of the Public Health Directorate and giving assurance in relation to the work and improvement activity being undertaken. He referenced existing governance and assurance reporting arrangements, citing a desire to improve this element in relation to reporting of Public Health matters to the NHS Board. It was reported the NHS Highland Public Health Directorate comprised a number of different teams, with some staff managed through the Argyll and Bute Health and Social Care Partnership. Wider Public Health activity was being remobilised at this time, following a reduction in Covid related Public Health activity. With reference to NHS Highland Corporate Objectives, specific updates were provided on activity relating to Improving Health; Keeping You Safe; Innovating Our Care; Working in Partnership; Listening and Responding and Communicating Well; Growing Talent; Leading by Example; Being Inclusive; Learning from Experience; Improving Wellbeing; Protecting Our Environment; and In Control and Well Run. A work stream had been established to oversee savings and efficiencies relating to Covid reporting to the Finance Recovery Board. The circulated report also included an organogram of the Public Health Directorate structure, for information. The report proposed the Committee take **Substantial Assurance.**

The following was discussed:

- Covid Impact on Directorate Focus. Advised aim was to ensure principles of Public Health were at core of wider NHS Highland activity. There would be greater focus on championing and facilitating a prevention agenda, and health inequalities.

The Committee:

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

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

12 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

12.1 National Quality Measures Report

B Peters spoke to the circulated report advising that oversight of specific conditions occurs through analysis of nationally agreed quality measures. Data was collected within each NHS Board, with Public Health Scotland and Health Improvement Scotland providing analysis and publishing reports at intervals. Benchmarking of quality measures was therefore possible. National audits would be reported in to the Quality and Patient Safety Groups to provide local governance and assurance

would be provided to this Committee from those Groups. The report included the May 2022 NHS Highland Quality Performance Indicators Quarterly Report and links were provided to relevant Cancer Quality Improvement Indicators and Scottish Healthcare Audits relating to Renal Registry, Intensive Care Audit, Electroconvulsive Therapy, Hip Fracture, Arthroplasty, Stroke, Trauma Management and Multiple Sclerosis. He went on to state that NHS Boards had experienced increased mortality (excess deaths) and morbidity rates since the onset of Covid, although not all could be attributed to Covid itself. An example of the relevant Risk Escalation Report documents being provided by the North Cancer Alliance to NHS Boards was shown to members and it was confirmed a Cancer Recovery Board had been established and was working well. The view was expressed the Clinical Governance Committee could be better sighted on relevant activity.

The following was discussed:

- Reporting to Clinical Governance Committee. Cancer Recovery Board should provide interval reports to Clinical Governance Committee. Where performance was not at the required level, and there were no formal mitigating actions in place, then those matters should be escalated to this Committee. Forma mechanism for reporting yet to be agreed.
- Question: Cancer Service Consultant Staffing. Advised increased adoption of advanced technological solutions were anticipated to have a positive impact on both recruitment and retention. Concerns around performance were not always staffing related.
- Question: Theatre Capacity Maximisation. Advised ongoing piece of work. Complex and continual challenge for NHS Boards, with numerous contributory factors to be considered.

The Committee Noted the circulated report content.

12.2 Other Emerging Issues

B Peters then provided updates in relation to the following:

- NHS Highland Policies and Guidelines. Advised high proportion of existing documents currently out of date, with the issue having been highlighted at recent meeting of the Executive Directors Group. Concern relating to lack of governance and oversight of this area. A plan to address these issues will be developed. Some of the Policies and Guidelines are relevant to clinical work and therefore to Clinical Governance.
- Breast Screening Programme. Concern relating to ability to meet relevant performance targets. The current number of key staffing vacancies across Radiographers, Radiologists, Pathologists, and other staff groups in addition to the existing screening schedule having a major impact. National developments were outlined. Noted an SBAR document, including a range of recommendations, had been developed and would be shared with members.
- MATS (Addictions) Services. Advised Scottish Government currently seeking an update on position against implementing relevant Standards. Quality Programme Manager engaged to help develop relevant improvement Plan across of areas within Primary and Secondary Care.
- Medical Staffing. Deanery visit and HIS Inquiry recently taken place, with particular concerns noted in relation to junior staffing levels at locations in Oban. A number of service and staff sustainability concerns required to be addressed. Further updates on activity would be brought to the Committee.
- Cancer Recovery Board. Concern across NHS Boards relating to a lack of available Oncologists. The delivery of Systemic Anti-Cancer Therapy (SACT) remained a challenge and was a continuing area of risk. A National Oncology Task Force now in place as this was a national issue.
- Paediatric Rheumatology Team. NHS Highland multidisciplinary team had won a national prize for their recent development work and would collect their prize at an upcoming National Event. Members asked that the congratulations of the Committee be passed to team members.

The Chair, in notingthe number of risk areas and associated mitigating actions highlighted in discussion, suggested the Committee should receive detailed updates in relation to each. B Peters stated any reporting would need to be through Operational area updates and would be required to include reference to any and all relevant mitigating actions, in particular where there may be a risk of potential harm to patients. There was need to recognise a changing clinical practice and patient engagement environment. In relation to inclusion of the stated issues within Risk Registers, it was advised this would not be the case to date for all the matters identified in discussion. The Committee should remain sighted on all relevant matters of concern.

The Committee:

- **Noted** the updates provided.
- **Agreed** the Cancer Recovery Board provide regular reports to this Committee.
- **Agreed** future reporting on identified matters and associated mitigating actions would be via Operational areas.

13 NHS BOARD RISK ASURANCE FRAMEWORK

13.1 Strategic Risk 662 - Clinical Strategy and Redesign

The Chair stated that following further consideration, the recommendation was to be made that Strategic Risk 662 be re-designated as relating to the NHS Board and not this Committee. Relevant Strategy elements would continue to be of interest to the Committee moving forward.

The Committee so Noted.

13.2 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 that whilst population Covid levels had reduced in recent weeks there continued to be significant community transmission of the virus. Covid vaccination programmes had been successful to date despite some stated delivery and communication issues. Comprehensive delivery of the Vaccination Transformation Programme (VTP) had not been possible by April 2022 and the risk target for this had been revised to April 2023. 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** the EDG be recommended to reduce the current Risk Level assigned to **Risk 715 from Very High to High** and maintain the Risk Level assigned to **Risk 959 as High.**

13.3 Clinical Governance Committee Strategic Risks 927 and 928

The Chair spoketothe circulatedreport outlining two Risks (927 and 928) included in the Committee Risk Register and on the basis of the updates on actions being taken, and previous reporting on associated aspects, recommended the Committee reviewing their respective risk ratings at this time. The report proposed the Committee otherwise take **Substantial Assurance**.

The Committee:

- **Agreed**, based on mitigating action, to reduce the existing Risk Level for **Risk 927 to Low.**
- **Agreed**, based on mitigating action, to reduce the existing Risk Level for **Risk 928 to Low.**
- **Agreed** to take **Substantial** Assurance.

13.4 Clinical Governance Committee Risk Register

There had been circulated the Clinical Governance Committee Risk Register (June 2022). The Chair reminded members that suggested Risks may be submitted for consideration and inclusion.

The Committee otherwise Noted the circulated Risk Register document.

14 SIX MONTHLY EXCEPTION REPORTS

14.1 Area Drugs and Therapeutics Committee

There had been circulated report providing the Committee with assurance on action being taken to strengthen governance of non-medical prescribing in NHS Highland. It had been agreed that the Medicines Governance Nurse Team would be provided with additional resource to enable it to provide operational oversight of the governance of Non-Medical Prescribers (NMP) in NHS Highland and to support the NMP Sub-Group in its governance function. The report proposed the Committee take **Moderate Assurance**.

The Committee Agreed to take **Moderate** Assurance.

14.2 Hospital Transfusion Committee

There had been circulated report providing a summary of the activity of the Hospital Transfusion Committee in relation to Governance and Safety, and Quality Improvement. The Committee met quarterly and included local and national blood transfusion representation. The key issues highlighted related to the lack of a Consultant Haematologist to function as a member of the group and absence of National Blood transfusion Practitioner due to sickness. A number of issues had been raised at national level, as indicated and the implementation of national Policies was likely to carry additional resource requirements, with appointment to a full-time educator post awaited. There was also circulated a separate report on the potential removal of the Transfusion number (Tnumber) for cross matching blood within NHS Highland, noting this may incur a cost saving to potentially offset any increased cost of adoption of the National Transfusion Record across Highland. The risk to NHS Highland of adopting national guidelines was indicated as minimal.

The Committee:

- **Noted** the content of the circulated reports.
- **Agreed** to continue to receive regular detailed reports on the work of the Hospital Transfusion Committee.

14.3 Information Assurance Group

I Ross spoke to the circulated report providing an update on the key activities of the Information Assurance Group and on issues previously raised by the Clinical Governance Committee in relation to both improving the medical and dental compliance with Safe Information Handling

training and clinical representation contained within the Terms of Reference for the same Group. It was reported that ensuring compliance with training activity was the responsibility of operational areas and that an organisation wide action plan had been developed in response to the associated Internal Audit review. It was noted that agreement had also been reached in relation to implementing a 'hard control' for staff who had not completed the Safe Information Handling training, meaning that access to clinical systems would be revoked until such training was complete. With regard to the matter of clinical representation on the Information Assurance Group, it was advised Dr C Williams (GP) was a Group member, and that discussion would be held at the next meeting to consider whether that representation should be extended further. There had also been circulated Minute of Meeting of the Information Assurance Group held on 16 March 2022.

The following matters were then discussed:

- General Information Governance Assurance/eHealth. Noted issues previously escalated regarding missing patient results due to reliance on paper-based systems. Rollout of Order Comms regularly raised as potential solution. Implementation delays causing frustration among some clinicians who cite associated patient safety concerns. Advised Secondary Care delays in part due to associated upgrades required to TrakCare. Interim mitigating process solutions being considered and introduced. Replacement of Clinical Lead for eHealth required further discussion on approach to be taken.
- Hospital Electronic Prescribing and Medicines Administration (HEPMA). Advised to go live toward end of calendar year, with testing being taken forward over coming months. Will go live within Caithness General Hospital in first instance around early December 2022. System provides enhanced governance and security. Will also enable data on prescribing patterns as well as inappropriate use of prescription medicines, providing additional levels of governance.
- Data Breaches. Noted breaches continue to occur, representing an area of concern and risk. Advised series of mitigating systems and associated training activity being taken forward as part of the MS365 Programme. Stated no system will ever eradicate all breaches but these can be significantly reduced in number.

The Committee:

- **Noted** the circulated Risk Register document.
- **Noted** the circulated Minute.
- **Agreed** to update the Committee Action Plan to reflect the reported position.

15 RESEARCH, DEVELOPMENT, AND INNOVATION (RDI) ANNUAL REPORT

F Hines spoke to the circulated report providing an overview of the research, development, and innovation activity within NHS Highland in 2021/2022. The report gave detail on key activity areas, financial status and the development of future strategic plans that in turn aligned with the NHS Highland Together We Care Programme. Specific updates were provided in relation to the status of relevant Policies and Procedures, launch of a formal comprehensive website, and Divisional staffing arrangements. Noted Scottish Government had indicated all NHS Boards should carry an RDI Division. Noting the impact of Covid on activity, it was stated the Division had focussed on recovering clinical trial, overall research, and innovation activity as well as expanding its portfolio in relation to new models of service delivery. Structurally there had been significant change to working practices in line with national guidance however staff had now returned to working flexibly according to the needs of their individual role and the wider Division. An update was provided in relation to ongoing activity, including relating to the management of Lyme Disease and it was advised that an Innovation Infrastructure Group had been established to streamline review and approval processes for proposed innovation projects. Private companies continued to work with NHS Highland on a range of projects and research areas and in turn NHS Highland was an active participant in both regional and national projects. The Division continued to map all current, expected and opportunity identified activities against the Together We Care Strategy to provide all

staff with an understanding of how the Division contributes to the work of the service, and how it can be used to address all issues at all levels across NHS Board activity. B Sage took the opportunity to state that any service transformation or innovation within healthcare was dependent upon effective and successful research activity and urged the Division be included in relevant discussions where possible. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Substantial** Assurance.

16 ANY OTHER COMPETENT BUSINESS

16.1 Internal Audit Review (Statutory and Mandatory Training)

The Chair spoke to the circulated Internal Audit report and confirmed reference to Operational reporting to Committeelevel was in place with regardto this Committee in relation torelevant Infection Prevention and Control, and Health and Safety elements.

The Committee otherwise Noted the circulated report.

16.2 Recent Audit Committee Discussion on Impact of Unfilled Shifts

The Chair advised that an advisory report received by the audit Committee had raised concerns relating to the impact of unfilled shifts and a range of other matters, further detail in relation to which would be brought to the next meeting.

The Committee so Noted.

17 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to discussion and agreement around the Strategic Risk Register, wider concerns raised by the Board Medical Director in discussion, and the ongoing position in relation to CAMHS. B Peters advised a number of the concerns discussed, in particular relevant operational system pressures being experienced locally in Highland, had already been escalated to NHS Board level but were ongoing and not easing. Escalations to NHS Board and Executive level had been made, reflecting the clinical staff concerns. It was important to keep the NHS Board informed of these while also acknowledging that decision making needs to be primarily at Operational level, by those most experienced in the organisation and the delivery of clinical and care services.

The Committee so Noted.

18 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2022 as follows:

1st September
3rd November

19 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 1 September 2022 at 9.00am.

The meeting closed at 12.30pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held by MICROSOFT TEAMS on WEDNESDAY, 25 MAY 2022

Present: Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Chair)
Councillor Amanda Hampsey, Argyll and Bute Council (Vice Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Councillor Dougie Philand, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Graham Bell, NHS Highland Non-Executive Board Member

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Lead AHP, NHS Highland
Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP
David Gibson, Chief Social Worker/Head of Children, 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
Kenny Mathieson, Public Representative
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Julie Hodges, Independent Sector Representative
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Dr Nicola Schinaia, Associate Director of Public Health, Argyll and Bute HSCP
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Stephen Whiston, Head of Strategic Planning and Performance, HSCP
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Graeme McMillan, Transformation Programme Manager, Argyll and Bute Council
FionaHogg,DirectorofHuman ResourcesandOrganisational Development, NHS Highland
Kristin Gillies, Senior Planning Manager, Argyll and Bute HSCP
Geraldine Collier, HR People Partner, Argyll and Bute HSCP
David Ritchie, Communications Manager, Argyll and Bute HSCP
Lorna Jordan, Principal Accountant, Argyll and Bute Council
Alison McGrory, Health Improvement Principal, NHS Highland
George Morrison, Head of Finance, NHS Highland
Councillor Garret Corner, NHS Board Member
Patricia O'Neill, Governance Manager, Argyll and Bute Council
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

The Chair opened the meeting and extended a warm welcome to Councillors Kieron Green, Amanda Hampsey, Gary Mulvaney and Dougie Philand who were recently appointed by the Council as representatives on the Integration Joint Board (IJB), following the local election on 5 May 2022. She also took the opportunity to welcome Julie Hodges in her capacity as primary member of the Independent Sector. She advised that Julie had recently taken over the role from Margaret McGowan and thanked Margaret for her services to the IJB over the years.

Apologies for absence were intimated on behalf of:-

Susan Ringwood, NHS Highland Non-Executive Board Member
Betty Rhodick, Public Representative
Kirstie Reid, Carers Representative, NHS Highland
Pam Dudek, Chief Executive, NHS Highland

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minute of the meeting of the Integration Joint Board, held on 30 March 2022 was approved as a correct record, subject to the following amendments:-

Sederunt

Remove Angus McTaggart, who is listed twice as being present.

Agenda Item 7 – Staff Governance Report for Financial Quarter 3 – 2021/2022

Amend bullet point two within the decision to read as follows –

"Endorse the overall direction of travel noting that it would be helpful to have comparative information from both the NHS and the Council at future meetings."

4. MINUTES OF COMMITTEES

(a) Audit and Risk Committee held on 12 April 2022

The Minute of the meeting of the Audit and Risk Committee, held on 12April2022 was noted.

(b) Clinical and Care Governance Committee held on 28 April 2022

The Minute of the meeting of the Clinical and Care Governance Committee, held on 28 April 2022 was noted.

(c) Finance and Policy Committee held on 18 March 2022

The Minute of the meeting of the Finance and Policy Committee, held on 18 March

2022 was noted.

(d) **Finance and Policy Committee held on 29 April 2022**

The Minute of the meeting of the Finance and PolicyCommittee,heldon29April 2022 was noted.

(e) **Special Strategic Planning Group held on 27 April 2022**

The Minute of the special meeting of the StrategicPlanningGroup,heldon27April 2022 was noted.

5. CHIEF OFFICERS REPORT

The Board gave consideration to a report from the Chief Officer which providedinformation on the Joint Strategic Plan 2022-2025; the National Care Service and a number of staff changes, including the retirement of the Depute Chief Officer, George Morrison and the success of the Associate Director of Public Health, Dr Nicola Schinaia in securing another post within NHS Highland. The report also provided an update on changes to the Covid-19 guidance as well as a number of ongoing projects such as the opening of the Lorn and Islands Hospital Macmillan Day Bed Unit.

Decision

The Integration Joint Board noted the report by the Chief Officer.

(Reference: Report by Chief Officer, dated 25 May 2022, submitted)

Dr Rebecca Helliwell; David Gibson and Fiona Thomsonjoinedthemeetingduring discussion of agenda item 5.

6. APPOINTMENT OF ELECTED MEMBERS TO THE IJB AND REPRESENTATION ON THE IJB COMMITTEE STRUCTURE

Consideration was given to a report which outlined the requirement for the IJB to make new appointments to each of the three Committees and to the Strategic Planning Group. The report also presented the Terms of Reference which had been updated to reflect Member job titles. The Board noted that Councillor Amanda Hampsey had been co-opted to the role of Vice Chair of the IJB on a two year rotational basis, by virtue of her Care Services Policy Lead role.

Decision

The Integration Joint Board:

1. Noted the changes in the membership of the IJB and the impact on the representation throughout the Committee structure.

2. Appointed Councillors Kieron Green and Dougie Philand to the Argyll and Bute HSCP Audit and Risk Committee.

3. Appointed Councillors Amanda Hampsey and Dougie Philand to the Argyll and Bute HSCP Clinical and Care Governance Committee.

4. Appointed Councillors Amanda Hampsey and Gary Mulvaney to the Argyll and Bute HSCP Finance and Policy Committee.

5. Appointed Councillor Amanda Hampsey to the Argyll and Bute HSCP Strategic Planning Group.

6. Approved the updated Terms of Reference which reflects member job titles.

(Reference: Report by IJB Standards Officer/Executive Director, dated 25 May2022, submitted)

7. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 4 (2021/22)

The Board gave consideration to a report on staff governance performance covering financial quarter 4 (January to March 2022) and the activities of the Human Resources and Organisational Development teams.

Decision

The Integration Joint Board:-

1. Noted the content of the quarterly report on the staff governance performance in the HSCP.

2. Took the opportunity to ask any question on people issues that were of interest or concern.

3. Endorsed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by HR People Partner, dated 25 May 2022, submitted)

8. WHISTLEBLOWING REPORT QUARTER 4 - 1 JANUARY 2022 TO 31 MARCH 2022

The Board gave consideration to the fourth quarterly Whistleblowing Standards report for NHS Highland covering the period 1 January to 31 March 2022.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Director of People and Culture, dated 25 May 2022, submitted)

9. HEALTH AND SOCIAL CARE WORKFORCE STRATEGY: THREE YEAR WORKFORCE PLAN

Consideration was given to a report which summarised the requirements pertaining to the development of the HSCP workforce plan, which is required to be in place by the Scottish

Government by 31 July 2022 and provided reassurance of theprocessesbeing undertaken to achieve the ambitious time frame.

Decision

The Integration Joint Board:-

1. Noted the content of the report, advising the IJB of the HSCP approach to meeting the timeframes of the workforce planning deadlines recently set by the Scottish Government.

2. Took the opportunity to ask questions relating to the content of the report.

(Reference: Report by HR People Partner, dated 25 May 2022, submitted)

The Chair ruled and the Board agreed to take a short comfort break from 2:33pm.The meeting reconvened at 2:40pm, with all those present as per the sederunt.

In order to facilitate officer attendance, the Chair ruled and the Board agreed to reorder the remaining business. This minute reflects the order in which business was discussed.

10. INTEGRATION JOINT BOARD - PERFORMANCE REPORT (MAY 2022)

Consideration was given to a report which highlighted the work todatewithregardsto improved performance against remobilisation and waiting time targets. Information was also provided in relation to the potential impact of the new Omicron variant, specifically in regards to future performance reporting and prioritisation of service delivery.

Decision

The Integration Joint Board:-

1. Considered the HSCP performance progress regarding remobilisation of activity in line with the NHS Highland performance target for 2021/22 agreed with the Scottish Government to 70%-80% of 2019/20 activity as at November 2021.

2. Considered Waiting Times Performance and a further reduction in Consultant and Nurse Led Outpatient breaches >12 weeks.

3. Acknowledged performance with regards to both Argyll and Bute and Greater Glasgow and Clyde current Treatment Time Guarantee for Inpatient/Day Case Waiting List and activity.

4. Noted future performance reporting arrangements relating to the HSCP's Integrated Performance Management Framework.

5. Noted the Scottish Government's advice on timescales for the publication of the 2021/22 Annual Performance Report (APR).

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 25 May 2022, submitted)

11. COVID-19 PUBLIC HEALTH UPDATE

The Board gave consideration to a report reviewing the work of Public Health in relation to Covid-19. The report built on accounts provided in earlier reports and presented the most up to date information as possible on how the pandemic was unfolding in Argyll and Bute as well as how the next phase of the pandemic response was developing in Scotland. The Health Improvement Principal provided an update on the rebalancing approach to the proactive delivery of health improvement core business and the Covid-19 response.

Decision

The Integration Joint Board:-

1. Noted the Covid-19 current status in the Argyll and Bute community, in terms of:-

    - Distribution of infection rates;
    - Covid-19 testing programmes.

2. Assessed the remobilisation plan following the Covid19 responses in the Argyll and Bute Community, in terms of Health Improvement.

(Reference: Report by Associate Director of Public Health dated 2 May 2022, submitted)

12. JOINT STRATEGIC PLAN (2022-2025)

Consideration was given to a report which presented the Argyll and Bute HSCP Joint Strategic Plan covering the period April 2022 to March 2025.

Having recognised the work involved in the production oftheJointStrategicPlan,the Board commended the Strategic Planning team and all involved in its production.

Decision

The Integration Joint Board approved the Argyll and Bute HSCP Joint Strategic Plan (2022-2025) for implementation.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 25 May 2022, submitted)

Councillor Green left the meeting at 15:23pm and re-joined at 15:24pm by telephone.

13. FINANCE

(a) Provisional Year End Finance Position 2021-22

The Board gave consideration to a report which provided a provisional summary of the financial performance of the HSCP for 2021/22. It noted a positive financial position with a small underspend against available resources, the repayment of the debt balance owed to Argyll and Bute Council and increased reserves.

Decision

The Integration Joint Board:-

1. Noted that the provisional financial outturn for 2021/22 is an underspend of £682k against available resources.

2. Noted that the full debt balance of £2.8m owed to Argyll and Bute Council has been settled during the year.

3. Noted that the IJB is expected to carry forward £21.2m as earmarked reserves.

4. Noted that the figures contained within the report are provisional and subject to external audit.

5. Requested that the Argyll and Bute HSCP Finance and Policy Committee consider a reduced frequency of meetings now that the IJB no longer holds a debt liability due to the Council.

(Reference: Report by Head of Finance and Transformation, dated 25 May 2022, submitted)

14. UPDATED MODEL CODE OF CONDUCT AND ARGYLL AND BUTE IJB STANDING ORDERS

Having noted that an updated Model Code of Conduct was approvedbytheIJBin January 2022, incorporated into the Standing Orders, the Board gave consideration to a report which highlighted that further guidance from the Scottish Government had been provided which outlined the need for a revised Code of Conduct to be submitted to them separately as an excerpt for consideration by 10 June 2022. The report contained details of the revisions made.

Decision

The Integration Joint Board:-

1. Agreed and noted the amendment to the Standing Orders on the basis of the guidance from the Scottish Government.

2. Noted the excerpt Code of Conduct will be submitted to the Scottish Government on 10 June 2022 for review.

(Reference: Report by Business Improvement Manager, dated 25 May 2022, submitted)

15. ADOPTION OF MODEL COMPLAINTS HANDLING PROCEDURE OF THE SCOTTISH GOVERNMENT, SCOTTISH PARLIAMENT AND ASSOCIATED PUBLIC AUTHORITIES IN SCOTLAND FOR THE INTEGRATION JOINT BOARD

Having noted that the current Model Complaints procedure does not reference the complaints handling of each partner body in relation to service provision, the Board gave consideration to a report which outlined the actions required by the IJB to adopt the sectoral Model Complaints Handling Procedure oftheScottishGovernment,Scottish Parliament and Associated Public Authorities in Scotland for the IJB.

Decision

The Integration Joint Board:-

1. Noted that the Model Complaints Procedure does not reference the complaints handling of each partner body in relation to service provision.

2. Formally adopted the sectoral Model Complaints Handling Procedure for the Scottish Government, Scottish Parliament and Associated Public Bodies for the Integration Joint Board.

(Reference: Report by Business Improvement Manager, dated 25 May 2022, submitted)

16. DATE OF NEXT MEETING

The Integration Joint Board noted that their next meeting was scheduled to take place on Wednesday, 24 August 2022.

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 July 2022**
Title:	**Vaccination Strategy Update**
Responsible Executive/Non-Executive:	**Tim Allison; Director Public Health**
Report Author:	**Tim Allison; Director Public Health**

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health		**Partners in Care** • Working in partnership	
A Great Place to Work • Learning from experience		**Safe and Sustainable** In control • Well run	
Other (please explain below)			

2 Report Summary

2.1 Situation

Vaccination services are being developed within NHS Highland, so that provision moves from general practice to board delivered services. The purpose of this report is to set out the progress made on this since the report to the May Board.

2.2 Background

Vaccination is one of the most important ways to prevent the spread of infectious diseases. Within NHS Highland vaccination has successfully been undertaken largely by general practice and the school nursing service to date. Scottish Government policy is for vaccination to move from general practice to NHS Board led services as part of the Vaccination Transformation Programme (VTP). At present

Plans for the implementation of vaccination as part of VTP were presented to NHS Highland Board at the end of May 2022. At that time further work was needed to develop the model for delivery in the Highland HSCP area and significant risks were presented, associated with finance and staffing. Board members believed that only limited assurance could be taken from the paper and requested that an update on progress should be brought to the July meeting of the board.

2.3 Assessment

Within NHS Highland the vaccination programme is centrally supported through the Programme Board, but delivery of VTP is being undertaken separately in the two council areas of Highland and Argyll and Bute. A commission document has been drawn up which sets out what needs to be delivered in localities and it is then for the locality teams to determine how best vaccination should be delivered within available resources. The parts of the system that are best delivered in one place for the whole of NHS Highland such as centralised appointment scheduling, pharmacy, data quality and information technology are being hosted within Highland HSCP on behalf of the whole of NHS Highland.

At present COVID vaccination is being delivered through board led services and this includes the spring booster campaign and vaccination for young people. Spring COVID booster uptake for people aged 75 and over in NHS Highland is 89.7%. Travel vaccinations are in the process of transferring to pharmacy, maternal and neonatal vaccination remain with maternity services and other vaccinations continue to be delivered by general practice and school nursing. Following options appraisal, general practice will continue to deliver vaccination on several islands.

Development is needed both to undertake the much larger scale vaccination for COVID and influenza in the autumn and to move other vaccination to board delivery. This needs to be done in a way that focuses on patient benefit and outcomes and in a way that implements the most appropriate delivery of vaccine in the different localities of NHS Highland.

Since May the following progress has been made:

- Permanent posts have been established for staff within the central support function including pharmacy and eHealth
- Recruitment within Argyll and Bute for their delivery model combining vaccination with Community Treatment and Care has progressed. So far, 32 out of 55 posts are either recruited or are in progress of recruitment
- Delivery models and options have been developed for the Highland HSCP area based on a balance of functions in localities and centrally and a model has been agreed. This includes a combination of work from existing community staff as well as other staff.

- Development of the delivery models has resulted in a considerable reduction in the gap between likely budget and programme costs. This gap now stands at £353k.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

In order to move to a higher level of assurance it will be necessary to have assurance on recruitment to the agreed models and further reduction in the gap between funding and budget.

3 Impact Analysis

3.1 Quality/ Patient Care

Delivery of vaccination within general practice has been successful and has been well regarded. It is important that quality of service delivery is maintained following transition and that there is a person-centred approach to the programme that is sympathetic to local needs. Experience of the recent COVID vaccinations has shown that a good quality patient focused service can be delivered. However, there have been occasions where issues such as poor communication and access have not delivered a service of sufficient quality. This underlines the importance of administration activities such as booking and scheduling as crucial elements in the delivery of a high-quality vaccination service.

3.2 Workforce

Recruitment of a vaccination workforce is one of the most significant challenges for the VTP in NHS Highland. Recruitment in Argyll and Bute is progressing well and contracts for people within the central support function have been made permanent. Delivery of the autumn programme of COVID and influenza vaccinations will be supported by temporary staff but further recruitment will be needed for full implementation of the Highland HSCP model.

3.3 Financial

The finance available for vaccination within 2022/23 has still to be confirmed. The estimate for funding available from both the primary care Improvement Fund and from the allocation for COVID and enhanced influenza vaccination is £7.8m. The estimate of delivery costs has decreased from more than £10m to £8.2m, leaving a gap of £353k. Further work will be needed to close this funding gap. Delivery of vaccination across the dispersed localities of NHS Highland is more costly than in more urban areas and this has produced a financial risk.

3.4 Risk Assessment/Management

A risk register has been drawn up. Principal risks include recruitment, finance and communications.

3.5 Equality and Diversity, including health inequalities

COVID vaccination addressed the needs of minority communities, and this approach needs to be continued and strengthened.

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

Implementation of VTP is a Scottish Government policy. During COVID vaccination programmes there has been considerable communication about the transition from general practice to board led clinics. Vaccination has been a major communication and engagement topic given both its priority and some communication failures.

3.8 Route to the Meeting

This paper was requested as an update by the Board and it has been considered by members of EDG. The report has been received at the Vaccination Programme Board.

4 Recommendation

Approval – Members are asked to note the update and agree that the report gives moderate assurance on progress to delivery of vaccination.

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	**7 July 2022 at 2.00pm**

Present Alexander Anderson, Chair
Graham Bell, Non-Executive Director
Ann Clark, Non-Executive Director, Chair of HHSC Committee
Pam Dudek, Chief Executive
David Garden, Director of Finance

In Attendance Louise Bussell, Chief Officer (Corporate Services)
Lorraine Cowie, Head of Strategy
Ruth Daly, Board Secretary
Jane Gill, PMO Director
Eric Green, Head of Estates
Mike Hayward, Deputy Chief Officer (Management)
Brian Mitchell, Board Committee Administrator
David Park, Deputy Chief Executive
Elaine Ward, Deputy Director of Finance
Alan Wilson, Director of Estates, Facilities and Capital Planning

1 WELCOME AND APOLOGIES

Apologies were received from Heidi May and Alan Wilson.

The Board Secretary confirmed a replacement for G Hardie on the Committee was being considered and would be reported to the next meeting of the NHS Board.

2 DECLARATIONS OF CONFLICT OF INTEREST

There were no formal Declarations of Interest.

3 MINUTE OF THE MEETING HELD ON 28 APRIL 2022

The Minute of the Meeting held on 28 April 2022 was **Approved**.

4 ASSET MANAGEMENT GROUP MINUTES – 20 April and 26 May 2022

There had been circulated Minutes of the meetings of the Asset Management Group held on 20 April and 26 May 2022. D Garden advised relevant financial allocations had been notified to relevant Groups. Scottish Government had indicated there would be significant slippage

in Capital allocations impacting on NHS Boards in 2022/2023, the implications of which, including Revenue tail affordability aspects, would require to be assessed in further detail.

The following areas were then discussed:

- eHealth. Confirmed specific resource allocations for maintenance backlog, eHealth projects and medical equipment ringfenced at start of financial year. Any additional Capital allocations received were primarily designated to those spend areas, in line with NHS Board Strategy. All managed via Asset Management Group as appropriate.
- Lochaber New Build. Advised large degree of design work still to be completed, including on net zero elements. Not yet in a position for construction to be accelerated.
- Highland Council. Advised unable to take advantage of additional Capital allocations.
- Caithness and Lochaber Net Zero Builds. Advised despite differing build profiles, relevant learning being taken and applied to both projects.

The Committee otherwise Noted the circulated Minute documents.

5 MAJOR PROJECT SUMMARY REPORT

E Green took members through the circulated report, providing the Committee with an update on all major Capital construction projects, in relation to both financial and programme management performance. The report provided a progress summary, an outline of key risks, an indication of upcoming activities and a cost update. It was reported a new completion date had been applied to completion of the National Treatment Centre (NTC) due to sequencing aspects, availability of key components and the need to rebook relevant Commissioning Engineers. The Key Stage Assurance Review process was resource intensive in nature and was likely to have knock-on effect on other projects. The Raigmore Maternity Redesign project business case was on course for submission by end July 2022. Work at Home Farm on Skye was nearing completion, and the Initial Agreement for Lochaber had been agreed and was now in place. It was noted Lochaber and Caithness design activity had been the first to be considered under new Scottish Terms and Conditions Committee (STAC) Guidance on sustainability elements. Work had commenced in Ruthven Ward, New Craigs.

Discussion points were related to the following:

- NTC Delays. Advised meeting scheduled to be held with Cabinet Secretary to account for construction delays to date. The March 2022 target live date remained.
- Key Stage Assurance Review Timescale. Advised relevant Guidance Note/Workbook had indicated a 12-week process however that was soon found to be unrealistic. NHS Scotland Assure also in learning phase of new process.

The Committee otherwise Noted the progress of the Major Capital Project Plan.

6 WHOLE SYSTEM PERFORMANCE OVERVIEW AND FUTURE DIRECTION

6.1 NHS Highland Performance Overview

L Cowie spoke to the circulated report providing an update on NHS Highland's performance against the Remobilisation Plan (RMP4), a range of national and local measures and included a proposed new format for integrated performance and quality reporting in line with the new Annual Delivery Plan and Strategy. The report would be further developed in year to provide further assurance and help manage the new and evolving national and local priorities for 2022/2023 in line with the Annual Delivery Plan and Strategy. The report contained specific performance information relating to the RMP4 Action Tracker; Accident and

Emergency Performance, Occupancy and Delayed Discharges; People with Covid in NHSH Hospitals; Treatment Time Guarantee; Outpatients; Return Outpatients; Diagnostics; Cancer; CAMHS; NDAS; and Psychological Therapies. It was confirmed the Integrated performance assurance report would be reviewed in line with the Strategy and new key performance metrics on 16 outcomes areas would be identified in line with the Annual Delivery Plan. It was proposed that the Committee take **Limited Assurance**.

Discussion areas were as follows:

- New Areas of Reporting. Advised aspects relating to Adult Social Care and Mental Health (Live Well) were two areas being considered in greater detail. These would require to be aligned to Strategic Objectives.
- Addressing Areas of Deteriorating Performance. Confirmed performance was being scrutinised, including in relation to comparison with other NHS Boards. Relevant modelling activity was being undertaken. Access to beds had been a significant contributory factor in Highland. For Acute services, the entire map of Raigmore was being considered, including potential for the development and introduction of new patient pathways and ringfencing of Day Surgery activity. The ADP process provided structure to this activity. A range of building constraints and process issues would be involved.
- IPQR Submission to NHS Board. Confirmed submission to July 2022 meeting. Urged to include outcomes from discussion around agreed improvement actions. Noted yet to see relevant benchmarking data, with improvement trajectories known to vary across NHS Boards. Tricky to balance considerations relating to improving 4 Hour Emergency Access and increasing surgical activity, for example in terms of prioritisation.
- Cancer Service Performance. Reported performance recently reviewed by Performance Recovery Board who noted an improving position that was ahead of what being reported. Reminded that a number of NHSH patients reliant on treatment out of area. The 31 Day target being affected by issues relating to Diagnostics. Strong recovery expected.
- CAMHS/NDAS Performance. Questioned level of improvement at this time and suggested inclusion of appropriate narrative when reporting to NHS Board. Confirmed relevant risks and mitigating actions would be articulated within IPQR report. CAMHS Programme Board about to restart activity. Intensive review process has been planned.

After discussion, the Committee:

- **Noted** the position in relation to reported performance areas.
- **Noted the IPQR to** be submitted to the July 2022 NHS Board meeting.
- **Agreed** to take **Limited** Assurance.

6.2 Performance Framework

L Cowie spoke to a circulated report outlining a proposed new NHS Highland Performance Framework, aligned to the Annual Delivery Plan embedding relevant ownership and accountabilities, and seeking approval for its implementation to provide assurance. A copy of the proposed Framework was also circulated. It was confirmed that an associated decision-making framework was also in the process of being developed. D Park stated a very structured approach was being taken and this would take time to become fully embedded. Embedding the Framework would allow the Performance Oversight Board, chaired weekly by the Deputy Chief Executive to discuss performance against key ADP targets and progress in preparing for known reporting to Scottish Government or responding to recommendations. This would also allow escalation from Programme Boards to enable early warning of divergence from anticipated performance so remedial actions may be taken promptly. Most of the relevant detail in relation to identifying lead officers was complete. Success of the Framework would be dependent upon delivery against the Annual delivery Plan. It was proposed that the Committee take **Substantial Assurance**.

The following matters were then discussed:

- Framework Item 4.4. Suggested inclusion of reference to role of, and linkages with, both Argyll and Bute Integrated Joint Board and Highland Health and Social care Committee. Discussion held with Chief Officer for Argyll and Bute HSCP in relation to relevant outcome areas and this would be developed further in association with the Chief Officer (Corporate Services). Diagrammatical reference within the Framework would be updated to reflect those discussions.
- Framework Item 4.9. Suggested inclusion of reference to Health Inequalities. Agreed this be considered further, in addition to inclusion and alignment of Organisation Development activity. From programme management support perspective, PMO Team now within the Strategy and Transformation Team. The PMO would also maintain its current role and remit.
- Programme Boards. Questioned the level of authority to influence wider activity, taking solutions forward. Relevant leadership and management would be key aspects. Members advised the Annual Delivery Plan addressed both the strategic overview and operational delivery elements, and when finalised would help to articulate those points. Framework is new but activity not; consistency and organisational development would be key to success; and empowering staff to take decisions within a defined framework was the aim. Considered to take a year to fully embed such a framework in an organisation.
- Escalation of Performance Variance. Emphasised need to identify where help required and empower teams to suggest and take forward appropriate improvement plan actions. L Cowie also emphasised the need to be able to celebrate successes where appropriate. Need for more visible and formal staff/team recognition was accepted.
- Potential for Resistance to Change. This was recognised. Taking matters forward in a manner, that didn't focus solely on process, can help defuse this. The evidence to date indicated that staff were engaged and actively ready to suggest and take forward improvement actions. Taking activity forward, and ensuring appropriate performance monitoring, together was key. Recognised that resistance to change can provide a useful check and balance to activity. Urged continuation of avoidance of management speak.

After discussion, the Committee:

- **Noted** the position in relation to development of the NHSH Performance Framework.
- **Noted** the draft NHSH Performance Framework document.
- **Agreed** to take **Substantial** assurance.

7 ANNUAL DEVELOPMENT PLAN UPDATE

L Cowie gave a presentation to members in relation to development of an NHSH Annual Delivery Plan(s), the relevant Commission for which had been received at end April 2022, and which would in turn be aligned to the Together We Care Strategy. The relevant process was outlined, noting an overall draft Plan had been developed by 30 June 2022. An indication was provided as how relevant aspects were clinically led and more generally supported in terms of assigned, named individual staff members. Relevant Workforce and Finance Plans were due for submission at end July 2022. The current status of the 48 plans was outlined, noting each of the relevant templates had been completed and KPIs identified. Sign-off would be through the Acute and Health and Social Care Partnership Senior Leadership Teams. An example of the relevant documentation, relating to Ambition 1 (Start Well) and outlining associated High-Level Priorities, was provided. Next steps were indicated as relating to developing the Plan through further prioritisation and mapping activity; working with Chief Officers and Deputies on sign-off activity; aligning financial savings and quality/population experience to individual Plans; mapping the 5 year ADP to the 4 year Finance Plan to create a user friendly document for colleagues; creating a robust

reporting dashboard to support performance management at Programme Boards; and ensuring Programme Board launches gained relevant clinical alignment and engagement.

The following points were discussed:

- Process Arrangements. Welcomed involvement by Primary Care colleagues. Noted formal draft would be submitted to Scottish Government after having been considered by relevant governance Committees, Sub Committees and Groups including this Committee and the NHS Board. The same process would be applied to the Workforce Plan. Scottish Government given advance notice the Plan will be aligned to NHSH Strategy, and this had been accepted.
- Plan Content. Suggested when reporting to Committees etc that reference also be made to those aspects not included and that there be clear links to the sequencing etc of wider, future transformational activity being planned.
- Role of Area Clinical Forum. Importance of liaising with Area Clinical Forum, as well as GP Sub Committee, highlighted. Need to consider further how best to commission their engagement and professional advice as part of the Strategy/Annual Delivery Plan development process. Confirmed all relevant Committees were actively engaged in ensuring a clinically led process.
- Use of Lag Indicators. Suggested use of Lead Indicators where possible, recognising these not always the most appropriate method for considering clinical data. Stated would most usefully be considered by individual Programme Boards to help inform relevant Action Plans etc.

The Committee:

- **Noted** the process used to develop the Annual Delivery Plan.
- **Agreed** to provide assurance to the NHS Board there is a clear and consistent process.

8 FINANCE

8.1 NHS Highland Financial Position 2022/2023

E Ward presented an overview of the NHS Highland financial position for 2022/2023, advising a one-year plan had been submitted the Scottish Government that would likely be revisited at end of Quarter 1 once greater clarity had been received in relation to both funding and year end impact. The initial Financial Plan indicated an overall funding gap of £42.272m, a Cost Improvement Target of £26m, and a net funding gap of £16.272m. She advised the key financial risks were related to Covid related costs (potential net additional cost pressure of £2.472m); pay awards in excess of Scottish Public Sector Pay Policy (potential net additional cost pressure of £14.4m); and inflation (potential net additional cost pressure of £6.556m to be reviewed monthly). The associated 2022/2023 Cost Improvement Programme (CIP) totalled £26m, with a focus on achieving recurrent savings. In terms of reducing the overall financial gap, it was reported the national Corporate Finance Network were in the process of reviewing options relating to reducing the Covid cost base, exploring financial flexibility and further exploring technical flexibility around aspects such as depreciation. Confirmed that CIP targets had been allocated to Chief Officers and Corporate Service Leads, with a view to development of clear savings plans including commitments made for each area at all levels. With regard to the work of the Financial Recovery Board, it was advised there had been a series of quick wins from the June 2022 workshop relating to review of Service Level Agreements (SLAs), review of workforce service models/skill mix and job planning activity, and in relation to review of procurement product choice. It was confirmed that formal reporting to this Committee would resume from the next meeting. D Garden took the opportunity to highlight the importance of achieving savings etc in 2022/2023 given the potential impact on the position in 2023/2024 and beyond. He suggested reviewing the year-to-date position at the next Committee Development Session.

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

Relevant discussion points related to the following:

- Potential for Re-introduction of Additional Spend Controls. Advised option remained to introduce additional controls should it prove necessary. Controls would limit the level of wider support resource available and as such a balance was required if adopting this approach. Financial security meetings were scheduled to be held with Operational Units. Emphasised need to be able to encourage positive risk taking while ensuring strong financial management and security is in place at Operational level. Executive Leads and Senior Leadership Teams need to ensure the message is received. Prevention activity had to be at core of activity moving forward. Noted Scottish Government encouraging NHS Boards to implement recovery plans, with no additional resource having been indicated to date. Financial resource for the National treatment centre had yet to be confirmed, for example. Members were reminded NHS Highland remained in Escalation.
- Financial Confidence to Plan for the Long Term. Noting lack of clarity over financial resource, the ability to plan for preventative spend was questioned. Stated this should be protected and undertaken as a priority.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** a year-to-date position be provided to the next Committee Development Session.

8.2 Supporting Financial Balance

J Gill spoke gave a brief presentation to members outlining the 2022/23 Cost Improvement Pipeline against target at end June 2022, advising 171 improvement schemes had been identified totalling over £11m of savings (Unadjusted) against the overall target of £26m. Eight schemes had moved to Delivery (£688k) and 28 recurrent schemes had also been identified totalling over £3m. It was stated relevant Pipeline Workstreams had been aligned to the Annual Delivery Plan and associated Programme Boards. In terms of delivery, at Month 2, the forecasted outturn for the Cost Improvement Programme (CIP) was £2.95m, against the overall target of £26m. The Delivery Summary and profile of cumulative phasing by month was indicated, with year-to-date delivery reported as behind Plan. J Gill advised both she and E Ward had been invited and talked to a number of Senior Leadership Teams regarding relevant targets and delivery, indicating an encouraging level of communication and engagement. She went on to advise that a Finance and Transformation Workshop had recently been held, with approximately 40 colleagues attending, and which sought to develop system wide understanding of the financial position and governance required to achieve financial balance through transformation, efficiency and cost reduction and a collaborative understanding of accountabilities and responsibilities. There had been eight key areas of focus, with those relating to Pre-Op and Vaccination activity already well advanced. There was a large programme of activities relating to Procurement to be taken forward. It was confirmed future reporting would be aligned to the Annual Delivery Plan, as indicated.

The following matters were raised in discussion:

- Supporting Resources. Noted concern over resource available to support the range of ideas and opportunities being generated.
- Workforce. Advised transformation activity key to success.
- Prescribing. Emphasised need for a comprehensive collaborative approach, including Primary Care colleagues, to succeed.

- Performance Improvement (Patient Outcomes). Advised national work underway in relation to Waiting List elements and considering the impact of increased morbidity on treatment requirements as a result of long waits. A figure of 18 months had been identified as a key indicator for increasing morbidity.
- Prevention Activity Investment. Confirmed, for those on Waiting Lists, digital and technological options were being actively considered in addition to identification of appropriate Third Sector resource etc.
- One Hospital, 4 Sites Approach. Advised number of associated workstreams remain live. Relevant clinicians were being encouraged to develop and bring forward additional ideas and opportunities. Progress was encouraging.

After discussion, the Committee otherwise Noted the reported position.

9 NHS HIGHLAND DIGITAL DELIVERY PLAN 2022/2023

I Ross spoke to the circulated report and gave a presentation to members providing an outline of the context for development of the Digital Plan 2022/2023 including reference to aspects of the NHS Scotland Digital Health and Care Strategy; an understanding of what the Digital Plan would seek to deliver across NHS Highland including a pilot of Federation (system integration for team working) activity; ensure awareness of the Digital Plan itself and wider links to the NHS Highland Digital Strategy; indication of how the Plan would help the journey to a digital health and care record; set the overall vision and indicate the range of activity delivered to date and yet to be taken forward in 2022/23; an outline of the current financial resource position and future quarterly reporting framework on the programme of work; and further provide a look forward to activity beyond 2022/23.

The following areas were then discussed:

- Argyll District Nursing Services. Had been reported access to digital records likely to take 2 years to complete. Advised same applied to some community areas in North Highland, with activity being taken forward in relation to both areas. There was focus on a move to using the Eclipse product in community settings; and enabling associated records from that to be brought into the Care Portal to enable access to those records, including for GP and Social Work activity, across all sectors. Accepted staff needed to be kept informed as to the improvements this will make and the timescale in relation to the same.
- Digital Contribution to Service Improvement/Transformation. Advised discussed by Digital Leads on many occasions at national level. Moves to establishment of a National Digital Platform would be taken forward through NHS Scotland, with strong positive and ambitious discussion to date. Utilisation of Artificial Intelligence and creation of an associated Hub enabling automation of certain tasks was somewhat in the future but was part of ongoing discussions. Any move in that direction would require to be appropriately considered and developed given relevant potential Clinical, Information and Safety Governance aspects and implications. It was expected some formal moves in that direction may be introduced within the coming five years, impacting significantly on the way healthcare is administered and delivered.
- Willingness to Adapt. Recognised the need for both staff and patients to be willing to fully engage with and adopt new technology moving forward if the relevant potential gains were to be achieved. Securing additional financial resource, in line with a planned approach was crucial to local success.
- Rollout of Morse. Advised Business Case to be reviewed. Aim was for an accelerated rollout in community settings and more widely within Secondary Care. If Business Case not accepted rollout would continue but not at the accelerated rate proposed, without impacting other activity.
- In-house vs Contracted Service Support. Advised a mixed approach applied across activity areas, taking advantage of high-level specialist external and third-party skills

where required. Move to a more cloud- based approach would reduce the requirement for in-house specialism.

- Internal Audit on Cloud Services. Would the Digital Plan address the issues raised by the Audit Review. All the relevant issues had been resolved and recommendations actioned. Much of the activity related to migration of data to a cloud-based approach. An associated road map had been developed ahead of anticipated follow-up audit activity.

The Committee:

- **Noted** the position in relation to the NHS Highland Digital Delivery Plan 2022/2023.
- **Noted** the Digital Care Group would submit updates, including on progress against the Digital Plan Programme to the Committee on a quarterly basis from October 2022.

10 AOCB

Members agreed, having heard the updates provided in the meeting, assurance could be taken that despite the range of challenges being faced NHS Highland was demonstrating it was in a strong position to be able to take financial and performance improvement activity forward at this time. The work and dedication of all staff in this regard was acknowledged.

11 FOR INFORMATION

There was no discussion in relation to this Item.

12 2022 MEETING SCHEDULE

The Committee **Noted** the remaining meeting schedule for 2022 as follows:

25 August
20 October
December 2022 – to be agreed

15 DATE OF NEXT MEETING

The date of the next meeting of the Committee on 25 August was **Noted.**

The meeting closed at 4.30pm

DRAFT	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	NHS Highland
DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	**7th July 2022 – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Frances Jamieson (Vice Chair)
Alan Miles, Area Medical Committee
Elspeth Caithness, Employee Director
Ian Thomson, Adult Social Care and Social Work Advisory Committee
Alex Javed, Area Healthcare Science Forum
Willem Nel, Clinical Representative (West)
Manar Elkhazinder, Area Dental Committee
Eileen Anderson, Area Medical Committee
Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee

In Attendance
Boyd Peters, Medical Director
Gerard O'Brian, Non-Executive Director
Nathan Ware, Governance and Assurance Co-ordinator (until 2.15pm)
Karen Doonan, Committee Administrator (Minute)
Caroline Morrison, ELD Manager (Item 7.3)

1 WELCOME AND APOLOGIES

The chair welcomed everyone to the meeting. Apologies were received from Catriona Dreghorn, William Craig-Macleman, Linda Currie, Heidi May and Stephen McNally.

Due to time constraints the chair introduced C Morrison and took item 7.3 first. The rest of the Agenda was taken in order.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 5th May 2022

The Chair thanked A Miles for stepping in to chair the meeting of the 5th May as she was unable to attend. The minutes were accepted.

3. MATTERS ARISING

Representation for Health and Social Care Committee meetings.

The Committee were advised that there is a need for someone to attend the Health and Social Care Committee (HHSCC) as I Thomson is not always able to attend.

The Committee agreed that the dates of the HHSCC will be circulated so a rota could be created.

Action: K Doonan to circulate the dates of the Health and Social Services Care Committee around this committee.

Review of Covid

The Chair advised that there was a request to check if NHS Highland intend to review Covid policy; it was confirmed that this will be looked at as part of the National review.

Private NHS Interface

The Chair stated that there are national and local issues with respect of this. M Elkhazinder expressed concern that a journalist had contacted the Dental Department around private patients transferring to NHS care after reading the minutes of the last meeting online. It was confirmed that all minutes from this committee are available in the public domain.

A Miles advised that the Deputy Chief Executive was going to discuss this with the Medical Director and the Board around having a policy in place. A Miles expressed concern that Safe Haven may become overwhelmed.

B Peters confirmed it was not possible to have one policy in place as there were issues that NHS Highland couldn't help with if patients had gone private initially. He confirmed it was necessary to determine what was being asked of NHS Highland and take it from there.

He also advised that this was work that interface groups needed to look at to try to find solutions.

A Miles stated that a list of guidelines would be helpful. He explained that this subject had been discussed at the Area Medical Committee and feedback from some patients was that going private was the only option to get the treatment required and then came back to NHS Highland.

In discussion the following points were made:

- A list of potential scenarios where this could occur should be created for GP's.
- This could be done by means of a Short Term Working Group enabling further discussion.
- The issue isn't unique to NHS Highland but is rather a National issue.

B Peters confirmed that it may be more appropriate for this to be discussed in detail at the Area Medical Committee.

4. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

4.1 Area Dental Committee meeting held on 1st May 2022.

M Elkhazinder highlighted the need for action to be taken around access to general anaesthesia sessions. It has been causing a lot of issues around patient appointments beings cancelled. It would now take more than 18 months to clear these rearranged appointments.

M Elkhazinder advised she would ask the Committee to compile a list of recommendations at the upcoming meeting.

4.2 Area Optometric Committee meeting held on 25th April 2022

F Jamieson stated that the Area Optometric Committee were discussing topics to bring to the GP Sub Committee after July as there were regulations incoming that will see inter referral between Optometrists and Independent Prescribing Optometrists that will have an

impact on referrals overall.

Some themes for discussion would be:

- Communication between the GP Sub Committee.

  Communication between the Area Pharmacy Committee.

A Miles advised that an SBAR should be brought to the GP Sub Committee but the recommendation section remains blank which would allow for more balanced discussions to take place.

4.3 Area Healthcare Sciences Forum

A Javid stated the forum is still trying to get up and running. Discussions are ongoing on how to formalise the Health Care Science Lead role as this is currently being shared between three people. There is some reconfiguration across Scotland however some concerns have been raised via the Chief Executive. Whilst the changes would not affect the day to day working it may have an impact on the collaborative working process in place.

B Peters suggested it should be discussed further offline to address those concerns.

4.4 Area Nursing, Midwifery, and AHP Advisory Committee minute of 26th May 2022

There were no questions.

4.5 Area Medical Committee held on the 7th May 2022

A Miles gave a brief update of the meeting:

- New GP contract was discussed and the flaws with implementing it, this was due to lack of monies and lack of staff as everyone is competing for the same staff across Scotland.
- Discussions have been ongoing around Covid recovery.
- Discussions continued to move forward around recruitment and retention.
- There were The AMC heard that there are ongoing difficulties recruiting groups of staff such as nurses and it was noted that NHS Highland doesn't appear to be flexible around pay scales recruiting managers are no longer able to offer the top point of the pay scale to attract new staff.
- It was also raised that newly Nurses are paid £13 per hour, by comparison McDonalds staff are paid £11 an hour. AMC were interested to learn what influence does NHS Highland have towards Agenda for Change pay scales to make them more competitive.
- It was asked what action can NHS Highland take to help address the shortage of housing for newly appointed staff; This included improving working conditions and potential incentives to aid the recruitment of staff.

The Chair advised that these questions were a National issue and not just unique to NHS Highland but suggested a more generic question covering these points could be given to HR / Director of People & Culture with some feedback requested.

B Peters explained that NHS Highland were perhaps more affected in certain areas due to the Geographical challenge but there are issues that NHS Highland has no control over.

A Miles asked how this could be fed back to the AMC, the Chair advised that they would now be given to F Hogg (Director of People & Culture) who would provide feedback.

4.6 Adult Social Work and Social Care Advisory Committee held on 9th June 2022

Discussions continued around self-directed support. I Thomson confirmed that the potential for self-directed support is not being realised across Scotland. This was mainly due to the recruitment and retention issues so there is a pressing need to look at different ways of giving support.

4.7 Psychological Services have had no further meetings.

4.8 Area Pharmaceutical Committee held on the 13th May 2022

There were no additional questions raised, this was the final meeting of the current committee, once Election results have been confirmed a new membership will be formed.

5. ASSET MANAGEMENT GROUP

5.1 Verbal Update

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A Javed stated that he hadn't attended the last meeting of the group but was present at the May meeting. There were discussions around the financial allocations for the coming year. There is additional funding for National Infrastructure which is being managed through the Equipment Purchasing Advisory Group.

6. HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE
Ian Thompson and Catriona Sinclair

6.1 Minute of the meeting of 29th June 2022

I Thomson stated that there is a lot of stress within the Care Home sector due to the recruitment and retention of staff which has resulted in a reduction of available care at home. It was noted that the system has a dependency on paid and unpaid carers.

The Forum noted the circulated minutes and the feedback.

7. DISCUSSION ITEMS

7.1 Together We Care

B Peters spoke to the Together We Care Strategy document. The Chair noted it was important the committee got involved and provided feedback so the Strategy process involved everyone.

In discussion the following was noted:

- The Strategy was now out for consultation and the slides should be shared with colleagues so everyone can review and provide feedback. The timeline for consultation was four weeks.
- An Annual Delivery Plan (ADP) will also be part of how NHS Highland delivers it's objectives moving forward.
- It is anticipated it will be a 'living' document
- There was some concern over some of the wording used such as 'patient' and 'patient experience' which certain sectors don't use.
- Queries were raised around financial support for the project although it was noted that a clear direction of travel was established to bring our Strategy together and address issues such as future funding etc.
- The proposed Strategy 'term' would be 5 years covering 2022-2027.

Actions: B Peters to send presentation to K Doonan who would share to committee members.

7.2 IPQR – see above this was for information**.**

7.3 Leadership and Management Development – Caroline Morrison, ELD Manager.

C Morrison spoke to the circulated presentation.

In discussion this covered:

- Leadership and Management Development Update

  A Miles asked how this was being audited and how it would be known the training delivered what was expected. C Morrison explained that there is an evaluation process for each module within the program. She explained that everyone who attended the training was either sponsored or nominated and it would be good to go back and have a reflective conversation with them.

  I Thomson asked what percentage of people were going through the training. He stated that it was good that those involved could have discussions about issues arising and work together to resolve them as this would help in changing culture. C Morrison confirmed that numbers were low going through this training but 60% of those coming through were levels one and two but they were able to take on 18 for each of the four levels.

  In terms of capacity, they could have accommodated twice this amount for level one and level two.

  M Elkhazinder stated that the lead for Medical Appraisal, Barbara Chandler had recently circulated information around a three day mentoring and coaching programme and whether this is an overlap so should be merged together. C Morrison advised she would follow this up.

- Courageous Conversations

  These were made role mandatory in March 2020.

  Numbers are now increasing so they have now opened more sessions to all staff and not just those in a supervisory/managerial role.

  A Miles stated that an e-learning module would make it more widely available to everyone. and asked if there were any plans to have this as part of the induction process or somewhere that staff who had protected learning time could go to access.

  C Morrison stated it was a challenge to embed in corporate induction. She noted that whilst some colleagues would feel comfortable with a courageous conversation there will be those who need some help.

  W Nell commented on the fact that people are normally uncomfortable having a courageous conversation with someone at a senior level rather than their peers. He asked if it were possible to tailor e-learning to give colleagues the confidence needed to have conversations at this level.

  C Morrison advised she'd take this away to review with the team of facilitators.

- Overview of Team Conversations

  C Morrison this was due to be soft launched at the end of last year but due to the pandemic had not been. To date there has been no opportunity to relaunch this due to the pressures within the system but it was more about staff engagement, listening and understanding what is going on within the teams.

  A Miles stated that this looked like a very useful tool especially coming out of the pandemic but raised concerns around the logistics of allowing staff to have the discussions when there was shortage of staff and increasing pressure within the organisation. C Morrison advised there was work ongoing to identify the how this could be introduced.

M Elkhazinder asked how dynamic the teams were within the organisation and how a change in manager affects the dynamic of the team, subsequently impacting those conversations. C Morrison noted there didn't seem to be a recurrence of conversations having to take place but perhaps iMatter was the way that this was addressed should there be any issues.

Action: K Doonan to share slides and further information around committee.

8 Dates of Future Meetings

1st September 2022
3rd November 2022

9 FUTURE AGENDA ITEMS – For Discussion

The Chair advised that Neil McNamara and Arlene Johnstone may speak to the committee about the Mental Health Strategy in September. Also, Sharon Pfleger who is lead on Sustainability and Green Medicines Project will come along to discuss this further.

The Chair stated she hoped that Out of Hours could be brought to the November meeting and if anyone had any other ideas of topics to be discussed to contact her directly.

It was agreed that Together We Care would become a standing agenda item.

10. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

11 DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 1st September 2022 via Teams.**

The meeting closed at 4.10pm

Together We Care
with you, for you

NHS Highland

Integrated Performance and Quality Report

July 2022

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee. The Argyll & Bute data has been considered at their Integration Joint Board therefore for information only.

Our Population Vaccinated for Covid 19

Principles by Tim Allison
Director of Public Health and Policy

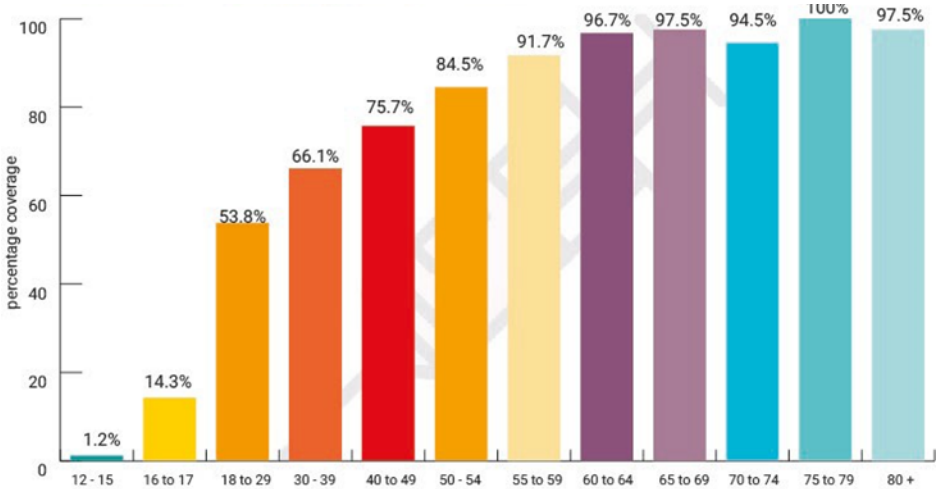
To ensure population health by maximising levels of vaccination uptake amongst eligible population groups (including hard to reach groups)

Making our services as efficient as possible whilst living within our financial envelope.

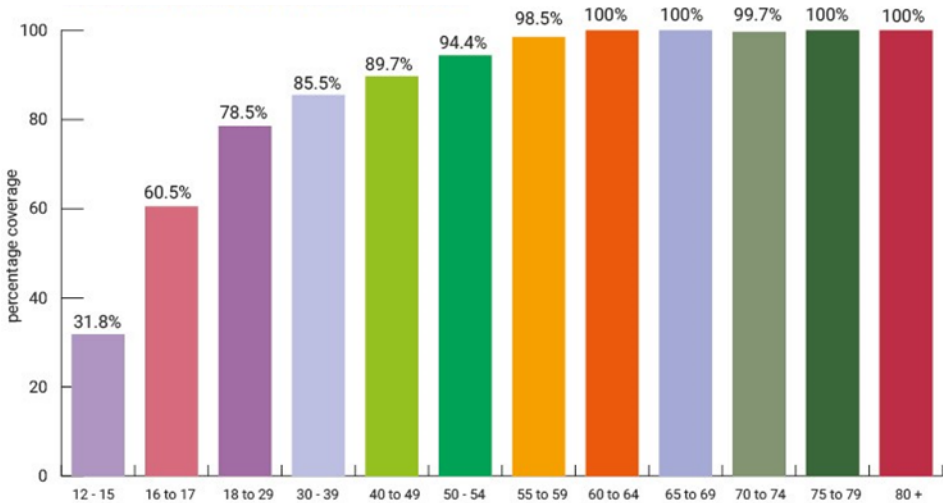
Using data driven insight and ideas to understand needs of our population, balancing the demands on the system for patient care and wellbeing and the need for sustainable clinical services in each locality.

Ensuring that there is an integrated approach to workforce and service planning in the development of the elective aspect of the annual operating plan

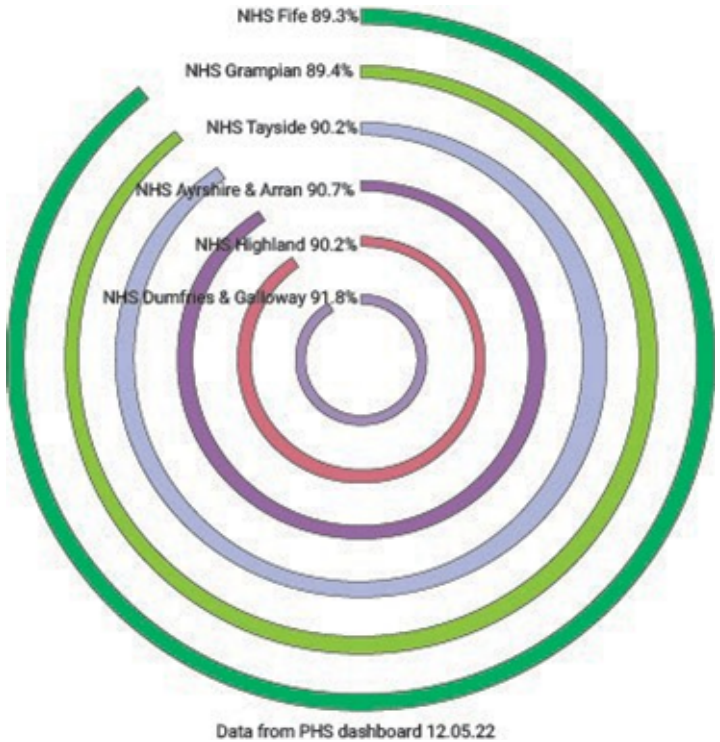
Percentage of population that have received a booster dose Covid 19 vaccine (3 doses in total)
Total percentage of coverage by age group, NHS Highland 12.05.22



Percentage of population that have received two doses of Covid 19 vaccine
Total percentage of coverage by age group, NHS Highland 12.05.22



No	Risk	Mitigation
1	Risk that spring booster campaign and catch-up will be inadequate	Delivery structures and clinic plans in place
2	Risk that planning for future vaccine delivery will be inadequate	Vaccine programme board set up and plans being developed for management and governance
3	Risk that staffing and finance will be inadequate for future vaccine delivery	Work Plans are being developed with paper to Board meeting



Data from PHS dashboard 12.05.22

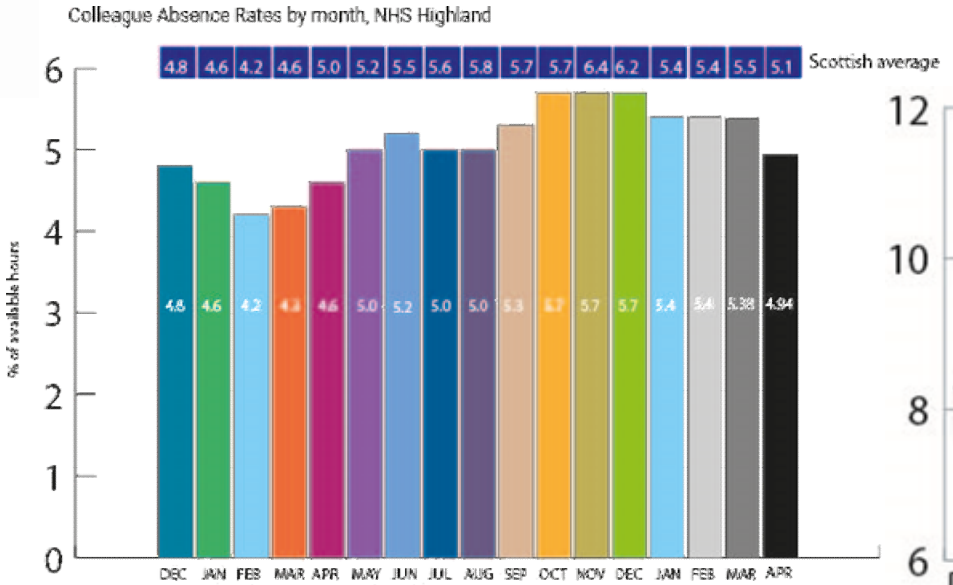
09.05.22

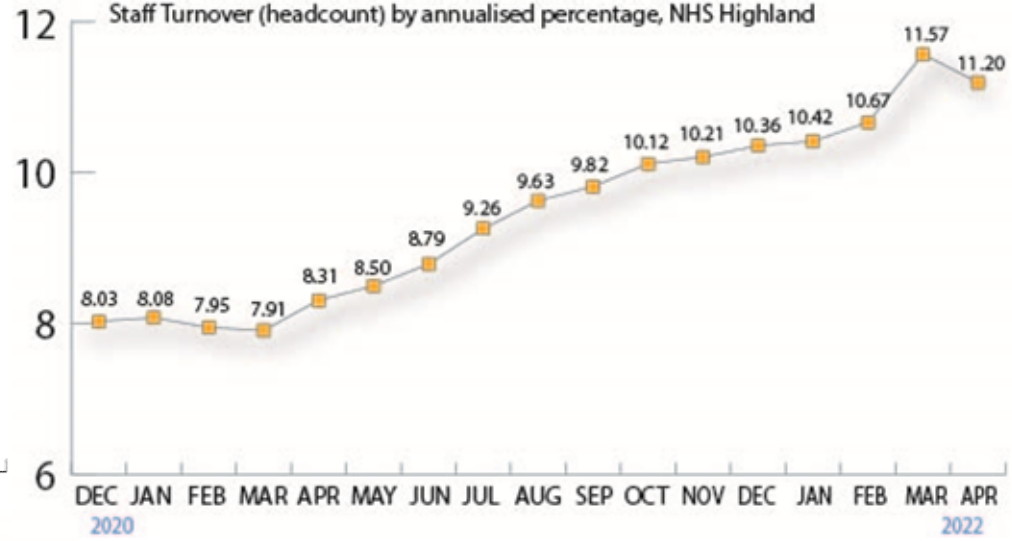
Our People - Absence, Turnover and Vacancies

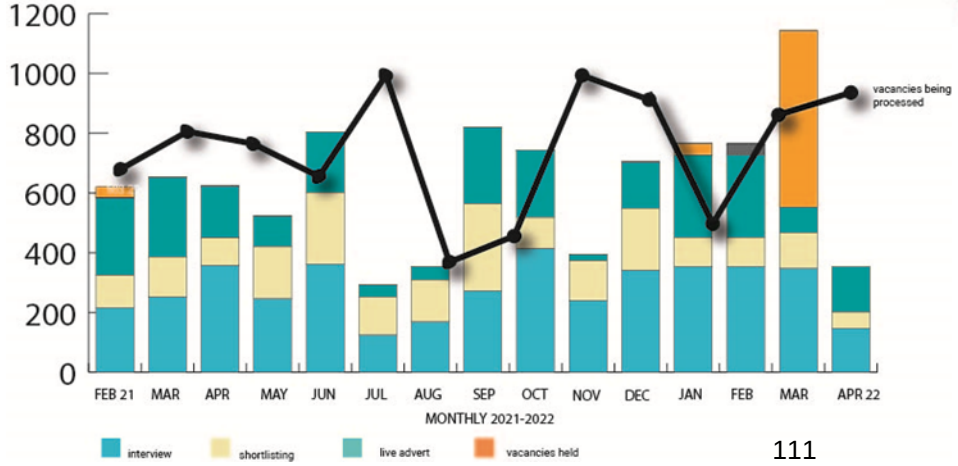
Context by Fiona Hogg
Director of People & Culture

Sickness Absence has fallen slightly in April, and is aligned with the NHS Scotland position, however, we continue to work with colleagues and managers on prevention and proactive approaches to managing ill health effectively.

Our Turnover has also decreased in April after having seen a large increase in March from previous months. We are working on our plans for flexible retirement to ensure those who wish to keep working in a reduce / different capacity are supported to do so. Our vacancies in April decreased however this is a dip in the trend as we have previously reported vacancies increasing as a result of leavers, newly funded posts and the building of the NTC. We continue to work on reviewing our resource within the recruitment team to ensure that we have the capacity to manage this effectively.

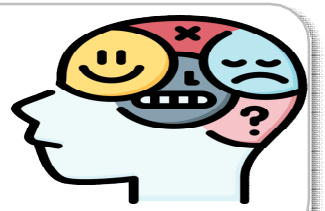






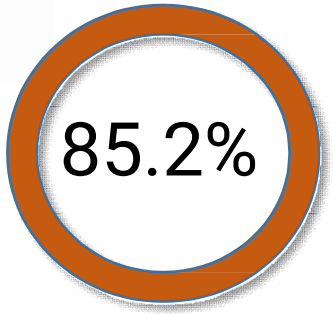
Figures may not be accurate for Nov 20 – Jan 21 due to transition from legacy system to Job Train
Figures after Jun 21 reflect on ongoing data cleansing process

90% of children and young people to commence treatment within 18 weeks of referral to CAMHS



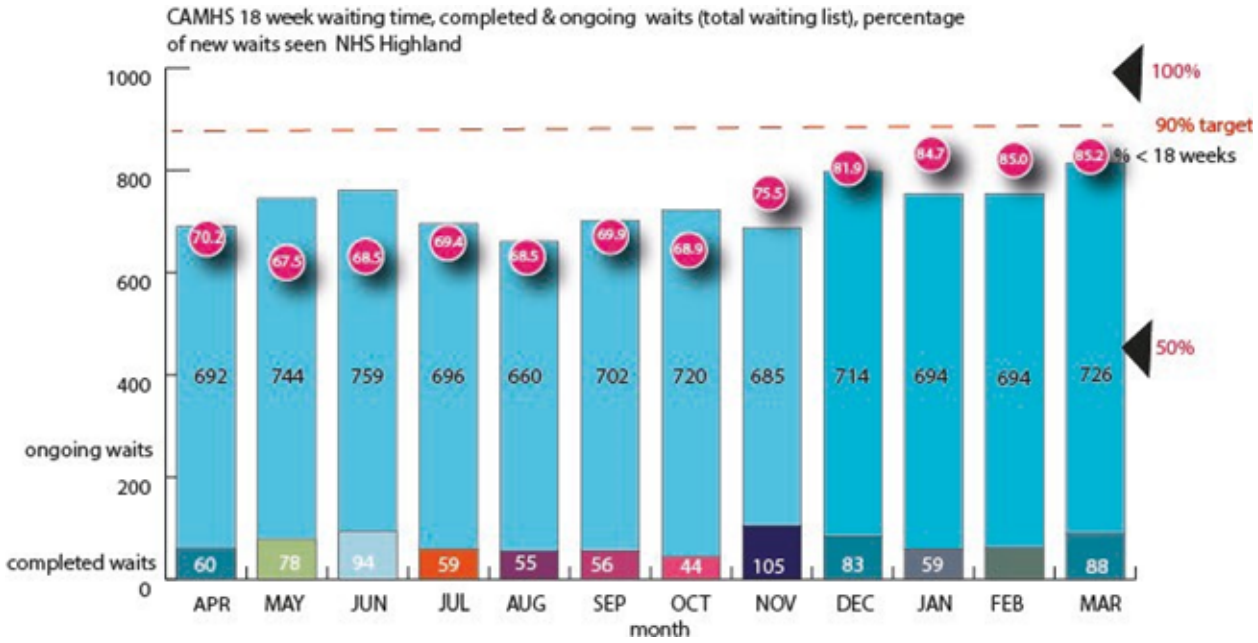
Context by Katherine Sutton

The CAMHS waiting times position continues to be challenging. Plans to improve performance are being progressed by the service: Introduction of Engagement appointment for all referrals to the service. Leadership structure has been implemented with a Head of Operations for Women's and Children's Service recently appointed and a Clinical Director for CAMHs. A refreshed CAMHS programme board has been established working in an integrated way with inclusion of Highland Council colleagues aiming to link the Tier 1&2 services, Education and AHPs together in an integrated working approach. We continue to work closely with Scottish Government colleagues to implement the National CAMHs specification across Argyll and Bute and North Highland.



Current

	Risk	Mitigation
1	significant waiting list, patient experience	Improvement plans now in place and being implemented
2	Recruitment & retention impacting on the ability to implement the plan and reduce waiting times	Recruitment under way/ new roles and links with and support from other Boards.
3	Need for new approaches within the Board and system wide working with The Highland Council	New leadership posts recruited to and establishing closer links with THC. New approaches being taken forward, including link up with Adult Teams , e.g. eating disorders service.



09.05.22

90% of patients to commence psychological therapy within 18 weeks of referral

88.3% Current

Source: NHS Scotland performance against LDP standards Q3 2021

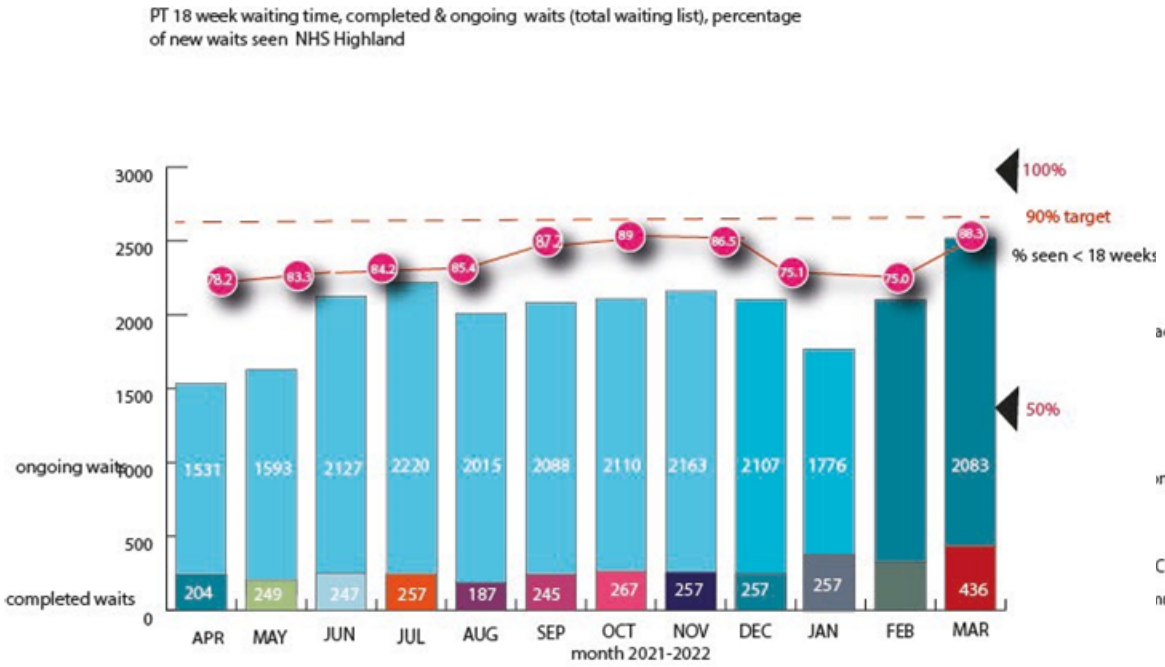
	Risk	Mitigation
1	Significant waiting list, patient experience	Improvement plans for A&B and N Highland approved with close collaboration with SG. Link with another NHS Board for peer support. New staff in post.
2	Recruitment & retention	Recruitment taken place, with more underway to new and existing roles. Exploring skill mix and MDT approaches.
3	Heavy focus on secondary care	Developing mental health services in Primary Care and consideration of the whole pathway including 3rd sector services and prevention.

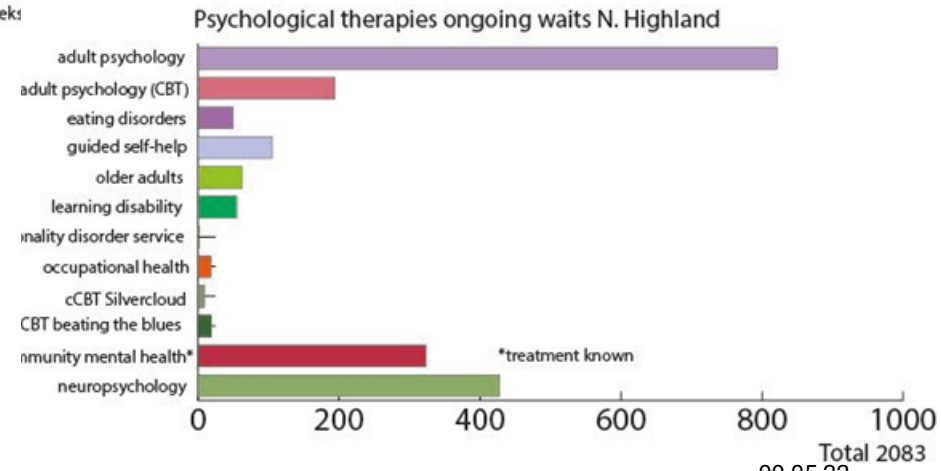
Context by Louise Bussell
Chief Officer, Community

The new Director of Psychology took up her post in February and having developed a new plan which has been supported by the Mental Health Programme board has been in ongoing dialogue with the Scottish Government in order to provide assurance of future direction.

The vast majority of the waits relate to adult services and primarily neurology waiting list. The new neurology psychologists are now in post and are actively working through the waiting list which is a real positive although after such a significant gap previously this work will be ongoing for some time.

We are also establishing a new primary care mental health worker team across Highland with the aim of providing early intervention, a key development in the overall pathway.

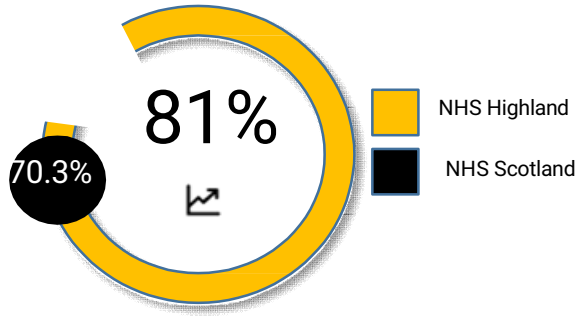




95% of our population to wait no longer than 4 hours in our Emergency Departments

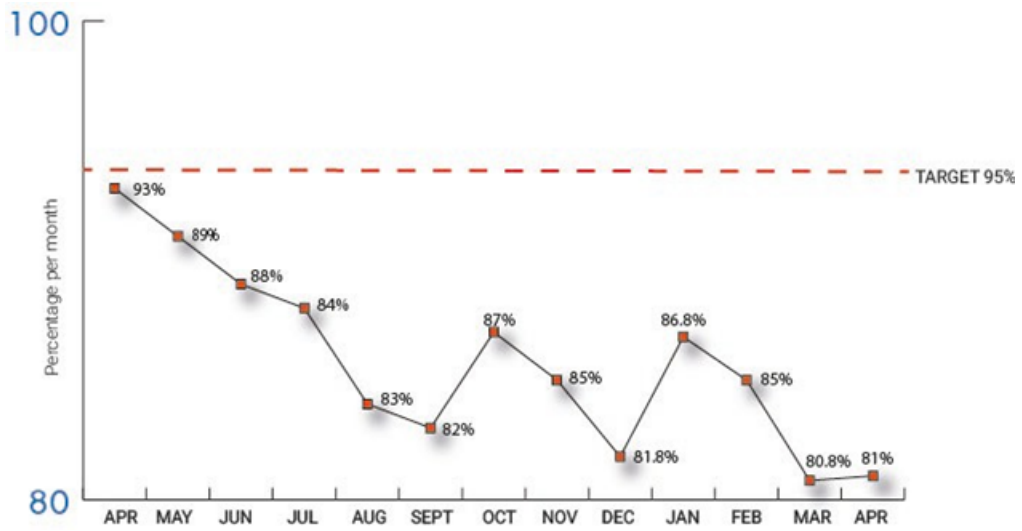
Overview by Katherine Sutton
Chief Officer Acute

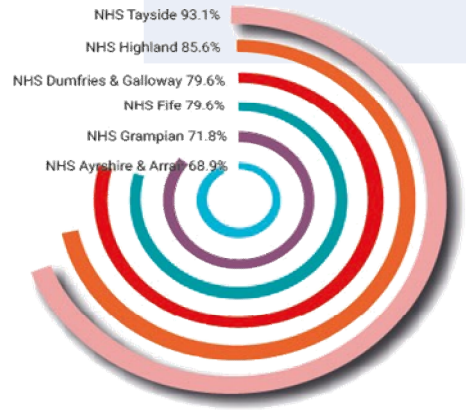
NHS Highland ED performance continues to be several percentage points above the Scottish average and work is ongoing across all acute hospital sites to return to expected ED access standards. Performance has failed to return to pre-pandemic levels and within Raigmore ED, performance is significantly impacted due to system wide pressures. The main reason for breach continues to be the wait for medical beds. Ambulance waits have been significant at times across a number of locations whilst awaiting access to hospital services. Work is ongoing through the recently launched Unscheduled Care Collaborative and working very closely with clinical teams on the front line to consider local interventions as well as broader more transformational redesign of urgent and emergency patient pathways and services which will help reshape resources to better meet the urgent and emergency access needs of the local Highland population.



Measure 08.05.22	NHSH	NHSS
4 hour wait to treatment	81.0	70.3
ED conversion rate	21.8%	22%
Emergency (EDIS) att.	1879	N/A
Total ED attendances	1879	24,672

Risk	Mitigation
Available medical inpatient capacity	Raigmore Hospital has increased medical inpatient capacity. Work continues on improvements to develop more efficient patient pathways in the inpatient setting
Availability of transport	Holding capacity being explored outwith E.Ds. at RGHs and alternative transport options being explored.
Workforce capacity	ED business case funded and implemented with recruitment complete.
ED reaching capacity and access block	ED and Hospital escalation plans in place.
Patient harm due to pressured system	All clinical concerns and risks highlighted through the Datix, escalation arrangements and Quality and Patient Safety, Clinical Governance arrangements.

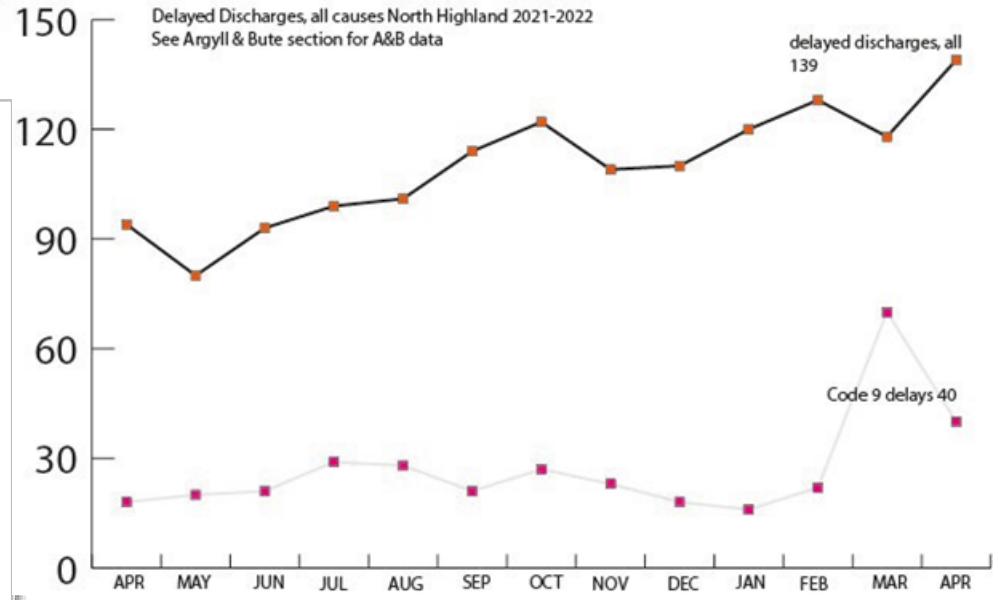




Delayed Discharges

Context by Louise Bussell
Chief Officer, Community

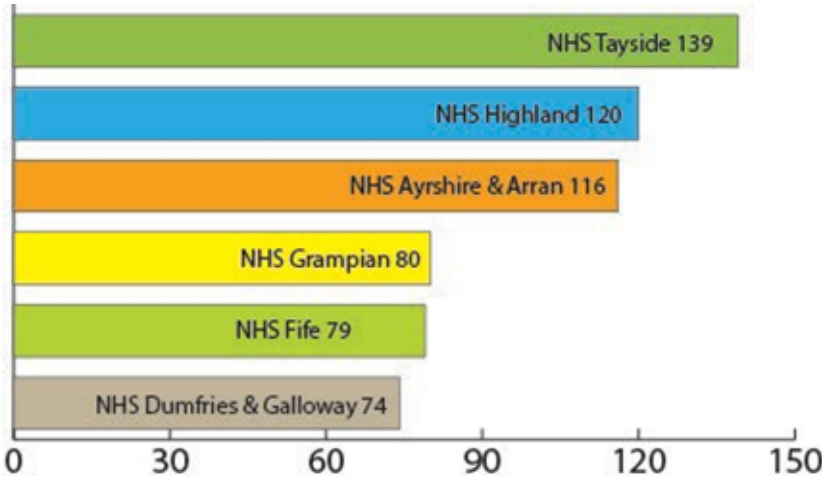
Delayed discharges are an ongoing challenge for north Highland in particular. The impact of Covid has been a significant issue for NHS and partners with the care home and care at home sectors increasingly impacted. We have strengthened the acute and community clinical and operational leadership responsibilities for unscheduled care as a whole with a clear plan established to take forward significant service change. Their work is linking closely to national requirements with work such as our respiratory pathway being seen as a positive direction to learn from. The new ASC Programme Board and programme lead will have a specific focus on planning for the future for these key services in line with the wider work set out within our annual delivery plan.



There was a noted spike in Code 9 delayed discharges in March 2022 due to numerous Covid 19 outbreaks closing Hospital wards and Care Homes

	Risk	Mitigation
1	Long standing issue, achieving sustainable change	Focussed plan and workstreams, greater understanding, whole system redesign and focus
2	Impact on flow, capacity – Limited beds in Hospital, e.g. for scheduled care and capacity limitations in care homes and care at home.	Discharge Hub, social care staff in place and dedicated flow staff in the community. Capacity planning and flexible recruitment using CRT, new pathways, community pull
3	Patient experience, impact	Lead in place and workstreams

PHS monthly update March 2022



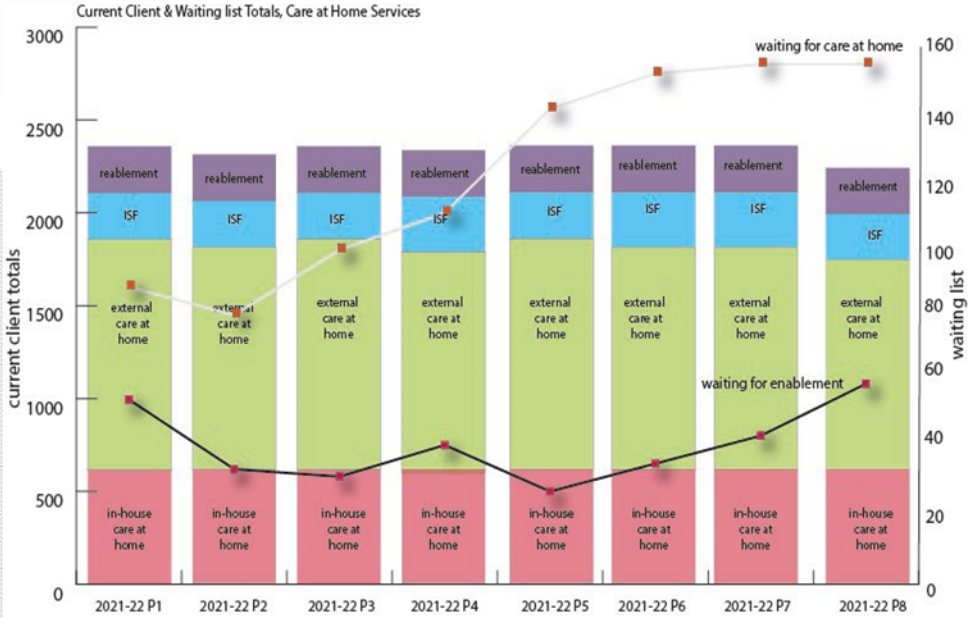
*Excludes A&B patients in GG&CHB

Adult Social Care

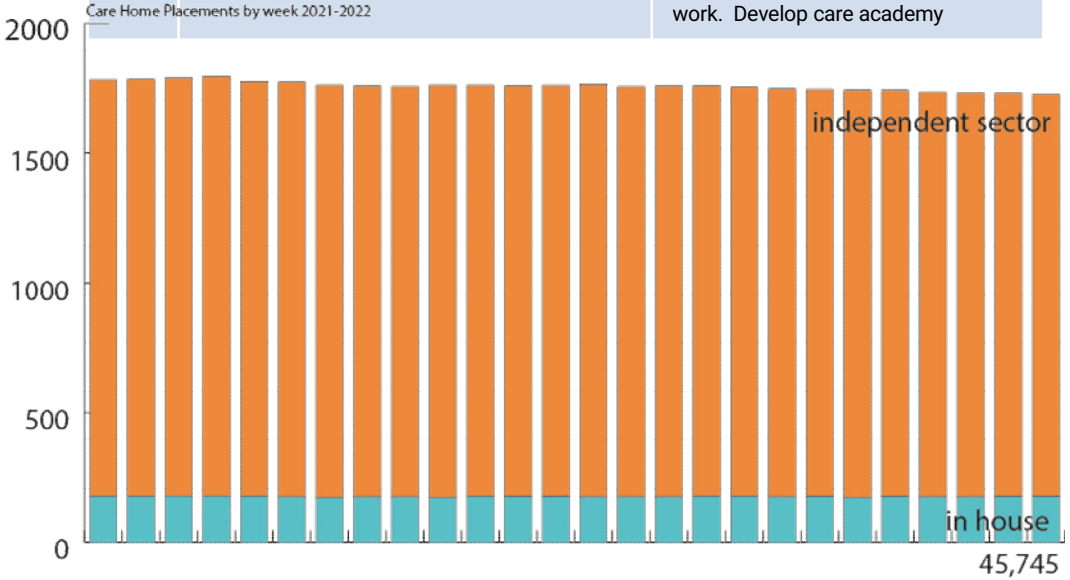
Context by Louise Bussell
Chief Officer, Community

Care at home and care homes across Highland, both in-house and external providers, have been and continue to experience continued difficulties. These relate to multiple issues including recruitment and retention, capacity and demand and the impact of the ongoing pandemic. The Board has been working closely with providers to achieve sustainable services. This included daily contact with providers, early payment of the higher fee rate set out by the Scottish Government and working with individual providers with particular challenges.

The Covid Response Team successfully supported services and was able to recruit and retain staff. This model is being built upon to create greater resource and flexibility.



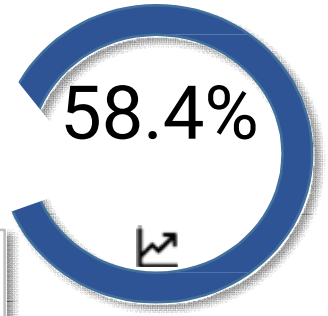
	Risk	Mitigation
1	Ongoing Covid pandemic and impact of the pandemic on sustainability	Proactive support for Sector/ contingency and capacity planning. Work with SG and CI colleagues. New ways of working
2	Capacity across all areas	New approaches including development of head of programmes (ASC) to take forward service redesign, SDS strategy and developing strategic plan.
3	Recruitment & retention	Developing the new community response team model and promote the care sector as a positive place to work. Develop care academy



Our population will wait no longer than 12 weeks for inpatient or day case treatment (TTG)

Overview by Katherine Sutton
Chief Officer Acute

Performance has continued to deteriorate as a result of pressures due to COVID and also system pressures which have significantly impacted available nursing, bed and theatre capacity. Remobilisation plans have been developed to increase activity levels towards 2019 pre-pandemic operating levels as soon as system pressures due to the latest wave of the pandemic subside. A Scheduled Care Performance Recovery Board has been established and initial proposals are currently with Scottish Government for consideration in relation to securing financial capacity to support an increase in activity and investment to support transformation. These plans will ensure transformational opportunities are embedded to deliver improved efficient utilisation of the limited clinical capacity available and sustainable delivery in the long term.



Current

Scottish Average: 51%

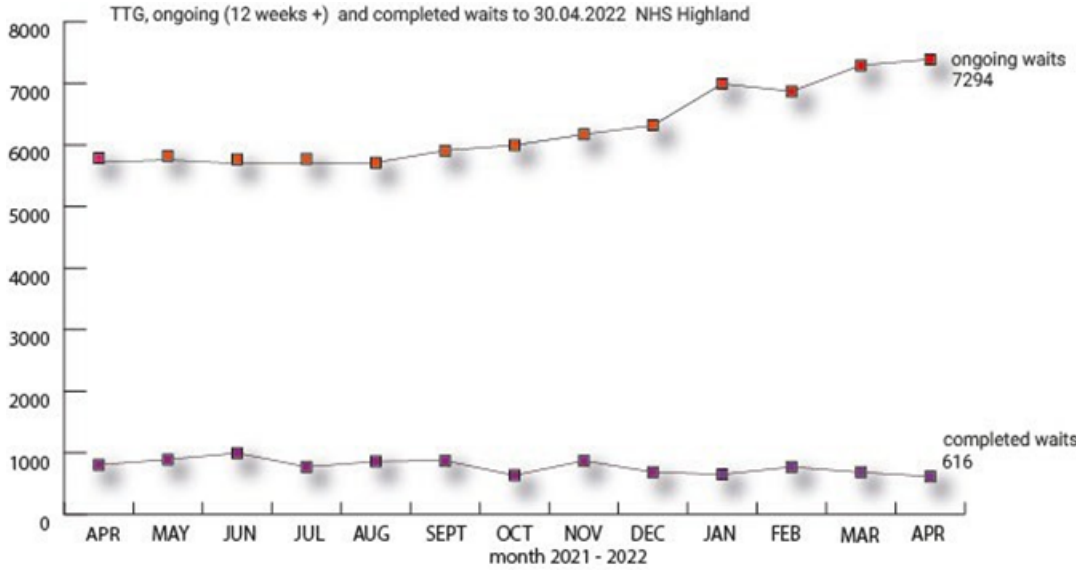
Board level KPI dashboard 02.05.22

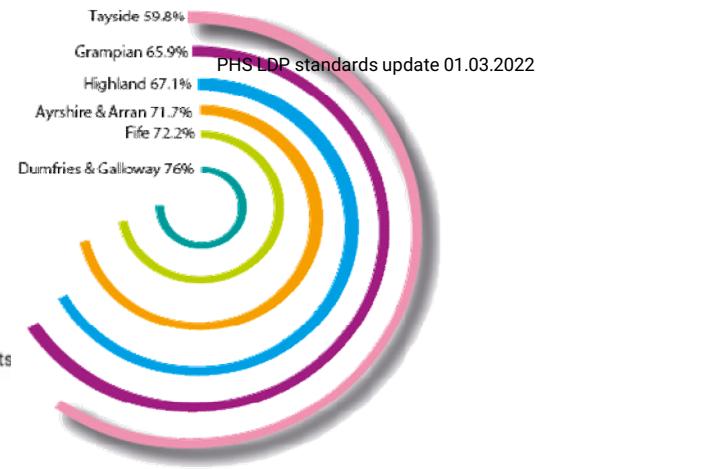
70	Apr 2021
65	May
66	Jun
63	Jul
66	Aug
67	Sep
62	Oct
59	Nov
67	Dec
68	Jan
65	Jan

P2 seen within 4 weeks: 57.35%

Risks & Mitigations

	Risk	Mitigation
1	Workforce capacity & resilience	Recruitment campaigns across a range of clinical specialties and across Nursing & Consultant Staff
2	System pressures and processes to facilitate patient journeys across the Health & Care system	Improved processes and capacity as per USC plan
3	Available finance capacity to deliver increased levels of surgical activity across the acute system	Engagement with SG over an increased financial capacity for remobilisation
4	Further Covid 19 resurgence	Covid 19 containment, escalation & de-escalation plans

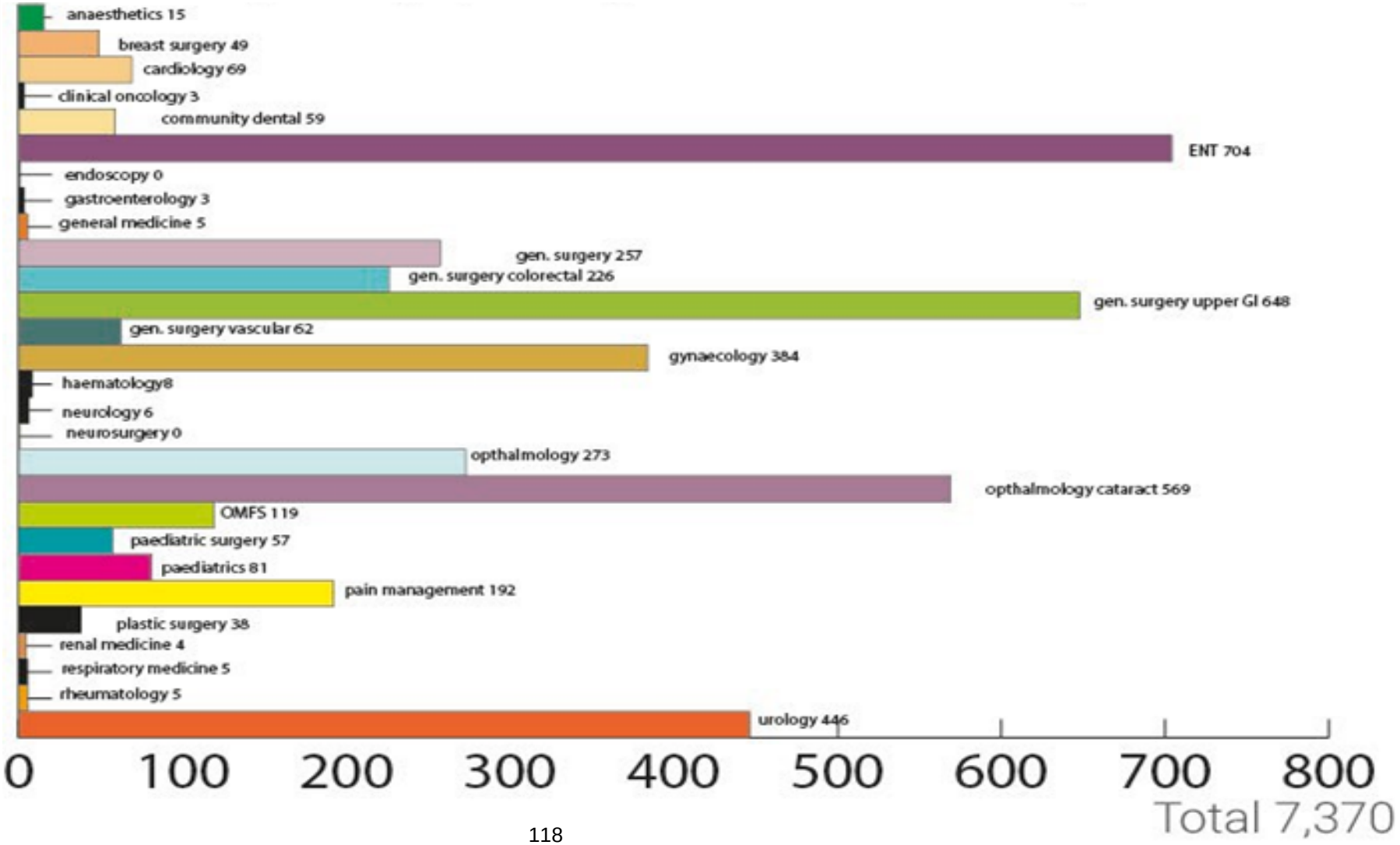




09.05.22

Our population will wait no longer than 12 weeks for inpatient or day case treatment (TTG) by Specialty

2476 people are waiting longer than 12 weeks for trauma and orthopaedics. We have removed this from the graph as it gave a clearer view of the other specialties.



Our population will wait no longer than 12 weeks for a first outpatient appointment

Overview by Katherine Sutton
Chief Officer Acute

Performance and capacity to deliver outpatient appointments has been challenging as a result of the pandemic and the impact on services. Plans have been drafted that focus on increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Plans have been developed at speciality level with Clinical Leadership at the forefront. Efficiency improvements linking with The Centre for Sustainable Delivery are being applied across all speciality service areas. Additional capacity is being sourced to support in some service areas. Engagement with the Scottish Government recently launched planned care recovery programme.
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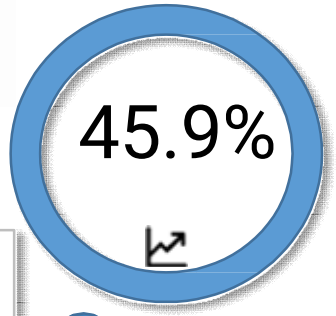
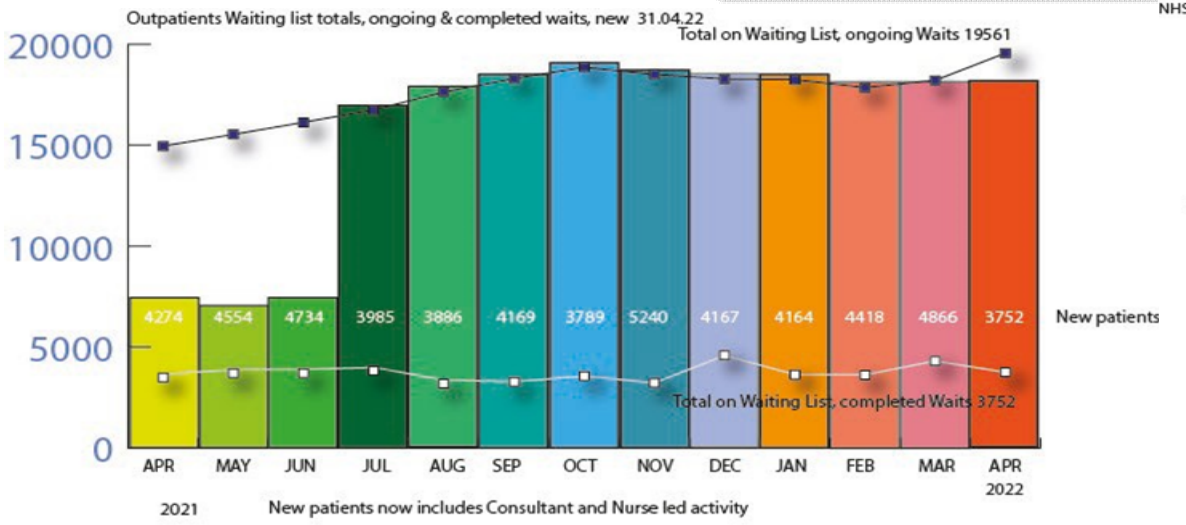


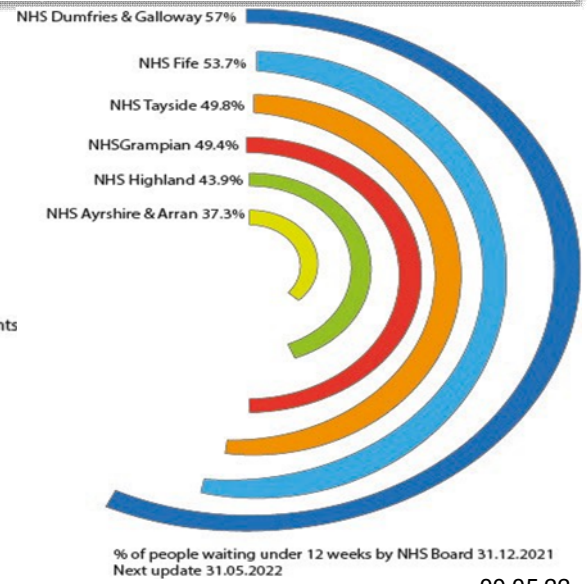
Scottish Average 31.01.22 : 46.5%

71	Apr
68	May
68	Jun
68	Jul
71	Aug
69	Sep
57	Oct
62	Nov
62	Dec
68	Jan
42	Feb

Risks & Mitigations

	Risk	Mitigation
1	Workforce capacity to deliver services	Increased financial capacity through RMP funding, recruitment in some specialities, utilisation of private sector and transformational opportunities are critical
2	Physical space to deliver OP services	Utilisation of as much virtual consultation as possible. Securing additional outpatient consultation space as required.
3	Post lockdown surge in demand	Continue to monitor appropriateness of referrals, apply transformational and more efficient ways of working – ACRT and Open return appointments as an example.
4	Accuracy of waiting list	Continue review and activity on waiting list validation.



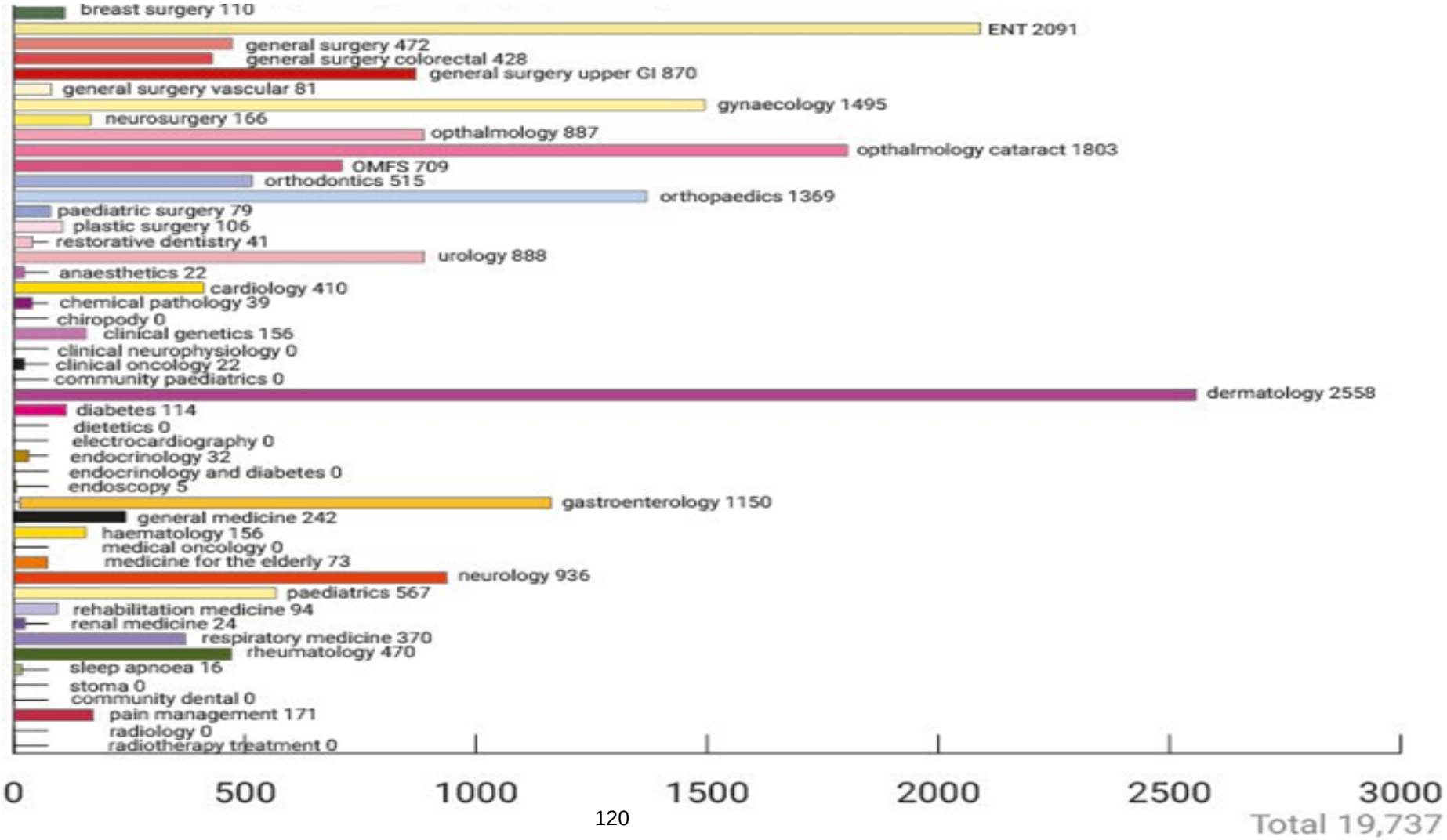


09.05.22

Together We Care

Building a brighter future for health and care
2022 - 2027

Our population will wait no longer than 12 weeks for a first outpatient appointment by Specialty



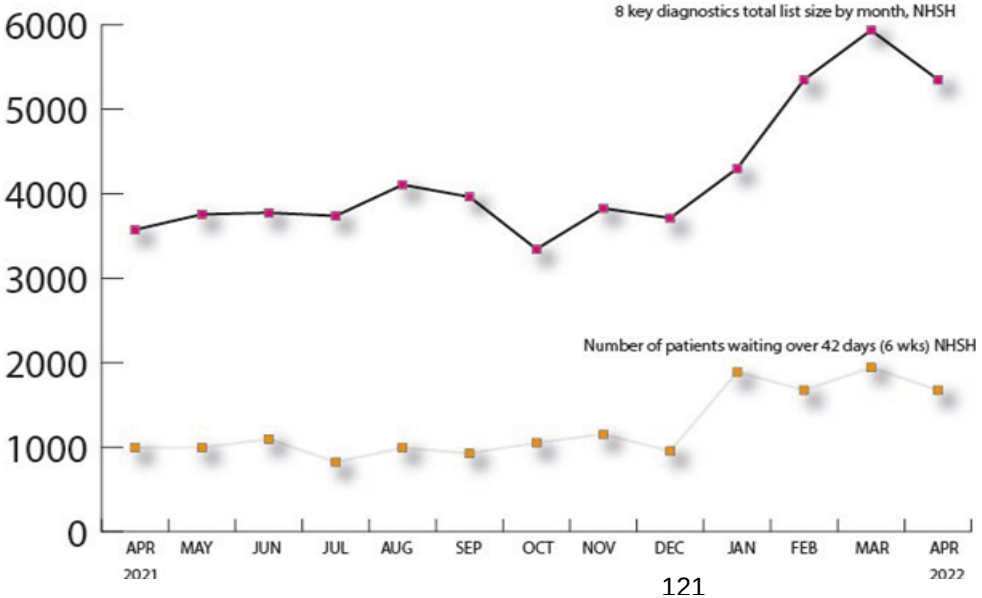
Diagnostics Activity and Demand

Overview by Katherine Sutton
Chief Officer Acute

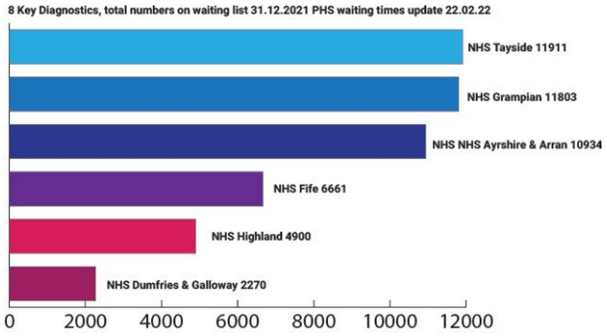
Workforce gaps have reduced capacity to deliver Endoscopy capacity. Locum staffing have been recently recruited to cover short term workforce gaps. Recruitment is ongoing to fill consultant vacancies.

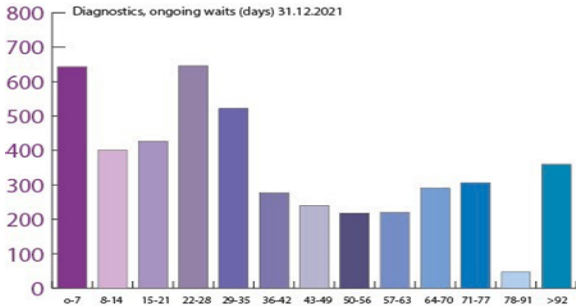
Nurse endoscopists have now completed training and able to increase capacity. The service has developed a recovery plan that supports JAG accreditation, improved admin processes and the utilisation of all endoscopy capacity across Raigmore and RGHs.

8 KEY DIAGNOSTICS Month to 30.04.22	NUMBER OF PATIENTS SEEN	% OF TOTAL
Upper Endoscopy	217	46.1%
Lower Endoscopy	91	37.9%
Colonoscopy	166	45.4%
Cystoscopy	35	44.9%
CT Scan	1126	133% (subject to review)
MRI Scan	742	68.4%
Barium Studies	14	36%
Non Obstetric Ultrasound	1630	73.3%
Total	4021	60.6%



	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment continues for Endoscopists and Radiologists. Service development with introduction of technology to support teams with implementation.
2	Pressure build up with increasing demand through work to clear OP waiting lists	Whole system planning to performance recovery.
3	Available financial capacity to deliver increased levels of activity	Engagement with SG over increased financial capacity for remobilisation
4	Further Covid 19 resurgence	Covid 19 containment, escalation and de-escalation plans.





09.05.22

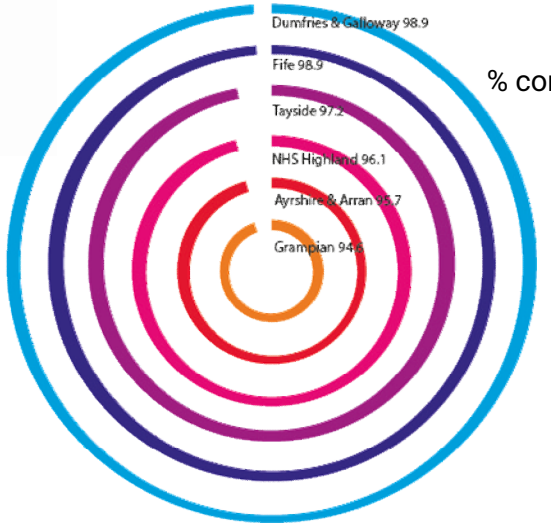
Together We Care

Building a brighter future for health and care 2022 - 2027

95% of all patients diagnosed with cancer to begin treatment within 31 days
95% of urgent suspected cancer referrals to begin treatment within 62 days

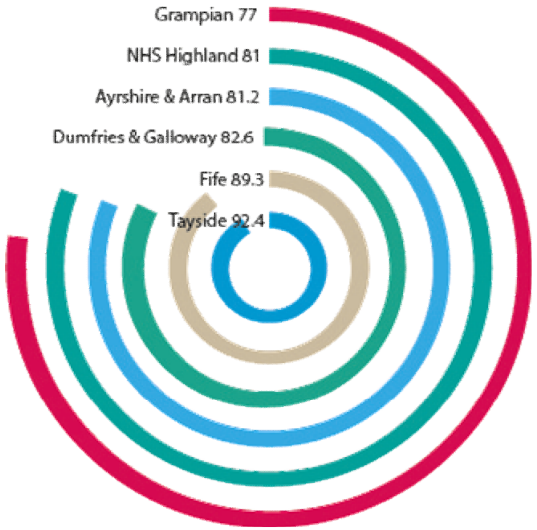
Overview by Katherine Sutton
Chief Officer Acute

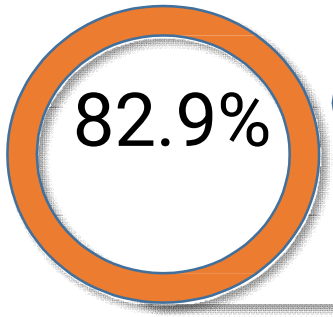
There have been challenges with capacity particularly within the endoscopy diagnostic capacity due to COVID absence and workforce capacity. Arrangements have been established through the independent sector to increase endoscopy capacity. Capacity to deliver integrated breast surgery pathways has been challenging due to capacity within breast surgery and also due to diagnostics. Recovery plans are being progressed to ensure patients are seen as early as possible.



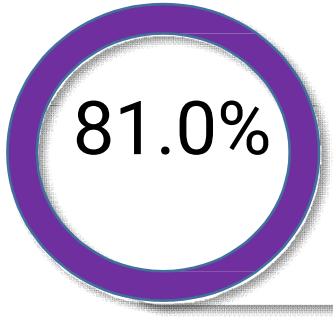
% compliance with 31 day standard, Q4 2021

	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment campaigns across a range of clinical specialties and across Nursing & Consultant Staff
2	Diagnostics. Responsiveness of diagnostics within 14 day target due to capacity issues.	Responsiveness of diagnostics within 14 day target due to capacity / resilience issues
3	Reliance on external Health Board capacity for specialist services, robotic services, brachytherapy and PET CT scanning	Business cases in development for PET CT. Local provision of robotic prostatectomy pending recruitment. Engaging with NHS Lothian and GG & C HB re: Brachytherapy.

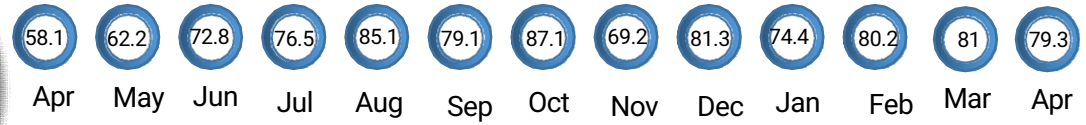




31 day performance



62 day performance



% compliance with 62 day standard, Q4 2021. Next update 28.06.22

09.05.22

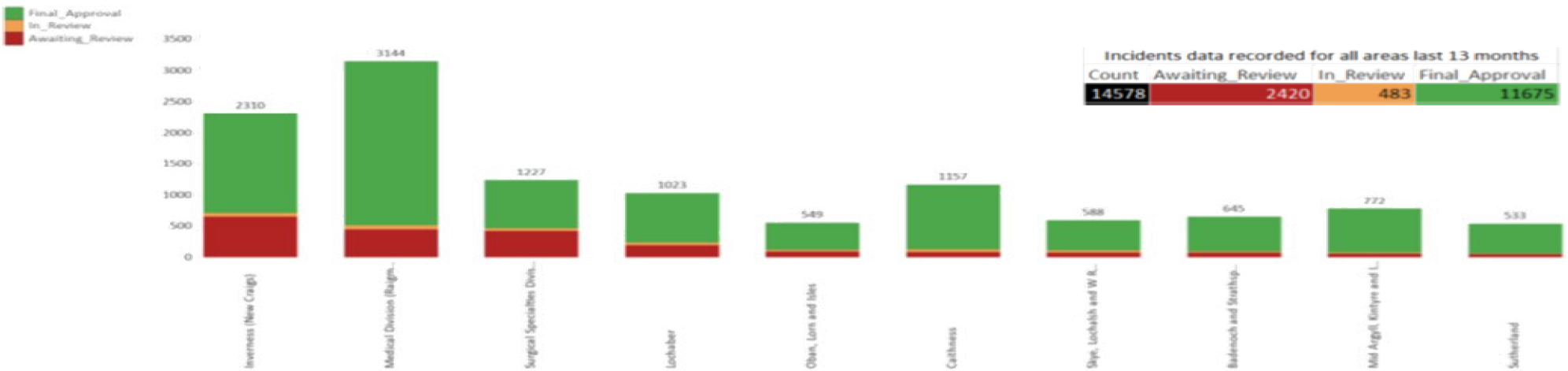
Adverse Event Overview

Overview by Dr.
Boyd Peters
Medical Director

A slight rise in adverse events (incidents logged on datix) is linked to the increased clinical activity since 2021including i remobilisation, vaccination and Covid waves. QPS meetings are reviewing higher impact/risk incidents regularly to monitor the situation. Clinicians report there is greater risk in the system particularly in Acute, as a result of increased length of stay, patient flow issues and patient illness acuity.

	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

Serious Adverse Event Reviews by month declared 2021-22, NHS Highland												
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
1	5	1	2	3	2	2	1	2	1	0	0	1



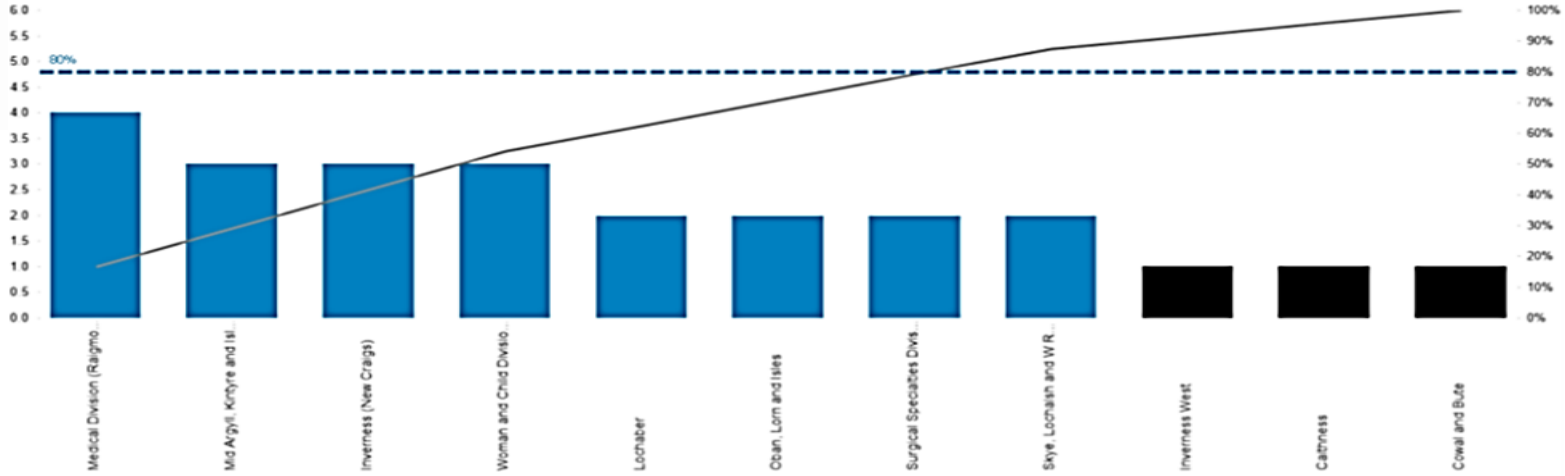
Total number of incidents recorded by district/division over last 13 months (top 10) Shown by approval status (Descending order of "Awaiting review")

Adverse Event Overview (continued)

Context by Dr. Boyd Peters
Medical Director

SAERsystem improvement work continues in line with the internal audit plan. Backlog issues are being addressed, although this is more challenging in some parts of the organisation especially where the case is complex. The internal audit work is reported to Clinical Governance Committee and also to the Audit Committee.

Pareto graph displaying number of SAERs declared by district/division over last 13 months



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Highland	5	1	1	2	2	2	1	3	3	0	0	1	3

Number of SAER's declared

Number of SAERs declared that are over working day target by month declared

Stage 2 Complaints Overview

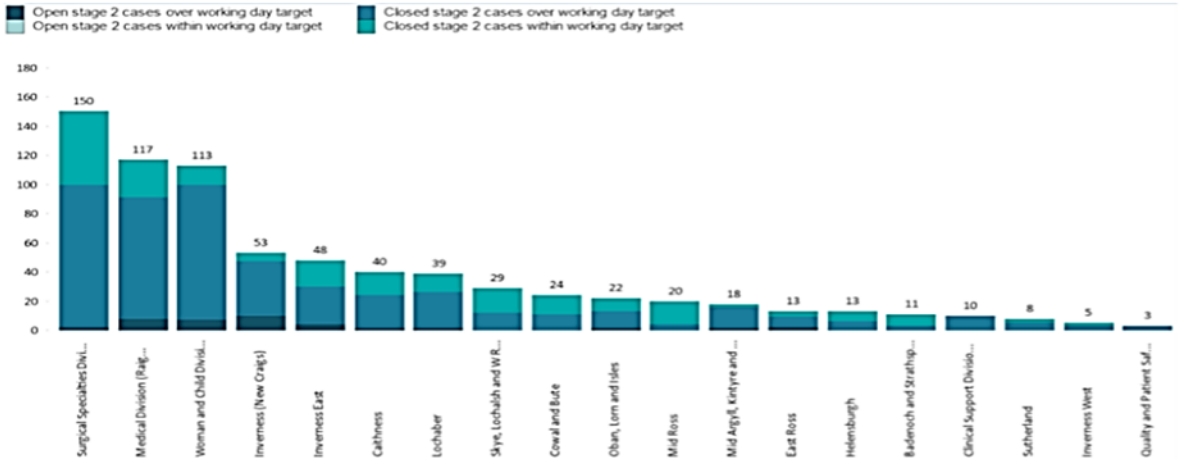
Overview by Dr. Boyd Peters
Medical Director

Response times for clinical complaints have been affected by operational pressures. A framework for improvement in performance has been agreed and in each operational unit there is now further work with early signs of performance improvement anticipated in June and July especially in Acute.

NHS Highland stage 2 case overview

38 cases open (been longer than 20 days)	**99.5** Average time open (days)
476 cases closed (took longer than 20 days)	**51.8** Average time to close (days)
0 cases open (still less than 20 days)	**223** cases closed (in less than 20 days)
68% of cases were closed over working day target	**87%** cases received and opened within 3 working days

Working day status graph displaying number of stage 2 cases received by district/division over last 13 months



	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Highland	28%	33%	28%	22%	28%	38%	25%	27%	28%	34%	28%
Argyll & Bute	50%	44%	29%	33%	44%	63%	25%	33%	33%	60%	20%
Acute	12%	23%	11%	12%	0%	29%	21%	31%	31%	21%	24%
HHSCP	50%	50%	61%	35%	47%	39%	38%	7%	20%	64%	38%

Data from Jun-21 when new NHS Highland organisational structure was formed

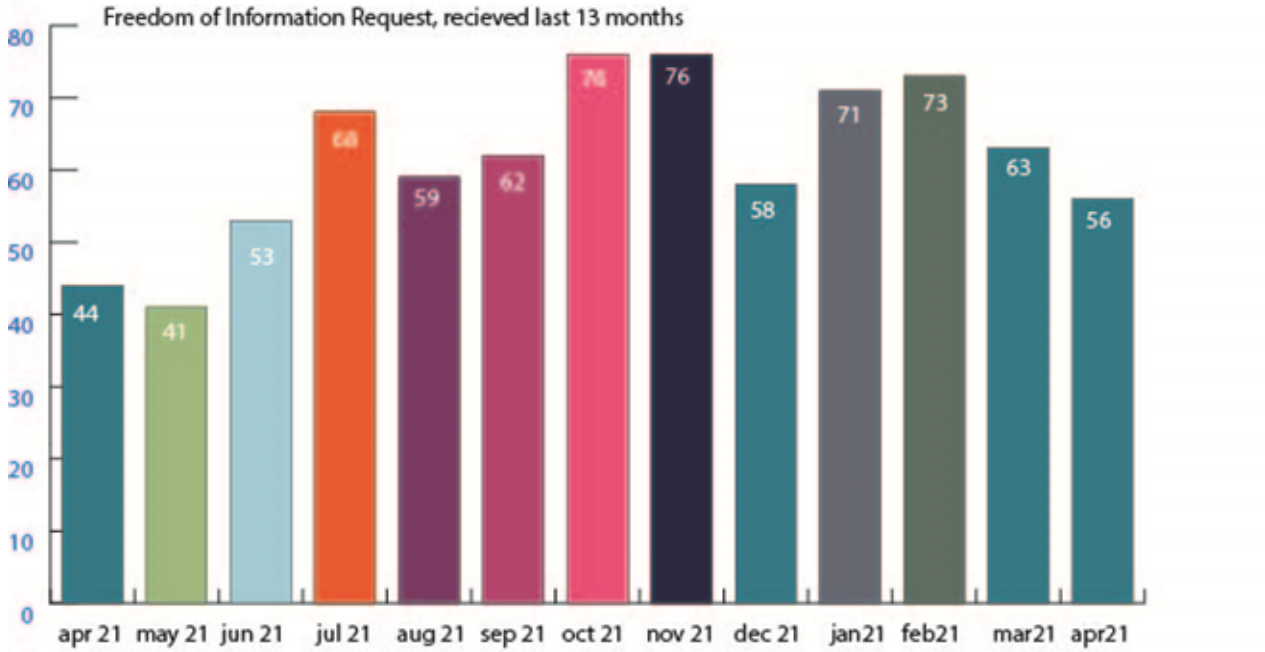
Freedom of Information Requests (FOIs)

Context by Dr. Boyd Peters
Medical Director

The Board is under a Level 2 Intervention by the Scottish Information Commissioner.

The performance target is 95% of FOI being responded to within 20 working days.

Performance in April achieved this and actions are in place to sustain this level of performance.



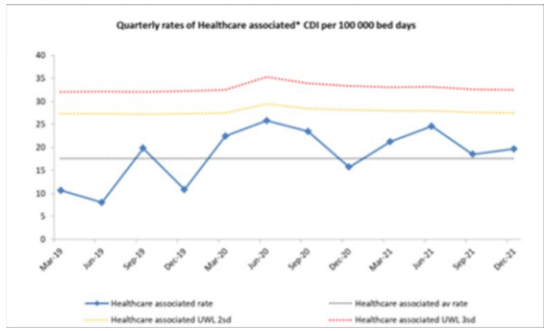
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Highland	84%	71%	74%	68%	75%	63%	62%	87%	83%	90%	68%	86%	96%

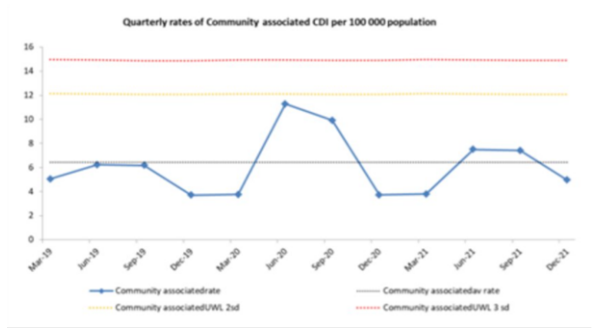
Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population

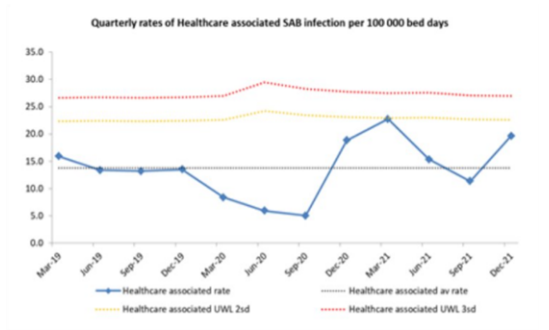
Overview by Heidi May
Board Nurse Director

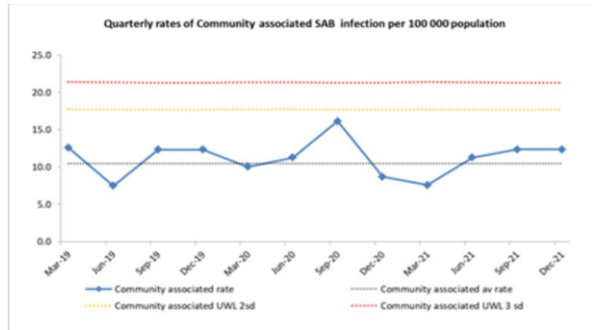
NHS Highland is on track to meet the Government set SAB target by the due date of 31.03. 22. We are not on track to meet the C Difficile target as previously discussed at the Board – however we do remain within predicted levels of infection given our case mix of patients and activity. A plan is in place to identify how levels of infection might be improved.

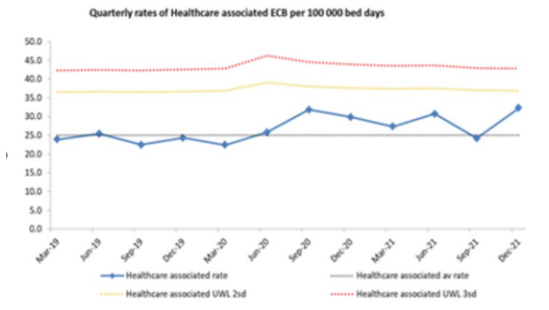
We are awaiting confirmation from the Government re Infection Prevention and Control improvement aims from April 2022. A detailed IPC report is submitted to each Clinical Governance Committee for discussion and assurance

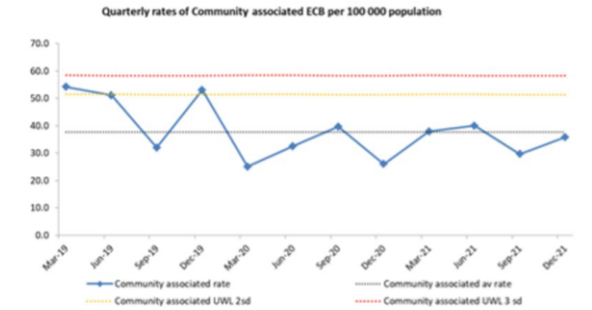












	Risk	Mitigation
	Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus Bacteraemia and E coli infection	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the operational units. Where present themes are addressed through specific action plans.

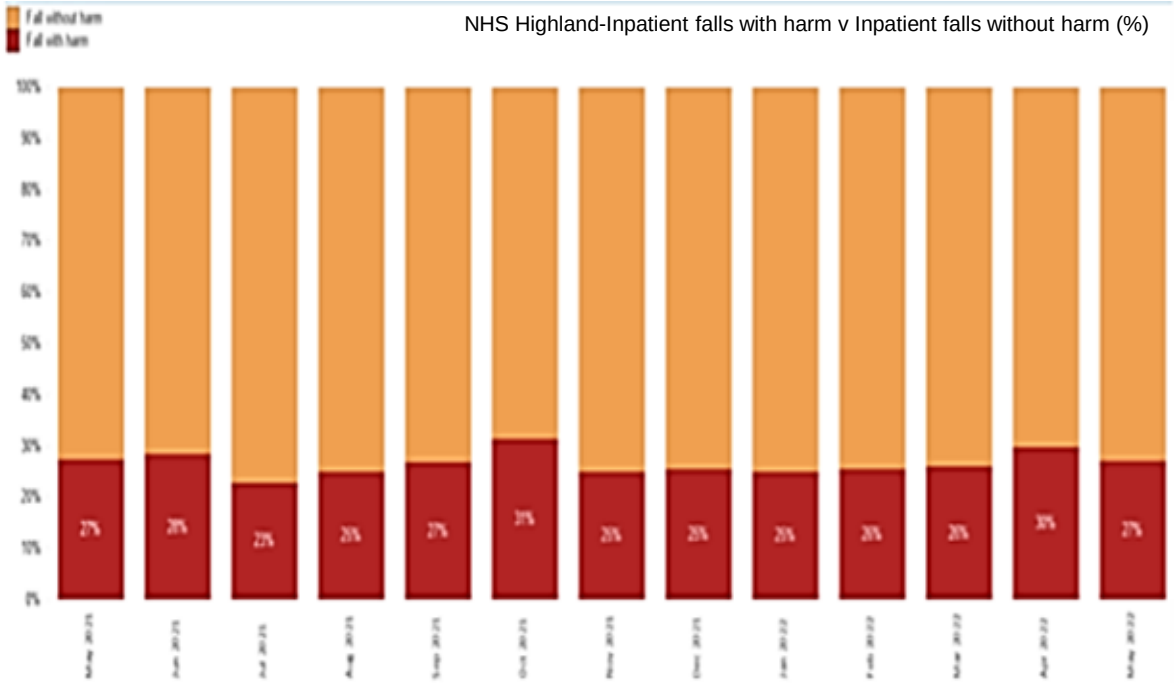
Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2021/2022

SAB	Apr-Jun Q1		Jul-Sep Q2		Oct-Dec Q3	
	HAI	CAI	HAI	CAI	HAI	CDI
NHS HIGHLAND	15.4	11.3	11.4	12.4	19.6	12.4
SCOTLAND	18.6	10.9	18.3	9.6	17.3	9.9
C. DIFF						
NHS HIGHLAND	24.6	7.5	18.5	7.4	19.6	4.9
SCOTLAND	14.6	5.4	16.7	6.5	13.3	4.8
E.coli						
NHS HIGHLAND	30.7	40.0	24.2	29.7	32.3	35.9
SCOTLAND	38.2	41.9	41.4	41.1	34.1	39.8

Inpatient slips, trips and falls

Overview by Heidi May
Board Nurse Director
Whilst overall performance on avoidance of falls has been maintained in 2021/22 compared with the previous year, there is significant variation in local falls rates across NHS Highland and progress towards further reduction has stalled. Significant work is required to meet the target of a further reduction of 20% in falls by 2023; the Scottish Patient Safety Programme Falls Prevention Collaborative launched last September is supporting Boards with this improvement work.

The monitoring and governance of this work sits with the Falls Prevention Assurance Group, chaired by the Deputy AHP Director which reports regularly to the Clinical Governance Ccommittee. Work is focusing on areas where the greatest increase in falls has been seen (using Pareto methodology) using quality improvement support. In the first instance this will be focused on Raigmore and the RGHs in light of a potentially emerging trend towards increasing falls in these areas.



NHS Highland-Inpatient falls with harm v Inpatient falls without harm (%)

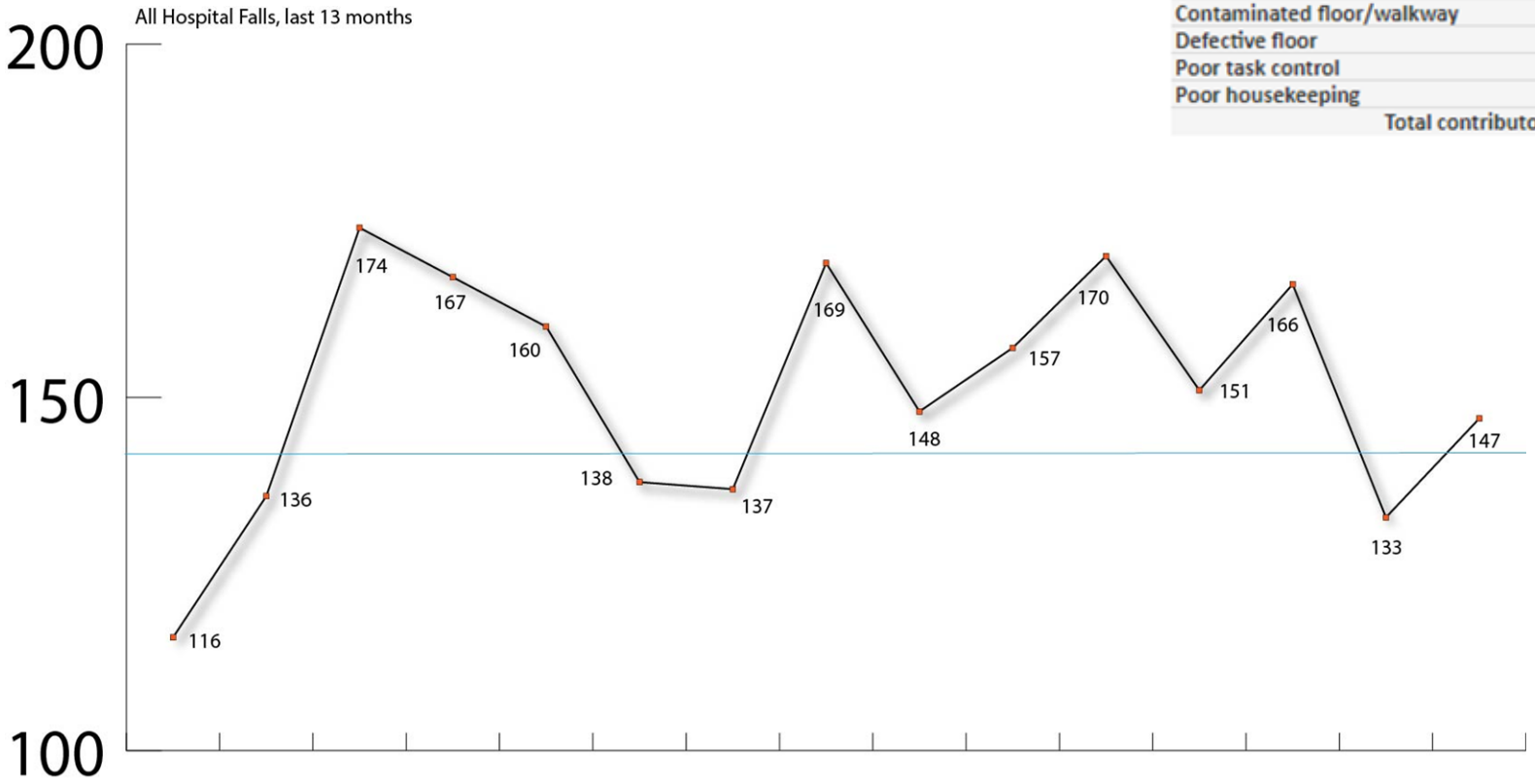
	Risk	Mitigation
1	New build environments	Thorough induction and orientation to environment and risk assessment of individuals in this context. Focussed monitoring of falls in these areas as part of transition from previous accommodation
2	Temporary staffing challenges including: limiting staff/ patient ratio, staff working in unfamiliar environments.	Explicit expectation that falls bundle is implemented as part of essentials of safe care.
3	Increasing complexity and frailty of those receiving care in our facilities	Routine application of falls risk assessment for identified “at risk” and access to MDT support

Inpatient slips, trips and falls (cont)

Overview by Heidi May
Board Nurse Director

Following increases in both falls and falls with harm across our inpatient settings since early 2022 there has been a renewed focus on risk reduction measures and monitoring of compliance with these. This has resulted in a reduction of both falls and falls with harm across the Board to our previous baseline rate. This is encouraging progress. The new governance structure for falls has now been established and we expect this will facilitate a further improvement in falls rates across our inpatient settings.

Falls | contributory factors (%)	
Unaware of own limitations/limited mobility	64%
Confusional state	45%
Result of medical condition	25%
Inappropriate footwear	14%
Inadequate lighting	3%
Result of medication	3%
Contaminated floor/walkway	2%
Defective floor	0%
Poor task control	10%
Poor housekeeping	0%
Total contributory factors	89%



Tissue Viability

Context by Heidi May
Board Nurse Director

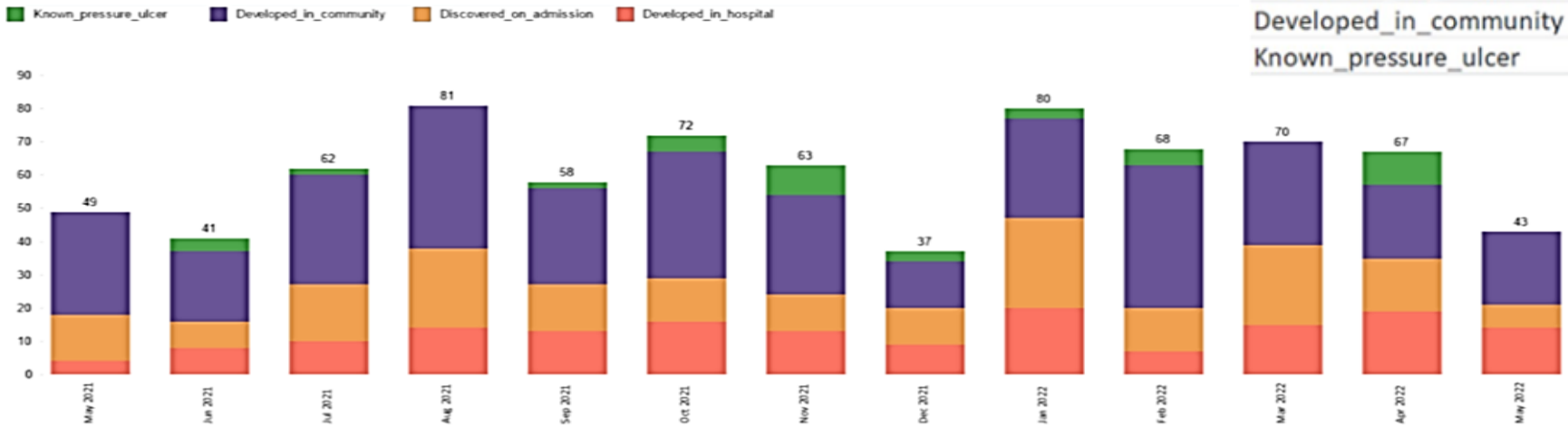
NHS Highland's Tissue Viability Leadership Group (TVLG) is a multi- professional group that reports to the Clinical Governance Committee. The impact of the pandemic , particularly in relation to acuity and dependency of patients and residents in all care settings is being referenced as impacting on other areas of risk such as falls and frailty and any impact on pressure ulcer occurrence is still to be fully understood.

For the last two years, sustained challenges with long term absence, difficulty recruiting specialist Tissue Viability staff and reassignment of Tissue Viability staff to front line direct care services has resulted in reduced focus on staff training and service development and review. This pattern has resulted in a review of the structures in place to support tissue viability in Highland and forms part of a refreshed work plan for the Tissue Viability Leadership Group.

Tissue viability leadership is currently going through a transition phase at present due to the previous lead retiring. The portfolio lead for TV will now be through the TVLG leadership group and Sara Sears Associate Nurse Director- HHSCP will hold this portfolio from June 2022. There are current vacancies within this small team and this will hopefully go out for recruitment soon.

	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 more senior clinical and leadership nurse resource to support the wider service review and redesign 2.Additional nursing support for Care Homes as part of SG commitment to enhanced care home support which will increase capacity to deliver preventative work in Care Homes 3.Designated Quality Improvement Practitioner to provide focussed support for TVLG for 18/12 to reduce pressure ulcer occurrence
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.Review and monitoring impact of enhanced care home support to referral rates.

	Count
Developed_in_hospital	162
Discovered_on_admission	199
Developed_in_community	387
Known_pressure_ulcer	43



Integrated Performance & Quality Report July 2022 Update

Argyll & Bute Integration Joint Board

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

Argyll & Bute delayed discharges at 17.04.2022

Patient Locality	A&B Hospital	GGC Hospital	Total
Dunoon Cowal	2	2	4
Bute Rothesay	0	0	0
Campbeltown	4	1	5
Lorn & Islands	1	0	1
Mull & Islands	1	0	1
Mid Argyll (all)	4	0	4
Helensburgh & Lomond	0	10	10
Total	12	(13)	25

GG&CHB patients in brackets

Argyll & Bute Care at Home at 17.03.2022

Waiting	98
Assessed	38
Unmet need	355.78 hrs.

Argyll & Bute Children & Families Nov. 2021 (cumulative from Apr.21)

Requests for assistance	287	2737
Universal Child assessments	81	912
Children on CP Register	33	

Argyll & Bute Jan. 2022 Acute (cumulative from Apr.21)

TTG IP & Day Case activity	36	(354)
Outpatient referrals	699	7606
New OP	594	6561
Return OP	1413	14144
Endoscopy	15	600
Radiology	410	5015
31 day cancer	3	41
ED attendances (LIH)	622	6908
Emergency admissions	158	1734
USC referrals received	28	428

Argyll & Bute Nov. 2021 Adult Care (cumulative from Apr.21)

Adult referrals	580	5910
UAA assessments	196	2501
Adult Protection Referrals	19	269
New people in receipt of home care	48	358
New Care Home placements	9	194

Argyll & Bute Nov. 2021 Community Health

Mental Health new episodes	41	550
Mental Health patient contacts	689	7936
District Nursing new contacts	105	1186
District Nursing patient contacts	4429	46668
AHP new episodes	311	3693
AHP patient contacts	3350	33226

09.05.22

LDP Standards calendar of updates used in IPQR

LDP Standard	Next data published	Period of currency
12 week outpatient standard	31.05.2022	JAN – MAR 2022
CAMHS waiting times	07.06.22	JAN-MAR 2022
A&E waiting times	07.06.22	APR 2022
Cancer waiting times	28.06.22	APR-MAR 2022
C Diff infections	TBC	TBC
SAB (MRSA/MSSA)	TBC	TBC
Psychological therapies waiting	07.06.22	JAN-MAR 2022
Sickness absence	2022	2021-2022
TTG	31.05.22	JAN-MAR 2022

IPQR is produced to follow the annual cycle of meetings of the Board of NHS Highland. To provide the data required, it also has to take note of the various Committees that verify information and report the results nationally. Because of this, there may be a time lag between dates data is updated in the tables and graphs. Where this happens, there may be a difference (especially with the radial charts) in totals or percentages. These will balance over the course of the year.

All of the data used in IPQR is sourced primarily from the Operational Teams submitting through various systems and reports to Strategy & Transformation Analysts and fed through to IPQR. This data is also used in Operational dashboards and other Reports.

Information and data is also sourced through the BI team's reporting catalogue, verified external sources, Public Health Scotland and The Scottish Government.

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 JULY 2022**
Title:	**Integrated Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Quality and performance across our organisation

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

- All quality ambitions

This report relates to the following Corporate Objective(s)

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

2 Report summary

The NHS Highland Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on the performance based on the latest information available. It also reports on actions being taken to address any performance issues with progress to date.

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

Due to current performance a limited level of assurance is proposed.

2.1 Situation

In order to allow full scrutiny of the intelligence presented in the IPQR the intelligence within, albeit not in the same format has been presented to the Clinical Governance Committee, Staff Governance Committee and Finance Resources and Performance Committee.

2.2 Background

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

2.3 Assessment

A review of these indicators will continue to take place in the associated Programme Boards, Performance Oversight Board and governance committees during the intervening period.

For the September Board the IPQR will be aligned to Together We Care, with you, for you and with some additional indicators aligned to our outcomes approach.

Due to the current performance within our system, in terms of access for our population across a number of key areas, a limited level of assurance is proposed. With our annual delivery plan setting a clear direction we would hope this position will improve over the next two quarters.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

3 Impact Analysis

3.1 Quality/ Patient Care

IPQR gives an integrated summary of our quality and patient care across the system. Currently we are not meeting access targets within a number of key areas.

3.2 Workforce

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

3.3 Financial

The financial summary is now separately reported.

3.4 Risk Assessment/Management

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

3.5 Data Protection

The Plan does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of the system.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

Discuss the information presented today and consider the implications in terms of our performance and quality outcomes for our population within NHS Highland

Be **aware** that the format and content of the report is being reviewed to provide the Board with an IPQR that meets our new strategy, Together We Care, with you, for you and the associated annual delivery plan.

4.1 List of appendices

- IPQR July 2022

Agenda Item 9

NHS Highland

Meeting:

Meeting date: **26 JULY 2022**

Title: **Corporate Risk Register**

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

Report Author: **Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2 Report summary

2.1 Situation

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

We are currently advertising for the post of Corporate Risk Manager and it is hoped that an appointment will be made in the near future to this pivotal post.

Moving forward we will be reviewing our risk register in line with our emerging strategic objectives from Together We Care; with you, for you to ensure we are aligned to the direction it sets for us as an organisation. SBARs will be brought to the next Board to recommend changes or removals from the corporate risk register.

There are currently 12 open risks on the risk register. Eight are a medium risk, 3 at high risk and 1 a very high risk.

2.2 Background

Risk Management is a key element of the Board's internal controls for Corporate Governance. The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

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

2.3 Assessment

The Board is asked to review the risks on the strategic risk register and be assured that action is being taken where possible to mitigate the risks.

A summary of the risks and the mitigations is below.

No	Directorate/ Committee	Risk Title	Initial	Current	Mitigations
662	Strategy	Lack of coherent strategy	Medium	Medium	The development of the strategy has been completed in partnership with our population and people. Progress is on time and will be delivered to the Board in July.
715	Public Health	Impact of COVID on health	Very High	High	COVID infection rates have dropped but risks of an increase in infections remain. Measures continue to be undertaken to reduce transmission and reduce the impact of infections.
959	Public Health	Vaccinations	High	Medium	Plans have been developed and are being implemented for continuation of COVID vaccination and delivery of VTP in line with SG requirement.
632	People	Organisational Culture	High	Medium	Good progress made with Sturrock and IRP recommendations although some delays due to recent systems pressures, next phase plan is being developed alongside the strategy
666	Ehealth	Cyber Security	High	High	We are always going to carry a risk with cyber security and the lowest level of risk will always be high risk. All mitigating actions are being taken and are constantly under review linking in with National Cyber Centre of Excellence.
706	People	Workforce Capacity	High	Medium	Work ongoing on attraction, recruitment and retention strategy. 3 year workforce plans in development for submission in July 2022, to inform next stage plans aligned with ADP
712	Estates	Fire compartmentation	High	Medium	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.
714	Estates	Backlog maintenance	High	Medium	Continuing to work with SG in them providing extra capital funding to remove all high risk backlog maintenance.
830	Finance	Sustainability of funding	Medium	High	£42.272m is the current amount we have to reduce by in 22/23 to achieve financial balance. There is a review of the financial and performance scrutiny and a workshop took place on 2/6 with key actions now embedded in ADP.
877	Comms	Engagement with population	High	Medium	Engagement framework has been developed. Together We Care strategy has been written with our population with extensive consultation and engagement.
123	Performance	Monitoring across system	Very High	Medium	Dashboards have been developed to give a whole system overview for acute and social care. Performance framework approved and decision making framework in development. Annual delivery plan will provide future focus.
X	People	Compliance with Statutory Mandatory training	Very High	Very High	This has now been added as a specific objective within the ADP and Strategy to ensure it is taken forward as a core piece of work

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical 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.
- **Discussion** – Examine and consider the implications of a matter.

4.1 List of appendices

None as summary has been provided for ease of reading

NHSH BOARD MEETING ACTION PLAN

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

DATE OF MEETING	ACTION ITEM	ACTION BY	DEADLINE	NOTES
NHSH BOARD MEETING 28 SEPTEMBER 2021				
28/09/21	**12 b Strategic Risk Register** The risks and opportunities associated with **National Care Service** to be included in future strategic risk registers and considered at a future development session.	Louise Bussell Fiona Davies Boyd Peters	**December 2021**	Included in plan for Development Session March 2022
NHSH BOARD MEETING 25 JANUARY 2022				
25/01/22	***11. Culture Programme Assurance Report*** *Detailed strategy for the Wellbeing workstream is expected to be ready for end of March 2022*	*Fiona Hogg*	***May 2022***	***Update 29 March:*** *detailed strategy for the wellbeing workstream will now be expected at the next meeting of the Board in May*
NHSH BOARD MEETING 29 MARCH 2022				
29/03/22	**6. Chief Executive's Report – Verbal Update of Emerging Issues** The Board agreed to extend the timeframe for consideration of the draft Strategy Report to July 2022.	Pamela Dudek	**July 2022**	Included on draft agenda for July Board meeting

DATE OF MEETING	ACTION ITEM	ACTION BY	DEADLINE	NOTES
NHSH BOARD MEETING 31 MAY 2022				
31/05/22	**6. Chief Executive's Report – Verbal Update of Emerging Issues** H May commented that figures for babies born en-route to hospital are monitored carefully, of which there are very low numbers and offered to supply the figures to the Board for assurance	Heidi May	**September 2022**	No deadline set but suggestion of September Board meeting noted
31/05/22	**8. Vaccination Strategy Report** The Board accepted **limited assurance** from the paper and **agreed** that a further report should be submitted to it's meeting in July	Tim Allison	**July 2022**	***Update 01 July:*** Item added to July Board Agenda
31/05/22	**9. Integrated Performance and Quality Report** D Park advised that a fuller report with a consolidated IPQR will be brought to the July meeting of the Board	David Park/ Lorraine Cowie	**July 2022**	
31/05/22	**11. Finance Assurance Report Month 12 and NHS Highland Financial Plan 2022/23** Financial related risks within the Risk Register to be reviewed	David Garden/Elaine Ward/ Lorraine Cowie	**September 2022**	Deadline set in relation to Risk Register review - September Board meeting noted
31/05/22	**15. Strategic Risk Register** L Cowie gave a presentation noting the simplified format of the register and advised that a revised Register will be ready for late Summer	Lorraine Cowie	**September 2022**	Deadline set to September in line with recommendation of 'late summer'
31/05/22	**20. Gaelic Language Plan** The Board **agreed** to delegate authority to the Board Chair and Chief Executive to approve the terms of the submission of the Bòrd na Gàidhlig Annual Monitoring Report and report back to the July Board meeting.	Boyd Robertson/ Pam Dudek	**July 2022**	

DATE OF MEETING	ACTION ITEM	ACTION BY	DEADLINE	NOTES
31/05/22	**Health & Wellbeing Strategy** The Wellbeing Strategy will be included within the overall ADP/Together we Care Strategy with an update to the Board Meeting in November taking place	Fiona Hogg/ Lorraine Cowie	**November 2022**	Update will be presented at the November Board Meeting

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 29 June 2022 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Ann Clark, Board Non-Executive Director - In the Chair
Tim Allison, Director of Public Health (2pm until 3pm)
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council from (until 2.30pm)
Cllr, Muriel Cockburn, Board Non-Executive Director
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Gerry O'Brien, Board Non-Executive Director
Julie Petch, Nurse Lead
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Ian Thomson, Area Clinical Forum Representative
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:
Stephen Chase, Committee Administrator
James Bain, Transaction and Income Manager
Sarah Bowyer, Psychological Services
Rhiannon Boydell, Head of Service - Community Directorate
Lorraine Cowie, Head of Strategy
Fiona Duncan, ECO Health and Social Care & Chief Social Work Officer
Tara French, Head of Strategy for Health and Social Care
Gillian Grant, Interim Head of Commissioning
Arlene Johnstone, Head of Service, Health and Social Care
Tracy Ligema, Deputy Director of Operations
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council
Jo McBain, Deputy Director for Allied Health Professionals
Jacquline Paterson, Contracts Officer
Nathan Ware, Governance and Assurance Coordinator

Apologies:
Pam Cremin, Cllr David Fraser, Philip Macrae, Boyd Robertson, and Mhairi Wylie.

1 WELCOME AND DECLARATIONS OF INTEREST

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

The meeting was quorate.

The Chair welcomed the new Highland Councillor representatives to the committee, and Muriel Cockburn as newly appointed Highland Council representative to the NHS Highland Board.

W Smith declared an interest as a member of the Carers Union and had decided to step out of the meeting during item 3.4 on the Carers Strategy.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023 [PP.1-10]

E Ward noted that formal reporting for the financial year 2022-23 has not yet begun, and therefore the update would highlight how the 2021-22 position had been managed and the expected impact this would have on the new financial year.

- A one-year financial plan has been submitted to Scottish Government with the expectation that it will be revisited at the end of quarter 1.
- An initial budget gap of £42.3m was identified with a cost improvement program planned for £26m, which leaves an unidentified funding gap of £16.3m.
- At a national level, savings of £225m of savings had been identified with a gap of £230m
- At the time of submission, there had been an assumption that COVID costs would be fully funded by Scottish Government but it has now been confirmed that this will not be the case.Any COVID costs would have to be managed from the funding allocation received in quarter 4 of 2021-22. In terms of COVID cost relevant to the partnership, there are a number of areas where costs are anticipated to come through additional staff costs, infection protection, and control measures.
- The paper under item 3.5 addresses the impact of the introduction of non-charging for non-residential services.
- The biggest cost driver within the partnership is the social care providers sustainability payments which are in place in their current format until the end of June. From July the support available to providers will be reduced however there will still be a potential additional burden for the Board..
- The costs for the vaccination program and the responsibility for delivering are currently held centrally.
- Highland Council are managing on NHS Highland's behalf slippage from allocations in 21/22 of just under £16.4m. (shown in table 2), This will contribute to closing the adult social care funding gap for 22/23 and allow. 9.3 million to be built into the financial plan for 22/23
- Significant additional investment has been announced (see Appendix 1). Appendix 2 highlights investment plans.
- Overall the funding position is complex and uncertain.
- Recruitment challenges are likely to continue and will bring an impact. Given the national workforce shortages there is a requirement from Scottish Government to look at how the Board delivers services and whether there is the potential to deliver them differently.
- There are a number of known adult social care allocations which have yet to be confirmed for 2022-23 (see Appendix 3). These are allocations received last year which are expected to be recurring, but at this point in the year they remain unconfirmed.

- There are risks for 2022-23 associated with recurring costs of permanent appointments made in relation to unconfirmed allocations as well as cost increases above the previously used inflation assumptions such as utility costs and fuel costs.
- There are indications that the Agenda for Change Pay award will be higher than the Scottish public sector pay policy, but it is not clear what the funding implications associated with this could be at present.
- Subsequent papers to the committee will provide an update on the budget against the actual position, as well as including ongoing detail of incoming allocations and the plans against these allocations.

During discussion, the following points were addressed,

- Appointments have been made on a permanent basis as part of mental health recovery funding, however confirmation of the level of funding has not yet been received making this a small risk. L Bussell explained that this was set against the risk that if an effort to recruit was not made then recruitment to these specialist positions was unlikely to happen at all, especially because the board is in competition for specialist appointments with the other Scottish health boards.
- The savings challenge for the partnership for 2022-23 is currently £6.36m, from an overall £26m gap, but if no brokerage is obtained from SG then the partnership may have to find additional money to contribute to closing the overall 16.3m gap. . Technical accounting measures are being looked as are ways to drive down COVID-related costs along with ways of attracting additional funding and energy efficiency measures, but the position remains a significant challenge.
- £14.1m of non-recurrent funding has been identified for investment and decisions will be made about this, once recurrent costs are known. This includes the 9.3 being held by the Council. Should it be possible to invest any of these funds in the services for which the money was allocated in 21/22, that investment can be made recurrently and will form part of the baseline for 23/24. This is likely to be dependent on recruitment which will likely mean slippage, hence funding being made available non recurrently.
- Regarding COVID funding, it was asked that if the £7.1m that has been carried forward from 2021-22 to 2022-23 was not enough would this be funded through the partnership. E Ward confirmedthis had not yet been discussed..
- S Steer commented that there was a high level of confidence of achieving the £3m ASC savings requirement. However inflationary pressures in the independent care home sector was unprecedented. This is a potential risk should the Board have to support care homes financially.
- The likelihood of long-term recurring costs for COVID was acknowledged and that this was in addition to the vaccination programme as a whole. Discussions are being had with Scottish Government about changes to policy decisions to address how these could mitigate the position.
- W Smith commented that the partnership's use of block contracts with private agencies had made it difficult for people to recruit Personal Assistants for their own care packages, and that the remobilisation of day centres would give more flexibility if pre 2018 arrangements were put in place, and a request was made that carers be involved in the discussions around these issues. L Bussell noted that ASC is still dealing with the effects of COVID and therefore safety was key in plans for ASC both locally and nationally which in addition to staff shortfall was a significant challenge. There is a recognition of a competitive situation in terms of recruitment across different care services. There are plans in progress to set up a programme board to explore the pressures on Care At Home and consider how the recruitment situation can be improved by attracting more people to work in the care sector. It was agreed that carers should be involved in any discussions about how to
- J McCoy asked if there was a timeline in place to address the unconfirmed but expected allocations referred to in appendix 3 of the paper. E Ward answered that that it is hoped

there would be more information to provide after quarter 1 and updates will come to the committee.

The Chair concluded the discussion by noting the importance of investing the available funds wisely and in a way that would reduce demand and increase capacity on care services. It was agreed that an assurance report be brought to a future Committee on use of the funds available for investment.

After discussion, the Committee:	
• **AGREED** to accept **moderate** assurance from the report.	
• **NOTED** The progress on the delivery and planning of ASC savings.	
• **AGREED that an assurance report be brought to the Committee on plans for and outcomes from investment of additional recurring and non recurring funds.**	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 28 April 2022 [PP.11-21]

The draft Assurance Report from the meeting of the Committee held on 28 April 2022 was approved by the committee.

– The minutes would be corrected to show G O'Brien as in attendance, and year dates would be amended as appropriate.

The Chair noted that the Action Plan would be updated to reflect items which are now closed or where there have been further developments.

- L Bussell agreed to check closed items with S Chase for the next agenda planning meeting.
- The Chair noted, with reference to a future report on community planning and engagement a draft engagement framework will be coming to the Committee for consideration before going to the Board. This will be added to the workplan.
- Regarding development sessions, one has been agreed for 27 July on climate change and sustainability issues.
- S Steer noted the action to develop a Care Academy approach and offered to bring a paper to the committee that addresses the recruitment crisis and work with Scottish Care. S Steer will liaise with S Chase to establish a suitable committee date for a paper which may involve Scottish Care in the presentation.

The Committee	
– **Approved** the Assurance Report pending the amendments referred to, and – **Noted** the Action Plan.	

3.2 Matters Arising From Last Meeting

- N Wright noted that issues of equity of access in relation to the vaccination strategy were to have been discussed at the present meeting. This will be addressed at the next planning meeting.
- M Simpson expressed thanks to the CO for arranging a meeting outwith the committee in regard to the current situation and future plans for the North Coast redesign.
- M Simpson also noted with respect to the matter of travel warrants raised in AOCB that this was to have been included in the Finance Update or the CO's report. In answer, L Bussell noted that there is a temporary increase arrangement from the Scottish Government for NHS staff and the Board are also looking at how to provide effective support for its independent providers. E Ward noted that this item is currently under review and details will come to the next meeting.

The Chair requested that this be added to the Action Plan as a matter for the Finance Update or CO's report.

- The Chair asked if the mandate for the Fees Group (item 3.2) for decisions made outwith meetings of the committee was now agreed. L Bussell answered that discussions were being had with E Ward and others to determine the processes for the Fees Group. It was felt necessary to delay a final decision until the new Director of Finance is in post.

After discussion, the Committee:	
– Agreed that issues of equity of access in relation to the vaccination strategy will be discussed at the next planning meeting. – Agreed that further details about support with fuel costs will come to the next meeting and that this be added to the Action Plan as a matter for the Finance Update or CO's report. – Noted that the mandate for the Fees Group for decisions made outwith meetings of the committee remained under discussion.	

3.3 NHS Highland Strategy: Together We Care

L Cowie gave a presentation on the current stage of the NHS Highland Strategy and noted that the work has been developed through engagement with the population and workforce within Highland. The strategy will take the organisation through to 2027 and the slide presentation was offered to be shared with the committee.

- It has been developed against the backdrop of the pandemic and this has presented some delays to the work in order to give staff time to properly engage .
- There have been 1,700 responses and 45 engagement sessions. There have been a number of online questionnaires, and use of Facebook and radio to reach as wide a public as possible.
- Images in the documentation had been submitted either by NHS Highland staff or from existing archives.
- A Wordle was shown which emphasised the common themes which arose during engagement sessions, such as 'communities', 'reducing inequality', 'mental health', 'care and the community', 'compassionate' and 'locally available'.
- The quotes shown in the presentation had come from a wide group of people taking into account an inequalities perspective and a protected characteristics perspective to make sure that the people in these groups have a voice within the strategy.
- The mission and vision for the strategy had been drafted and featured three overall strategic objectives and 16 associated strategic ambitions. These are intended to cover the whole life course of the population and to deliver the best possible health and care outcomes within Highland's communities.
- Strategic ambition 1 concerns giving every child the opportunity to start well in life and support development and wellbeing before and during pregnancy
- Ambition 2, 'thrive well', has a focus on young people and building integrated early year services and resilient communities. This includes supporting children's mental health and learning development issues in conjunction with colleagues from Highland Council.
- Ambition 3, 'Stay well', has a focus on preventative health measures which include vaccines, screening and social prescribing.
- Ambition 4 is Anchor well and is about partnership working with communities. The embedding of community planning partnerships and coproduction has already commenced at Lochaber and Caithness, but the aim is to spread this community engagement work throughout Highland.
- Three ambitions relate to the NHS Highland workforce. These are based in part on the recently developed national workforce strategy but tailored to the needs of staff in Highland.

- The ambition ‘Care Well’ considers an integrated approach to care without boundaries with the aim of putting families and carers first.
- Mental Health was a theme frequently mentioned in feedback to the engagement team, wanting to place it on an equal footing with physical health and to reduce stigma.
- The ambition ‘Respond Well’ concerns efficiency of response and adopting a seven day approach.
- Providing person-centred acute care as close to home as possible is another ambition, as is supporting those with long term conditions and assisting self care and how an ageing population can better retain control of their own lives.
- The theme of ‘Age Well’ concerns our aging population, much of this ambition is roundabout frailty and falls, realistic medicine and how we support older people to take control of their own lives.
- The theme of ‘End Well’ concerns palliative and end of life care and giving support to families through bereavement care.
- The theme of ‘Value Well’ gives a focus to carers and volunteers, and the way in which the organisation works with third sector providers to better value their work in the community.
- Ambitions were also noted to embed financial balance, digital delivery, innovative thinking and practice contributing to delivery on climate change.
- A draft plan will be presented to the Board in July for consideration and an annual delivery plan is being formed.

L Bussell added that the strategy is a high-level plan with the aim of being an active and engaging piece of work at every level of the organisation but particularly for its engagement with communities.

During discussion, the following points and questions were raised,

- It was clarified for the attendees that Together We Care is the strategy for NHS Highland but that this involved joint working with partners at almost every level of the organisation. T French noted with regard to the development of a joint partnership strategy that a strategy working group has been established with multi-sector representation and this has mapped out previous engagement work onto the Together We Care strategy and the Highland Council strategy. The aim in this work is to avoid duplication of questions asked of participants.
- M Simpson asked how the work will be evaluated on an annual basis, over the course of the 5 years in order to identify trends and to measure how well ambitions are achieved.
- L Cowie noted that evaluation work is underway with key performance indicators for qualitative and quantitative data added to dashboards to measure the impact of the strategy on the population.
- J McCoy requested a breakdown of the level of engagement from staff, patients, carers and kind of the different groups that the strategy team have worked with.
- L Cowie offered to provide the information to S Chase for distribution.
- G O'Brien commented that all good strategies should be ambitious and challenging, and that this strategy work was starting to give a real context and a framework for discussions to happen to provide aims for delivery outcomes.
- N Wright asked how dashboards for strategy work will be monitored and how this information will feed into the work of frontline staff and communities.
- L Cowie answered that from intelligence perspective, the Integrated Performance and Quality Report (IPQR) is being redeveloped so that it aligns with each of the ambitions within the strategy and makes the dashboard reporting visible for all of the groups involved in the process. The Report is regularly discussed at the Board, within Committees and is being adapted for use by services and teams.
- L Bussell noted some of the key challenges and opportunities raised by the strategy for NHS Highland which include finding the time and the space to examine what it means for each of the districts of NHS Highland. Development sessions have been had with the senior team and this will move to incorporate conversations with each of the districts.

Care Homes, Care At Home, and Mental Health services are other key issues within Highland and there has been a lot of consultation within Mental Health services which relates to the processes for Community and Primary Care engagement.

The Chair thanked L Cowie and her team for her work on the strategy.

The Committee:

- **NOTED** the report, and agreed that information would be circulated to the committee on the groups who were contacted for engagement.

At this point in the meeting the Director of Public Health addressed item 5 of the CO's Report due to the need to leave the meeting early for another commitment.

3.7 CO Report (COVID & VTP update)

T Allison gave a short presentation which provided an overview of the current pandemic and the vaccinations programme.

- The lead time between the preparation of a report and its presentation was noted with regard to the fast moving circumstances of COVID, with details changing week on week.
- The present rate of infection was noted as one in twenty with a 5% infection rate in Scotland as a whole.
- Information on local infection rates is limited due to the lower levels of testing than was the case earlier in the pandemic. However, there is better information for hospitals and care homes due to regular testing requirements and both have seen a rise especially in cases among staff.
- It was noted that the new omicron variants, BA4 and BA5 were more infectious than previous variances.
- It is though the current wave may last a few weeks before another low and then another peak later in the year.
- It was noted that the current situation is less a case of 'living with COVID' than adapting to circumstances because it still presents a serious danger especially among vulnerable groups, however it was thought unlikely that there would be a return to previous government-enforced restrictions.
- Vaccination rates for the over 75s had been approaching 90% coverage and it was felt there was a need to continue to push on to ensure the population are protected as best can be against both COVID and flu, with an especial flu risk noted for later in the year.

In discussion, the committee raised the following points:

- T Allison noted that it was important to apologise on behalf of the Board for things that had gone wrong with vaccine programmes in the past, especially in terms of communications. Lessons have been learned however it could not be guaranteed that problems would not arise in the future due to the split between a national communication system and a local, Board-led delivery. However, it was thought that there was now broadly-speaking more confidence in terms of local delivery.
- It is currently envisioned that the flu vaccine will be delivered at the same time as a COVID booster.
- It was noted that people can be infected with COVID a second time and this is especially the case with the development of new variants. Precise numbers are not possible due to far lower numbers of PCR tests.

- At the time of meeting there had been no final decision from Scottish Government about the Autumn COVID vaccination programme. Interim advice from the Joint Committee for Vaccination and Immunisation was that the following groups would be offered vaccination:

    - residents in a care home for older adults and staff working in care homes for older adults
    - frontline health and social care workers
    - all those 65 years of age and over
    - adults aged 16 to 64 years in a clinical risk group.

The Committee:

- **NOTED** the update and agreed that an item on the Committee's responsibilities regarding the Vaccination strategy and assurance on matters including equity of access would be included in the Workplan.

3.4 Carers Strategy Update [PP.22-44]

I Thomson gave a brief overview of the report which was produced with the aim of showing workings to explain what activity had been undertaken and the uses the funding for the Carers Program had been put to.

- Feedback was requested from the committee to help give some steer on the future direction of travel.
- An implementation plan had been developed from the current Carer Strategy. This has mostly been reactive in an effort to respond to pressing needs.
- It was felt that the short break scheme had been a successful use of the available extra monies and feedback from carers had been positive.
- The team have recently participated in a voluntary carers inspection by HIS. Results are awaited and these will feed into any improvement plans.
- Attention was drawn to the development of the Carers Union which has been viewed positively as a grassroots Highland development which the team are keen to support to help give a better voice for carers. It is hoped that in time a proposal for support will be received from the Carers Union.
- It is felt that support should be given to allow people to have flexibility and have resources at their own disposal to be able to devise good personalized solutions to meet their own needs.

In discussion the following matters were addressed,

- J McCoy noted that there was not much information in the report on inclusion with regard to those who may not, for whatever reason, access digital resources, and asked if there were plans to address this. I Thomson noted that a lot of information is presented in leaflet form but that he would come back with information after discussing this further with members of his team.
  It was asked if there was resource within existing budgets and capacity to support the development of the Carers Union. I Thomson commented that it was not the aim of the team to dictate the ways in which the Carers Union would be supported but that he would be keen to receive a proposal and see what could be done to support it and maintain its independence. The Chair added that the Carers Union had arisen from carers themselves. I Thomson commented that the Carers Improvement Group had not had much success with engaging carers and that the voices of providers had been more dominant, therefore the Carers Union was an encouraging development.
- L Bussell noted that the care inspection I Thomson had referred to had been voluntarily undertaken by NHS Highland in order to get a better view of what areas of support had

been working and what could be improved, and for this to feed into both the larger strategy work but also consider issues of local delivery.

- The Chair suggested there may be some useful feedback from the work on Together We Care that could feed into the Carers Strategy.
- The importance of carers needs through the co-design of support was noted with regard to the shaping of budgeting.
- The importance of acknowledging the work of young carers was raised. This area is largely under the remit of the Highland Council and its Children's Services but the NHS Highland workforce needs to be alert to identifying issues when they are noticed and appropriately referred.

The Committee:

- **NOTED** the update
- **AGREED**
- 1. That the proposed carers' programme budget at Table 1 is deployed in its present form until
- work on the development of a new Carers Strategy is complete.
- 2. That work to develop a new Highland Carers Strategy (2023-26) incorporates the need to
- provide direction on the use of the resource available in the carers programme budget.
- 3. That work to develop a new Highland Carers Strategy (2023-26) incorporates the need to
- recommend/effect new arrangements to input the perspectives of carers into NHSH's
- governance arrangements.
- 4. That the CIG is discontinued and that the perspectives and needs of carers are incorporated
- as part of the strategy development process; and those of service providers are consolidated
- within existing network meeting arrangements.
- 5. That the Implementation Plan continues to structure current activity in this field; and is
- updated by our Carers Services Development Officer on a regular basis.
- 6. That officers seek to ensure they find an appropriate route to catalyse (support and fund) an independent Carers Union in Highland.

3.5 Commissioned Care At Home Services Report [PP.45-54]

G Grant gave a brief overview of the report and noted critical issues such as staffing availability and retention with 106 care at home vacancies at present which is in addition to over 180 vacancies in care homes.

A number of factors were given explaining the reasons for these pressures which included,

- High rates of absence due to sickness
- The difficulties of remaining punctual for visits over a wide geographical reach
- Increasing fuel costs

The report also sought to address service user experience in order to mitigate problems and improve dialogue in order to create agreed key objectives and attain a stable, resilient and assured provision.

During discussion, the following points were raised,

- It was asked if practical measures such as changing start times to allow greater staff flexibility had made any impact on delivery of services. Examples were given by M Stevenson of poor staff experience of working conditions and low pay..
  -It was answered that a number of initiatives are under consideration, including changes to contractually required start and finish times to allow staff more flexibility in their work, and proactive engagement with families and neighbours in a wider package of support, and always with an eye to avoiding additional burden where it is not sustainable.
  -G Grant expressed concern at the examples of poor staff experience and invited M Stevenson to contact her separately as the team is keen to reduce any barriers to staff who would like to work in the sector. Pay levels are set by Scottish Government at a minimum level of £10.50 an hour and this is an acknowledged challenge for recruitment and retention. Work is underway to consider what additional payments can be made to support staff such as to address increased fuel costs.

S Steer gave assurances that the team are doing everything to address the current system pressures on staff and patients and noted that NHS Highland was the first board in Scotland to apply a minimum rate of £10.50 an hour and that this is similar to supermarket minimum rates. He also noted that the independent sector of care providers is a symbiotic relationship and that workforce planning needs to reflect this, for example in acknowledging a net loss in the care staff pool if NHS staff are recruited from partner providers. S Steer referred to the difficulties in changes to shift patterns where there is a tension between finding flexibility for the available staff and patient needs, through addressing difficult issues such as block contracts and considering salaries as opposed to hourly rates.

- M Stevenson raised concerns about a lack of training for supervisors especially when helping new employees. S Steer answered that all providers should have training in place and that they are inspected by the regulator against this, however the past two years of the pandemic have affected the ability to train staff and increase skills and therefore skills may have deteriorated during this period of isolation and indicates that more effort is needed to engage with in house and care providers and give greater levels of support especially considering the levels of exhaustion and burn out that have been experienced.
- W Smith questioned S Steer's statement that everything was being done to support unpaid carers and that not enough was being done to find out what carers need and address remobilisation of day centres. S Steer clarified that his point was about supporting independent care at home services rather than unpaid carers and that he is keen to have conversation about how best to provide support after a tough 2½ years. The Chair noted that there would be an opportunity to discuss day services at the August meeting.
- The Chair asked for clarification of the ask of moderate assurance from the paper. G Grant responded that work is underway to address the issues and that plans for further actions would be brought back to the committee. The Chair suggested that a substantive report come to the committee in 6 months. S Steer offered an interim update and it was decided that discussion would be had outwith the meeting with L Bussell to consider updates for the CO Report.

The Chair expressed an interest that an update should give some picture from available data of common themes across independent care providers, NHS Highland staff and the services of personal assistants, and whether or not there are any significant disparities across the geography of Highland in terms of care at home provision such as waiting times.

After discussion, the Committee:	
– **Agreed** to accept the recommendations in the report and to take **moderate** assurance.	

3.6 Adult Social Care Fees Group Report **[PP.55-60]**

James Bain gave an overview of the report which noted that charging for services such as support work, housing support and daycare had been impacted during the pandemic namely had been affected since April 2020 that charging processes work quickly aligned.

- All charging for non-residential chargeable services has resumed with the exception of supplier relief for items such as additional PPE.
- Scottish Government are expected to give their commitment to the ending of charging for non-residential services.
- Legislative and national guidance is highlighted in the appendices to the paper linked to care costs. The average 12 month consumer price index is currently very high with the real rate of inflation much higher for lower income households.
- With reference to the mention of Telecare during the meeting, this is a financially accessible service and the charge is only paid by those who are able to pay. There are currently over 2,800 people in receipt of a Telecare service, be that a basic or enhanced service. This has grown significantly over the last few years with the current charge at £635 per person per week, which is not subject to a financial assessment.
  There is a lot of work ongoing in the switch from analogue to digital which will require supporting a number of elderly people and others through that particular change process,
- Regarding recipients of support work and housing support the pandemic and current financial situation has impacted many in this area and a standstill position for non-residential charging is recommended.

During discussion, the following questions and points were raised,

- M Stevenson asked about the effects of the digital switchover particularly with respect to patients with no access to broadband and limited engagement with technology, and to seek assurance about issues if there was to be a power outage that call alarms would still function. L Bussell agreed to provide an update outwith the meeting on work to ensure no detriment from the switchover.
- M Simpson asked if the standstill or uplift figures would be viable or sustainable over the next 12 months give rising costs and inflation. J Bain answered that one of the reasons for a standstill position was to consider the unknowns of the current cost pressures, and that the terms of the uplift was in relation to discussion around the National Care home contract increase.

In summarising, the Chair drew attention to the recommendations of note, which were points 2, 3 and 4 in the paper.

After discussion, the Committee:	
NOTED: -the current data gathering exercise, the significant current and emerging inflationary cost pressures affecting many families and individuals, and the SG commitment to end non-residential charging, - the charging report has been considered at meetings of the Adult Social Care Leadership Team, the ASC Fees, Commissioning, Briefing and Instruction Group, and the Joint Officer Group on 17 May 2002 **AGREED:** - a standstill charging position for all existing non-residential charges for 2022-23, noting that a short life working group is assessing day care charging as endorsed by the ASC Fees, Commissioning, Briefing and Instruction Group, -that for privately funded residents in NHS owned care homes, the maximum percentage uplift of 5.58% is applied from 1 August 2022 which equates to £1,054 per person per week,	

- that for maximum weekly respite charges that the organisation apply a maximum weekly charge of £506.65 per person per week subject to existing charging rules, effective from 1 August 2022,	

3.7 Chief Officer Assurance Report [PP.61-64]

In introducing the report the CO commented that it was a relatively short update in order to focus on key issues. Additionally, there has not been an update on the North Coast redesign because dialogue has been ongoing outwith the meeting.

L Bussell noted the vulnerabilities that have been recently experienced around care homes where significant challenges have been faced. Highland is not unique in this regard, but it does have a lot of private providers with small care homes which are becoming very challenging to run.

- In discussion, M Stevenson asked with reference to the Community Risk Register about delays to the maintenance backlog and fire compliance work proposed for the Ross Memorial Hospital. Assurance was sought that the nine patients have been moved to suitable accommodation and that the nine beds will be fully restored once work is completed.
- In answer, L Bussell gave assurance that patients will not be moved from the hospital but moved to another part of the building. There will be very limited disruption to patients and staff and the expectation is for a return to the same level of bed capacity prior to the work. She also noted that the fire compliance work is not a current risk but futureproofing work for the hospital. Liaison with Estates and the contractors is underway to determine the timescale.

After discussion, the Committee:	
• **NOTED** the report.	

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan [PP.65-68]

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

The Committee APPROVED the Work Plan.	

6 AOCB

None.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 31st August 2022** at **1pm** on a virtual basis.

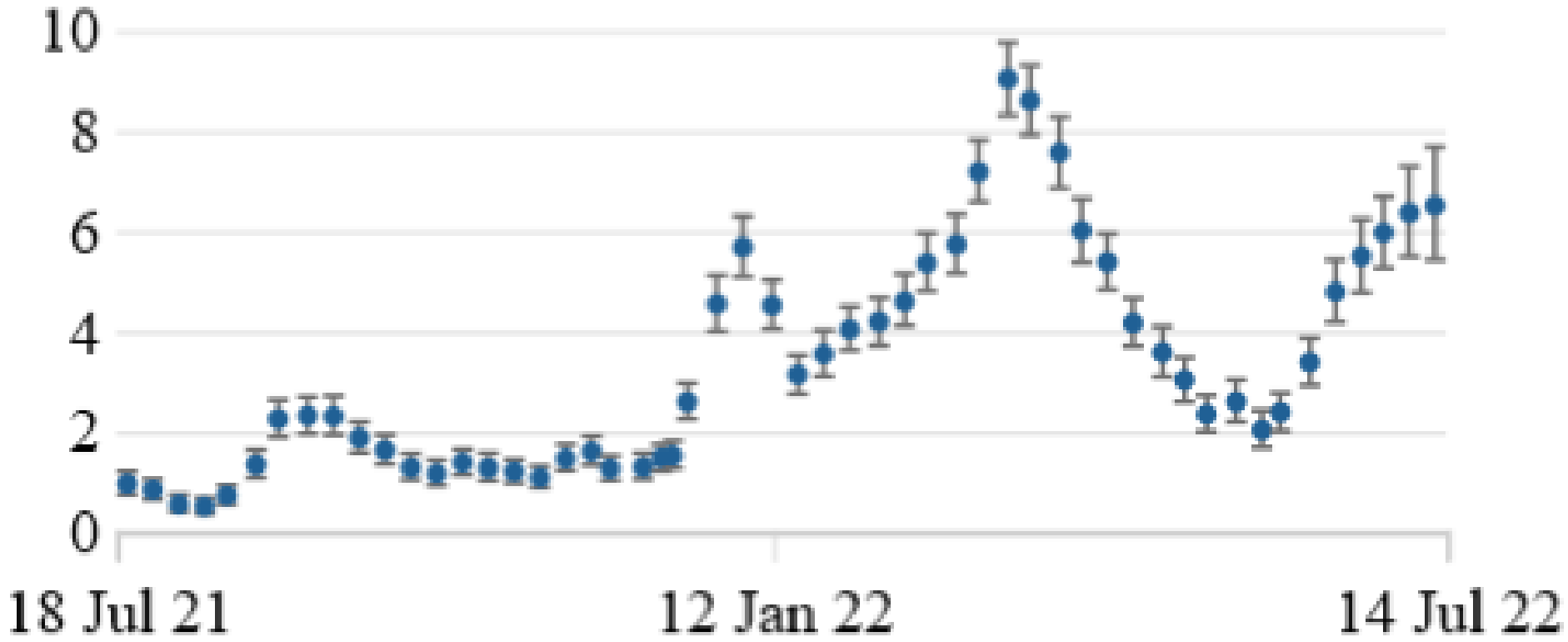
The Meeting closed at 4.12 pm

COVID-19 UPDATE

26 July 2022

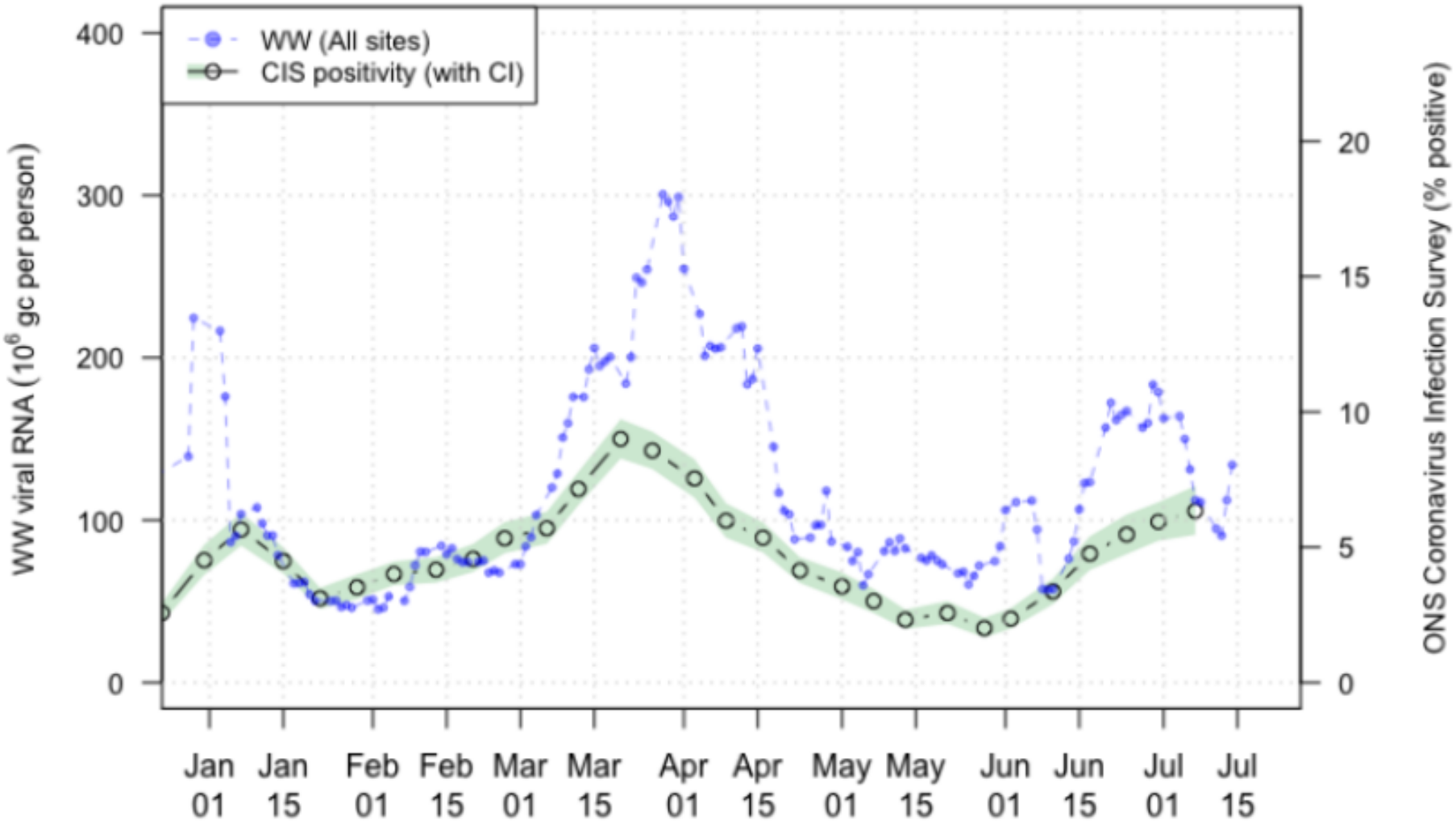
Tim Allison, Director of Public Health

ONS Estimate of Percentage of People Infected with COVID in Scotland



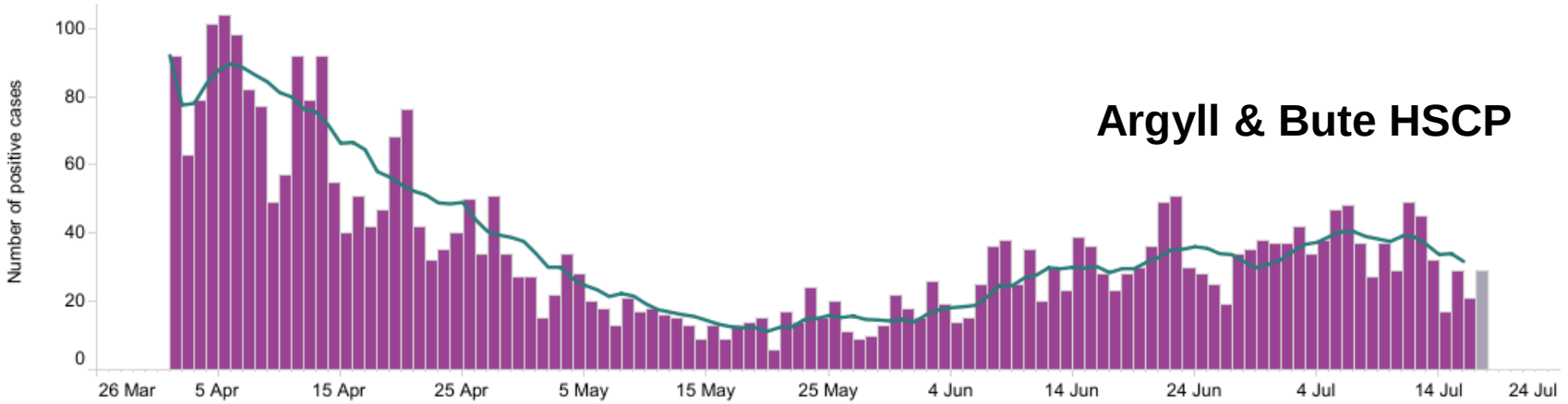
Source: Office for National Statistics, Coronavirus (COVID-19) Infection Survey (CIS), 22 July 2022

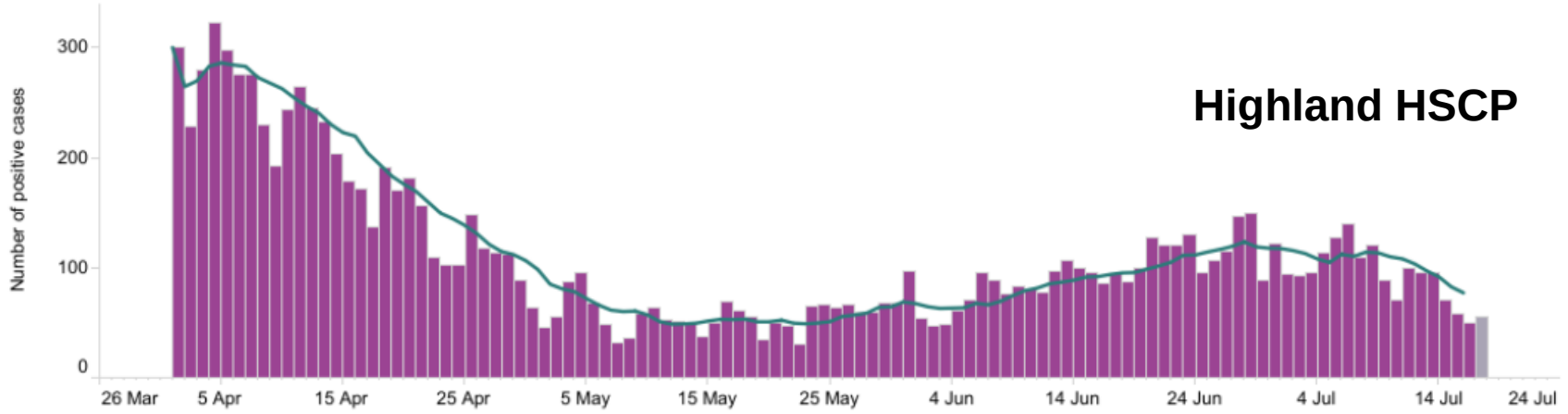
National running average trends in wastewater COVID-19



Scottish Government Central Analysis Division –Coronavirus (COVID-19): modelling the epidemic in Scotland

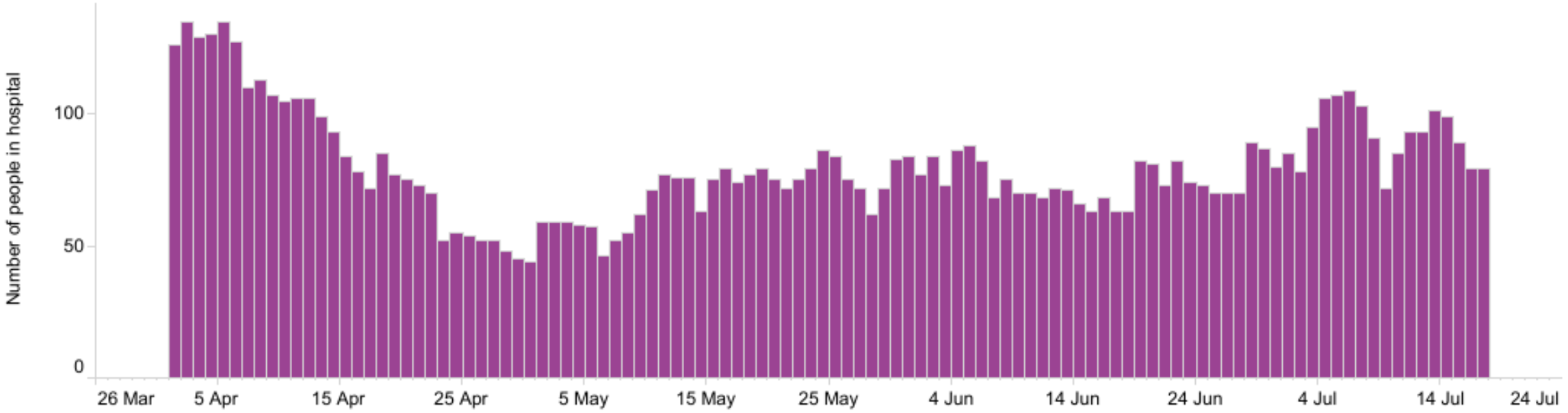
Positive COVID Tests





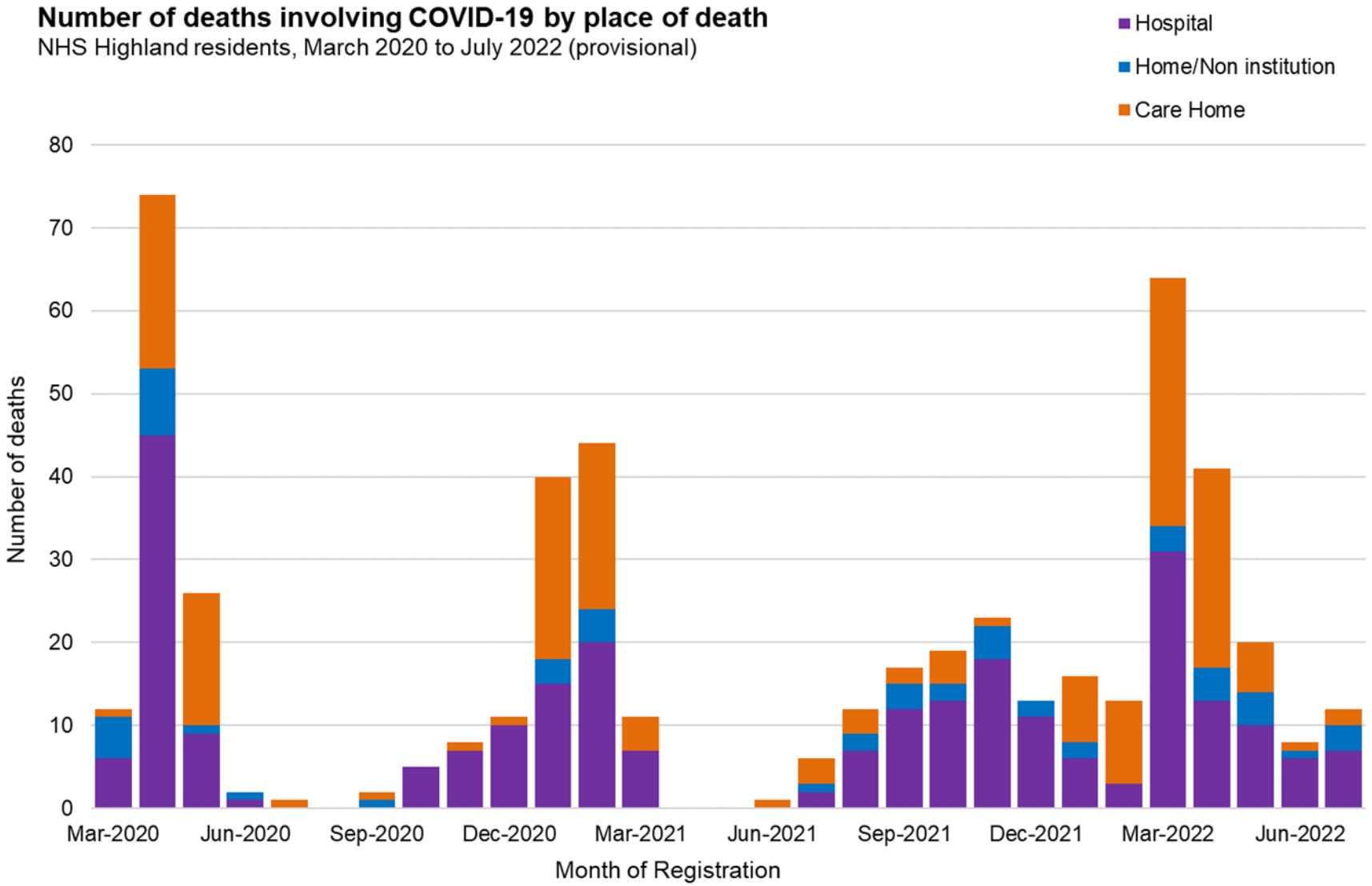
Source: Public Health Scotland COVID-19 Daily Dashboard | Tableau Public

Hospital Occupancy with COVID Diagnosis: NHS Highland



Source: Public Health Scotland COVID-19 Daily Dashboard | Tableau Public

Deaths Related to COVID: NHS Highland



Source: National Records of Scotland, provisional data to week 28 (15 Jul 2022). COVID-19 mentioned in any position on the death certificate.

COVID Issues

Continuing infections in the absence of widespread testing

Balance of control measures with risks of harm

Potential for further waves of infection

Potential for new variants

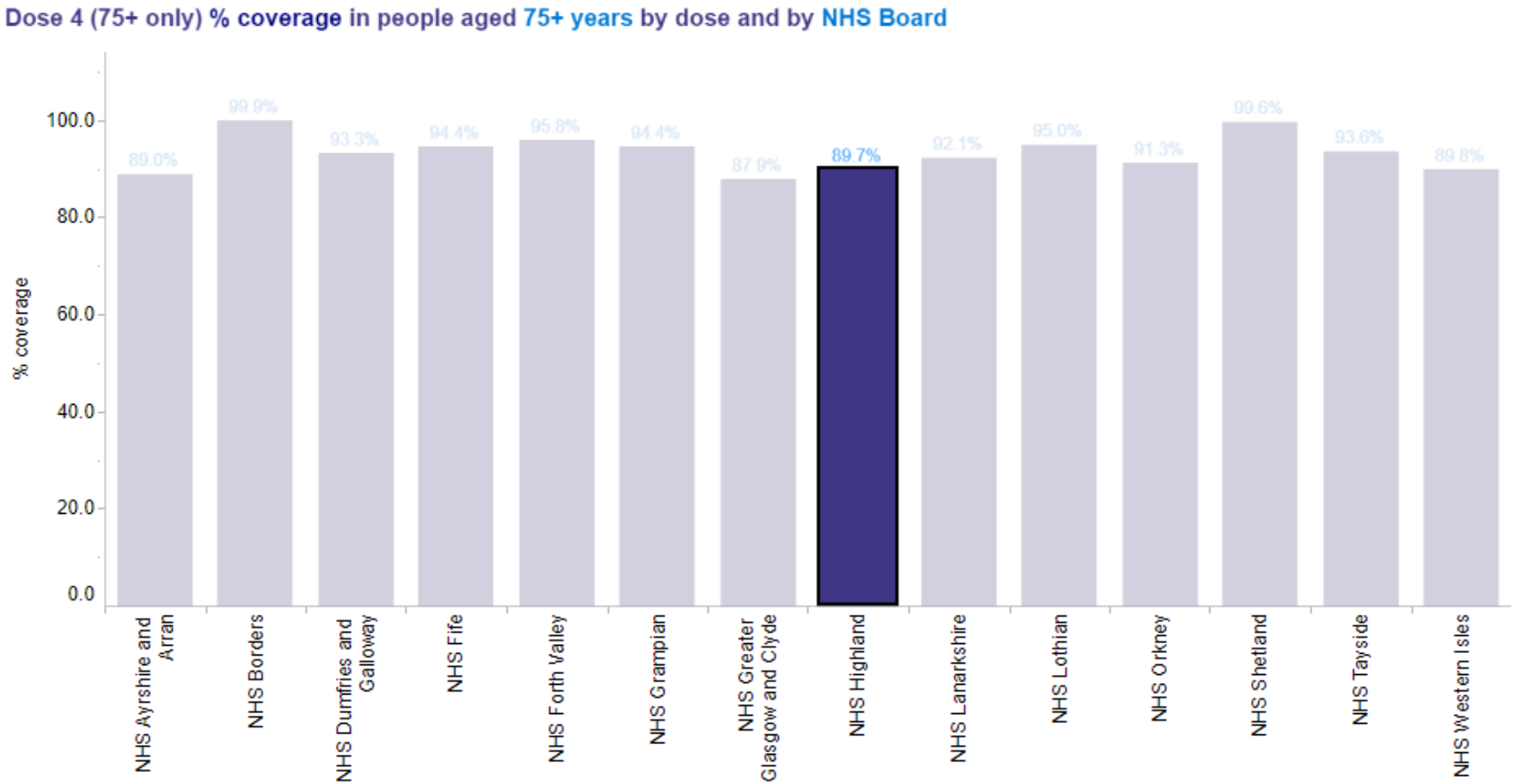
Long COVID

Vaccination

Social Mitigation

COVID-19 vaccinations
Dose 4 percentage coverage of eligible population aged 75+ years

JCVI advises a spring booster dose for adults aged 75 years and over, residents in care homes for older adults and individuals aged 12 years and over with weakened immune systems



Data source: PHS COVID-19 Daily Dashboard 25 July 2022

Questions