	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	**NHS** Highland
NHS HIGHLAND BOARD		
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**25 January 2022 – 9:30am**	

Present
Prof. Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health and Health Policy
Mr Alex Anderson, Non-Executive, until 2.30pm
Mr Graham Bell, Non-Executive
Ms Elspeth Caithness, Employee Director
Mr Alasdair Christie, Non-Executive, until 1.50pm
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
Mr Graham Hardie, Non-Executive, from 12.35 pm onwards
Ms Joanne McCoy, Non-Executive
Mr Gerard O'Brien, Non-Executive
Ms Heidi May, Nurse Director
Dr Boyd Peters, Medical Director
Ms Susan Ringwood, Non-Executive
Dr Gaener Rodger, Non-Executive, until 4pm
Ms Catriona Sinclair, Chair of Area Clinical Forum

In Attendance
Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership
Mr Stephen Chase, Committee Administrator
Ms Lorraine Cowie, Head of Strategy and Transformation
Ms Ruth Daly, Board Secretary

Ms Fiona Davies, Interim Chief Officer, Argyll and Bute IJB
Ms Tara French, Head of Strategy, Health and Social Care
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
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
Karen Brandie, Team Lead Physiotherapist Raigmore Hospital (Item 3)
Judith Arnaud, Clinical Lead North and West, First Contact Physiotherapy (Item 3)
Ciaran McManus, Clinical Lead South and Mid, First Contact Physiotherapy (Item 3)
Deborah Stewart, Co-ordinator, Public Health Team (Item 15)
Craig McNally, Argyll and Bute Alcohol and Drug Partnership Co-ordinator (Item 15)

1   Welcome and Apologies for absence

Apologies for absence were received from Jean Boardman.

The Chair welcomed attendees to the meeting, especially members of the public and press and acknowledged Catriona Sinclair as new Chair of the Area Clinical Forum.

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 his status was too remote to the agenda items to reasonably be taken to fall within the Objective Test and, on that basis, he felt it did not preclude his participation at the meeting.

3 Staff Recognition – Allied Health Professionals

The Chair introduced Karen Brandie, from the Rehab Physio Service and Judith Arnaud and Ciaran McManus from MSK Physio and the First Contact Physiotherapy Service who presented the experiences of the Physiotherapy Team throughout the Covid19 pandemic.

K Brandie gave an overview of the Acute Physiotherapy team at Raigmore Hospital. This represented a group of 50 colleagues covering all clinical specialities with a focus on discharge and reducing admissions, managing complex respiratory cases in the community, and includes a 24/7 respiratory on call service. At the start of the pandemic the team were keen to find solutions to the challenges ahead because Covid19 is principally a respiratory condition. The team's overall focus was split into two areas: PPE and treatment techniques, and rehabilitation rehab and discharge from hospital. This approach enabled sharing of skills and minimised staff exposure to Covid19.

Raigmore is one of the few hospitals in Scotland to maintain physiotherapy services within Stroke Rehab. In addition to respiratory conditions, there has been a rise in stroke and vascular-related problems throughout the pandemic. It is felt that there is a better understanding between nursing and physio teams of their respective roles which has provided more continuity for patients and respect among staff. Ms Brandie also highlighted the virtual work carried out with patients which reduced the need to travel and the impact of the pandemic on staff morale and resilience.

C McManus and J Arnaud gave a short presentation about their experiences with the First Contact Physiotherapy (FCP) service in Highland. The service began implementation in April 2019 following the 2018 GP Contract with the aim of reducing GP workload by working alongside practices. Currently there are 30 clinicians working across the 65 practices in Highland. The role of the FCP encompassed independent prescribing and injection therapy to give fast access to musculoskeletal opinion diagnosis assessment and guidance of the management of musculoskeletal conditions, to arrange onward referral and to facilitate further patient management.

In terms of learning, the team noted that the service would not have been possible without the collaboration and support of NHS Highland GPs, that in order to support GP teams a flexible approach is needed to take into account local population needs, and that physiotherapy has much to offer when the opportunity is presented to interact with the patient at the most appropriate point. eHealth has been essential to maintaining delivery and the opportunity for early consultation has been very productive.

During discussion:

- It was noted that the aim of FCPs is to align with GPs as far as possible and therefore contact is via the GP practice.
- In terms of 'long Covid19' and the Raigmore team, patients are being seen through respiratory routes. Work is underway with the Covid19 follow-up team with the aim to forge links with Community and Acute Services. In addition, there is work with ITU follow up encompassing psychology work as well as dealing with paralysis and other conditions.
- Local evaluation is underway on the roll out of FCP in GP practices covering quantitative and qualitive data. The FCPs link to a national group but they are all at different stages of recruitment and delivery and each area has its own aspects of the work they would like to evaluate. Most are at around 40% delivery; however, Highland is at 70%.
- Regarding alignment with the 'Together We Care' initiative, it was noted that FCP has forged productive links with hospital and community services and therefore local placement in GP practices has helped to link up patient pathways more effectively. It is hoped that the longer the service is in place the more those connections can grow and enhances the connection.
- Although there is interest among young people in joining the profession, most training takes place outwith the Highland area with an inherent risk of losing talent to other parts of Scotland. Modern apprenticeships could provide an alternative route to achieving professional qualifications. Finding ways to support Advanced Practice roles in Highland was also required and Fiona Hogg noted the

work in NHS Highland around a 'grow our own' approach to finding recruits. Further discussion was suggested between Prof. B Williams and K Brandie about training routes for AHPs with University of the Highlands and Islands.

- The Chair encouraged the team to submit their views on areas for progress to Lorraine Cowie in her Strategy work. The Chief Executive encouraged feedback on the development of the Respiratory Pathway work and remote monitoring for the hospital team and the effects for FCPs working with GPs.
- It was noted that there is no overarching physio lead which has made it challenging to support links between hospital and community work and provide cohesive strategic planning.

The Chair thanked the team and their colleagues on behalf of the Board for their continued work and dedication during the pandemic.

4 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 30 November 2021.

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

5 Matters Arising

There were no matters arising.

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

Ms Dudek drew attention to the sustained pressure on staff dealing with the Omicron wave of Covid19. She noted that there has now been some easing of the numbers of infections, however, significant caution was urged because of the continued effect on staff especially within Adult Social Care. Teams are often small and geographically dispersed and almost nowhere is untouched by the pressures. As an easing of movement within society takes place it should be noted that this is not the case in health care where appropriate remobilisation will not be easy, and understanding is needed at every level.

In terms of Strategy development, it was noted that some of the engagement work had required to be paused during the Omicron wave. On that basis she sought the Board's specific support in extending the timeframe in which to bring back the draft Strategy from April to July 2022.

National and local work is underway to address the challenge of recruitment. A feasibility study is in progress into international nursing recruitment with Zambia as a key partner. There will be a special focus on recruitment for the National Treatment Centre but also across the whole system.

The Caithness Service Redesign Initial Agreement had been approved by Scottish Government and good progress was noted on work towards a business case taking account of net zero requirements. Further work was underway on the Lochaber project to provide additional information for Scottish Government's Capital Investment Group which will be resubmitted in March.

During discussion, it was asked if the ethical aspects of recruiting from countries which may have their own struggles had been addressed and if there would be a reciprocal arrangement. It was also asked if there would be an effort to have a 'grow your own' approach to provide career opportunities among the current Highland population. It was answered that Zambia currently has an oversupply of qualified nursing staff and a lack of jobs. These proposals were currently at the very early stages of exploration and would not become a substitute for encouraging recruitment within Highland. There are strict government guidelines for this kind of collaborative work which would be considered a short to medium term fix. More support structures would be necessary before overseas recruitment could be carried out.

Following discussion, the Board,
- **Noted** the update
- **Agreed** to extend the timeframe for consideration of the draft Strategy Report to July 2022.

7   Public Health Report – COVID19 Update Assurance Report

The Director of Public Health gave an overview of the current situation and a presentation regarding Covid19 in Highland, noting the fast moving and unpredictable situation.

Rates and Testing

Given NHS Highland's geographical considerations the facility for testing was good. Use of LFTs was increasing but test figures are unpredictable as not all testing is recorded on the national system, with negative test results particularly lacking. National and local figures show an overall decline in new cases but there are still concentrated outbreaks in schools and care homes.

Hospitals and Intensive Care Units have seen fewer cases than previously but the huge impact of fatigue on staff cannot be discounted.

Currently, 100-200 PCR tests are showing positive Covid19 results per day. Numbers and rates for PCR tests increased at the start of January then showed a sharp decline. More young people have been presenting with the Omicron variant, especially at primary school age with a spread now to people in their mid-20s.

Vaccination Programme

There is good booster coverage across NHS Highland of the eligible groups. Most eligible people were keen to take up the booster offer, and staff have been keen to support the programme roll-out as have the army and GPs. The focus will move next to teenagers and vulnerable 5 to11 year olds. Coverage in deprived communities is considered reasonable and it is better than in the rest of Scotland but there is more work to be done.

During discussion, the following points were noted:

- The relative absence of flu this winter was thought to be due to local precautions around distancing and the reduction in international travel. Baseline levels across Scotland are down but should there be an upsurge there is good coverage of flu vaccination at 79% of the eligible population.
- The difference between the booster jab and the third and fourth vaccination for vulnerable groups was noted as a semantic difference to acknowledge that those with immunosuppression require a larger overall vaccination dosage.
- T Allison agreed to provide J McCoy with statistics around 'long Covid19' outwith the meeting and commented that information about trends was speculative due to the complexity of the condition.
- It was confirmed that the decline in cases in secondary schools could be due to the introduction of the vaccine single dose, however it is too early to show direct causation as other factors may play a part, such as the Omicron variant circulating earlier in schools.
- The next critical steps in vaccination will require proactive communications with a locality approach to complement the message at the national level. The newly established Vaccine Programme Board is looking carefully at how the Vaccine Transformation Programme will be delivered, learning from experiences of delivering Board-led vaccination and the issues which have been raised (staffing, recruitment, location, establishing a balance between Primary care vs Board-led services).

Thanks were given to the Public Health team who have been under pressure for a sustained period.

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

8   Maternity Services – The Future

The circulated report provided an overview of the considerations to support a collaborative approach for the future of Maternity Services in NHS Highland. The report referred specifically to the Moray Maternity Services Review commissioned by the previous Cabinet Secretary and published in December 2021. The Board Chair highlighted that there were implications arising from the Review for both NHS Highland and NHS Grampian. He drew attention to a letter to the Cabinet Secretary from Maternity Team leaders in Raigmore Hospital expressing concerns over the Review proposals and the attendant risks.

The Chief Executive advised that current Cabinet Secretary's endorsement of the Review and its recommendations was still awaited. It was important however for the Board to understand and discuss the implications if the recommendations were to proceed. Significant detailed work would be required to achieve a Target Operating Model and to bring forward a business case which should also take account of the Maternity Team's concerns. Whatever the outcome of the Review, the Chief Executive stated that NHS Highland was committed to finding a clear way forward for the population of Highland in line with Best Start for mothers, babies, their families, and staff. The Moray review represented only one area of consideration within the development of NHS Highland's maternity strategy. Assurance was given that NHS Highland would not sign up to any agreement which did not address issues of environment and space, staffing configuration, funding, and appropriate timescales. The two-year timescale given in the report was based on the pipeline for recruitment and availability of trained midwives.

K Sutton advised that Community Midwifery Services would be under single management in the Acute Services structure. She outlined the necessary infrastructure work incorporating resources for Midwifery Services in a number of locality settings and drew attention to the particular challenges at Raigmore Hospital. NHS Highland is committed to the Best Start vision, however it was noted that there were challenges in terms of workforce sustainability to deliver it across Highland's geography. Discussions were currently underway with Maternity Services staff to address their concerns about the proposed changes. Furthermore, a Maternity Programme Board will be established to coordinate the service, ensure it is properly supported for the future, and to be better placed to address the recommendations arising out of the Moray Review.

During discussion the following points were raised:

- It was clarified that the 'Alongside CMU' (Clinical Maternity Unit) would be at Raigmore if it were to proceed. The unit's proximity to Obstetrics would provide additional assurance for mothers.
- Invergordon had been chosen as the site for a community maternity hub to support the particular population density and age profile.
- In terms of current support from NHS Highland to Moray maternity services, patients were transferred from Dr Gray's Hospital in Elgin to Raigmore Hospital for births needing additional support.
- The timescale for introduction of a new model incorporating the Review recommendations was estimated at two years. This estimated timeframe was necessary for planning and due diligence in testing safety requirements, staffing, resources, and for engagement with other partners (e.g. Scottish Ambulance Service).
- The fundamental consideration for the Board would be to understand the processes to improve its own maternity services, including neonatology, and thereafter to consider what the Government's request would be on the Board to support Moray.
- It was noted that in order to address patient equity, it is necessary to think beyond artificial Health Board boundaries as Moray is closer than most NHS Highland outposts are to Inverness.
- NHS Highland would aim to increase the number of women who gave birth in the CMUs, but there were a number of limiting factors. The difficulty of giving targets to the red and green pathways for mothers was addressed as this involves balancing a mother's wishes against the support they might need and considering the risk in terms of geography and available resource.

Following discussion, the Chair summarised the report's recommendations and drew attention to the concerns expressed throughout the discussion. In this regard, the Chief Executive stressed the Board could only agree to the recommendations subject to acknowledgement of the following:

- NHS Highland had engaged to be part of the solution to support women and families in west Moray to make the choice to have their births in Raigmore Hospital. On the best estimates of what this would take, NHS Highland was currently not in a position to move forward with the proposals.
- All considerations must ensure sustainable maternity services within the context of Best Start in Highland. The Board's assurance expectations must be clear in progressing its own Maternity Strategy and understanding how the Moray Review would be incorporated into it, if this was the outcome.
- It was the Chief Executive's desire for clinicians to be supportive of the, development, having been fully involved in the establishment of a model and business case, this would come to the board at a later date for approval.

Subject to the assurances provided above by the Chief Executive, the Board **Agreed** to take **moderate assurance** from the report and **supported** the recommendations outlined below:

- the establishment of a Maternity Services Programme Board to provide oversight to developing the future model of NHS Highland maternity services whilst ensuring the incorporation of the recommendations of the Moray Maternity Services Review;
- the need to complete the service redesign of the Raigmore Maternity Unit to accommodate the care of existing and additional women, and the completion of the business case; and
- the initiation of negotiations with NHS Grampian and Scottish Government to secure revenue costs for NHS Highland should the partnership be realised.

The Board took a short break at 11.58 am and the meeting resumed at 12.15 pm

9 Integrated Performance and Quality Report

D Park introduced the report and noted the changed format which compiles data into five different areas which will form the backdrop for development of the NHS Highland Strategy.

In discussion the following points were raised:
- data on eHealth and technology performance would be drawn together for the Board's benefit outwith the scope of the IPQR.
- In welcoming the improved performance in urology it was noted that critical developments to achieve similar progress in other cancer services would require diagnostic work to identify urgent patient need across all service areas; assessment of workforce capacity; work prioritised by clinical teams within existing resources; and to locate recovery pathways around patient flow.
- The drop in the 62-day target Cancer treatment wait for December was largely due to difficulties with staff availability and capacity at some sites with specialist services. Work is ongoing to address these issues locally and with partners in other health boards.
- The increase in waits for diagnostic work was due to the increase in outpatient work and loss of capacity due to the Omicron wave. A plan is in place to recover room capacity to ensure resources are used to the fullest.
- Staff Absence has been tracking at 5.7% which was slightly higher than 4.8% the previous year. A number of factors had impacted the recording of absence figures such as remote working, absence due to Covid19 testing isolation and flu. The increase in level is also related to longstanding pressures and an aging workforce. Staff turnover has been driven in part by these issues.
- The recording of 8.9% of staff absence due to Mental Health issues was relatively consistent with other Boards. It was noted that there is a significant amount of under-reporting particularly around short-term mental health absences. A new part time dedicated clinical psychologist joined the Occupational Health Team in December. The team contribute to the Wellbeing Strategy to focus on prevention and proactive support and awareness of Mental Health issues in work.
- The rise in numbers for Delayed Discharges is largely due to a reduction in ability to move patients into care homes or care at home setting. It was noted that there had been significant reduction in delayed discharges in the past year due to dedicated and focused work with partners across Acute, Community and Mental Health services. However, these improvements had not been sustained and a Social Care Hub had been set up to address forward planning and building up care home capacity after the impacts of Covid19.
- The Audit Committee had noted that 32 serious adverse event reviews (SAER's) were still open and it was queried whether this raised any duty of candour concerns. It was clarified that this level of detail was not recorded in the IPQR as its purpose was to provide an overview for the Board, whereas it was the role of Governance Committees to undertake closer examination and scrutiny. The Medical Director invited A Donald to discuss this area outwith the meeting.
- The Medical Director offered to discuss figures relating to Prostate Robotic Surgery with A Christie offline.
- With regard to waiting lists, it was asked if there is a means to address the age of patients and increasing urgency of conditions. It was noted that there are escalation routes to address this such as via GP referral.

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

10   Finance Assurance Report

The Director of Finance introduced the paper which showed the month 8 position for NHS Highland. It was confirmed that Scottish Government has agreed to support all health boards with a financial package to achieve a break-even position for the 2021/2022 financial year.

Notwithstanding the support to be offered, at the end of November 2021 there was an overspend of £11.750m which was forecast to increase to £19.567m by the end of the financial year. There was also an £11.9m shortfall expected against the target requirement of £32.9m in cash efficiency savings. Scottish Government have now confirmed a funding package which will include covering slippage on savings if Boards can demonstrate 'appropriate review and control at a Board level'.

It was also reported that £26.446m of the £72.9m capital allocation had been spent. Assurance was given that the remainder of the allocation would be spent during the financial year on schemes identified.

- The overspend has been driven by items such as locum costs for the Police Custody Service and drugs costs within hospitals and that Adult Social Care will be an area of budgetary concern in the coming year.
- The reporting for month 9 is underway with an expected £3m improvement from reviewing savings estimates.
- It was noted that information on the recurrent element of PMO savings would be reported to the Board in due course.
- Discussions continue with Highland Council and Scottish Government regarding the cost of Adultt Social Care. It was noted that local council elections take place this year and will need to be factored into negotiations.

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

11   The Culture Programme Assurance Report

The Director of People and Culture introduced the paper which gave emphasis to the delivery of the Culture Plan for NHS Highland. It was noted that the Culture Plan is ready and resourced to deliver the planned activity, however in December 2021 it was decided to pause some elements due to system pressures on management and teams who might be expected to participate. Planning will restart in February 2022, therefore the workstream is marked as green with a moderate level of assurance.

A detailed strategy for the Wellbeing workstream is expected to be ready for end of March 2022 and an amber level was given for this workstream.

In answer to questions, F Hogg noted that:

- Four cohorts up to senior management level had taken part in the first iteration of the Leadership Development Programme.
- It has been important to ensure that the level 1 cohort has a programme tailored to their needs, this level includes colleagues such as first line managers, team leaders & supervisors and many will not have had this kind of support work before.
- Communication of the programme is principally via teams as emails alone will not raise awareness or help to embed the programme.
- We will continue to utilise the dashboard reporting process as it is there to track progress and ensure rigour and robustness in the programme whilst we take account of the sources of interaction and contribution.

The Chair noted the limited progress despite pressures and looked forward to substantial progress in the next few months.

The Board **Noted** the update and took **Moderate** assurance from the report.

12   Quarterly Whistleblowing Standards Assurance Report

F Hogg introduced the report which provided an update to the position following the production of the Internal Audit report in December. It was anticipated that the actions arising from the Internal Audit report

would be completed by end March. At this point the Board would be provided with a substantial level of assurance.

It was noted that only three cases reported to date were actually categorised as whistleblowing concerns. The low number of cases meant that trends were not yet discernible. One case was now closed and had not been upheld. It was also noted that cases were often not straightforward which led to longer assessment times, however complainants received progress updates every 20 days.

Mr A Donald, in his capacity as Whistleblowing Champion, had provided effective oversight of the process. He had encouraged staff awareness and engagement, and had undertaken visits to many parts of the Board area. He also planned to take part in an 'Ask Me Anything' session facilitated by the Communications Team. Mr Donald confirmed his assurance that processes were being followed and welcomed the Internal Audit report. He explained that an external contractor had been tasked to explore qualitative and quantitative assessment of trends as they emerge. Furthermore, statistics to compare NHS Highland to other Boards at a National level were not yet available but would be developed as the process continued.

On an unrelated matter, the Internal Audit report highlighted an unusual Health and Safety concern which was not deemed to be a whistleblowing concern but allowed the team to be more focussed on creating a consistent process.

The Board took **Moderate** assurance from the report.

Members took a lunch break at 1.45 pm. The meeting reconvened at 2.05 pm.

13   Remobilisation Plan

It was confirmed that the Remobilisation Plan (RMP4) had been submitted to Scottish Government to meet the 30 September 2021 timeframe and that feedback on it had been minimal. Brief updates on progress had been sought by Scottish Government by the end of January 2022 and the plan was presented for the Board for agreement and publication.

It was noted that the targets in the RMP are challenging and that a Scottish Government short life working group was drafting a revised template for future reporting. The group was also developing the future format of the Annual Operating Plan which was due for submission in July.

The plan focussed on the next three years and highlighted measures for recovery and impact on patients. It was noted that clinical involvement in the remobilisation process will be key to its success. RMP4 will return to the Board in May for an interim update with the full report coming to the July Board meeting.

The Board accepted a **moderate** level of assurance and,

- Took assurance that due process has been followed in submitting the Remobilisation Plan 4 in accordance with the commission from Scottish Government;
- Authorised publication of Remobilisation Plan 4;
- Acknowledged that, with the Omicron variant, the targets within Remobilisation Plan 4 are significantly challenged and oversight of these will be through the Programme Board structure and Performance Recovery Board;
- Took assurance that future reporting of the milestones in the plan will be monitored by the Performance Recovery Board, with other Committees engaged in matters relevant to their remit and responsibilities in relation to the implementation of the plan. Quarterly exception progress reports will also be required to be submitted to Scottish Government;
- Took assurance that the Annual Operating Plan will be developed and be presented to the July NHS Highland Board meeting with an interim update at the May Board meeting

14   Director of Public Health's Annual Report 2021

Dr T Allison, Director of Public Health, introduced his Annual Report for 2021 which focussed on Mental Health and on addressing matters around suicide and self-harm. He gave a presentation highlighting that the number of probable suicide deaths for the Board area was of concern because they are higher proportionally than for Scotland as a whole. In particular, the numbers are higher for men (with young

men the highest group) and rates of suicide were highest in the most deprived areas. It was noted that rates of admission for self harm had increased in 2019-2020 for women living in the Board area and remained elevated in 2020-21. The links with suicide were complex.

The positive and negative impacts of Covid19 on mental health were detailed. Those who were already in marginalised societal groups, for example on the lowest incomes, have been hit hardest in terms of problems with mental health. Recommendations included further work on intervention and work with colleagues both in and outwith the health board. In discussion the following matters were raised:

- It was noted that 3 February 2022 was MIND 'Talking Day'.
- Responding to a query about mental health in the farming community, the difficulties in assessing this was well recognised as farming is a known job of risk for mental health for various reasons.
- It was asked if there was evidence that isolation during Covid19 had had an impact on child development for babies born during the pandemic. Work on preschool social contact and school provision work would be addressed and further discussions held with relevant colleagues.
- Relating to how issues of fuel poverty and Covid19 are prioritised in the strategy, it was confirmed that further work was needed on social mitigation.
- It was asked if there had been any qualitative work to determine why Argyll and Bute figures aligned more closely with national statistic than those of the rest of Highland. It was answered that this is still an area to be addressed and further debate needs to be prompted.
- It was noted that a significant number of suicide cases will not have had prior contact with NHS Highland services. There is a need for Primary Care and Mental Health workers to engage earlier and learn from both who the service sees and those who fall outwith it. L Bussell expressed support for an audit on the issue of suicide and advocated the need to include all relevant groups to address emerging themes and identify potential policy change.
- The need to address the stigma around mental health was raised as this was still a particular issue for men. There was an anecdotal sense that the pandemic might have changed this a little. GPs were noted as key figures in identifying where support is needed.
- The Chair asked how much local research had been undertaken. T Allison had commissioned other work which is not yet finished and there is scope for more. This work is in tandem with research with academic colleagues and other health professionals.

The Board **noted** the 2021 Director of Public Health Annual Report.

15   Alcohol and Drug Partnerships Annual Reports

Dr T Allison advised that the Alcohol and Drug Partnerships are multi agency bodies that are closely associated with the Health Board. Their reports and strategies offer a useful insight and are brought to the Board for noting, comment and to spark future discussion regarding the importance of these subjects. Dr Allison confirmed that the reports had been submitted to Scottish Government.

Questions regarding the detail of the report were addressed to D Stewart and C McNally who were present to represent partnership work in Highland and Argyll and Bute:

- It was noted that there is an Implementation Group in North Highland with national representation.
- A funding application to Scottish Government has been made to support the roll-out of work with counterparts in other areas, to address challenges in rural areas and to improve access to services.
- The Advocacy Service programme involved peer advocates within communities, which greatly assisted with engagement.
- Protocols for open access to drug and alcohol support was a priority. Local addiction and mental health work has been managed under a lead nurse only in the last few years and work is still in progress towards this aim. The ideal situation is for 'every door to be the right door' for those who require assistance, for example addressing housing in conjunction with addiction and mental health work.
- It was agreed that stigma is a major barrier to engagement.

The Board took **moderate** assurance and **noted** the strategy.

16   Strategic Risk Register

The Medical Director gave a brief overview of the SBAR and associated Excel spreadsheet circulated separately. It was noted that since November 2021 there had been no significant movement, however the relevant Executives have continued to keep their associated risks under review and work will link in with the Head of Strategy with updates presented at Board meetings.

The Board **noted** the update to the Strategic Risk Register and **agreed** to take **moderate** assurance from the SBAR.

<div align="center">GOVERNANCE</div>

17   Code of Corporate Governance

R Daly confirmed that the revisions to the Code of Corporate Governance had been agreed by the Audit Committee in December 2021. The updates related primarily to changes to Terms of Reference for the governance committees to standardise notice periods and Committee quorums. Revised ToRs were appended to the report.

In a correction to the circulated report, it was noted that the Highland Health and Social Care Committee would be asked to change the title of their volunteer members at their next meeting. The Board was asked to agree that the new title be included in the revised ToR once agreed by the Committee.

The governing documents would be reviewed following the publication of a revisions to the Blueprint for Good Governance and the Standards Commission Code of Conduct for Board members.

The Board **ratified** updates to the Code of Corporate Governance, which had been considered and agreed by the Audit Committee on 7 December 2021 and **Agreed** that a change to the title of lay members of the Highland Health and Social Care Committee would be incorporated, once agreed by that Committee.

18   Improvements to Board Assurance Framework

R Daly provided a brief summary of progress in implementing the improvement plan since the last Board meeting. There had been progress in terms of assurance reporting through Committees, improvements in awareness of assurance, and a review of the Board's corporate documents. In particular, it was noted that:
- the committee self-assessment exercise would be replaced with a review of the outcomes of the previous exercise to meet the paired-back governance currently in operation.
- Committee Workplans would be reviewed by the governance committees in the next month.

During discussion, it was commented that if 'Moderate Assurance' is proposed for most reports it may become less useful in assisting the Board to reach agreement. Further consideration could be given to the approach being used. Board members were also reminded of their roles in terms of scrutiny and challenge at Committee meetings which was key to making a full assessment of assurance.

The Board accepted **moderate assurance** and **noted** the progress contained within the report.

19   Committee Memberships Review

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

- **approved** revised governance committee memberships as shown in Appendix 1 of the report with immediate effect; and
- **noted** that Clinical Governance Committee must now appoint a Vice Chair from its membership.

20   Governance and other Committee Assurance Reports

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

(a)   Draft Minute of Audit Committee 7 December 2021

The Committee Vice Chair noted that the first draft of the Internal Audit plan for 2022/2023 had been seen and this will return for the March committee for recommendation of approval by the Board. A report from Internal Audit on Significant Adverse Events will also come to the March meeting. Discussion of residual risk of Internal Audit actions is in progress.

The Board Chair noted that the Auditor General and External Auditor were called before the Public Audit Committee to give evidence on NHS Highland's Section 22 report. The Board is awaiting a letter from the committee.

(b)   Draft Minute of Staff Governance Committee, 12 January 2022

The Committee Chair gave a brief update of the minutes.
The timeframes of the action plan have been adjusted due to system pressures.

(c)   Draft Minute of Highland Health and Social Care Committee, 12 January 2022

The Committee Chair noted the minutes.

(d)   Draft Minute of Clinical Governance Committee, 13 January 2022

The Chair provided a verbal update and noted assurance regarding infection prevention control, Significant Adverse Events, Vaccine Transformation Programme, Operational Areas, monitoring and mitigation against the increase in recorded falls in hospitals, and exploring the use of clinicians using clear masks for work with children.

In discussion, it was noted that NHS Highland is within predicted limits for addressing Hospital Acquired Infections, that an action plan is in place and under review, and Scottish Government are satisfied with the plans. Final figures will come to the meeting of the Board in May.

(e)   Draft Minute of the Area Clinical Forum of 13 January 2022

The Board Chair encouraged Non-Executive members to attend the Forum. A Clark will coordinate with R Daly and N Ware on a refresh of the rota of Non-Executive attendance.

(f)   Draft Minute of the Argyll and Bute Integration Joint Board of 24 November 2021

Three new members were welcomed to the last meeting of the IJB: a carers representative and two service user representatives. Good feedback had been received from Audit Scotland on the IJB's accounts.

21   Any Other Competent Business

The Chair noted that a revised schedule of Development Days (normally held the Monday before a meeting of the Board) would be proposed to the Board's members soon.

The Chair thanked attendees for their engagement and wished all a happy Burns Night.

22   Date of next meeting - 29 March 2022

The meeting closed at **3.15pm**

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	**10. Update on Healing Process** Board Report on conclusion of the Healing Process in June 2022	Fiona Hogg	**June 2022**	To be included in the July 2022 Board agenda
28/09/21	***12 a Risk Appetite and Risk Tolerance*** *Progress with developing the Board's risk appetite and tolerance to be considered at a Board Development session*	*Boyd Peters*	***March 2022***	*Included in plan for Development Session March 2022*
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 30 NOVEMBER 2021				
30/11/21	***19 Review of Board Governance Arrangements*** *Review pausing of development sessions in line with prioritising Board & Committee business.*	*Ruth Daly*	***March 2022***	***Complete*** *To be included in the March 2022 Board agenda*
NHSH BOARD MEETING 25 JANUARY 2022				

DATE OF MEETING	ACTION ITEM 13	ACTION BY	DEADLINE	NOTES
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**	Due to be ready for end of March 2022, Deadline noted for May Board Meeting

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**29 March 2022**
Title:	**Finance Report – Month 11 2021/2022**
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 NHSScotland quality ambition:

- Effective

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		Partners in Care	
- Improving health - Keeping you safe - Innovating our care		- Working in partnership - Listening and responding - Communicating well	√
A Great Place to Work		Safe and Sustainable	
- Growing talent - Leading by example - Being inclusive - Learning from experience - Improving wellbeing		- 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 11 2021/2022 (February).

2.2 Background

NHS Highland submitted a balanced financial plan to Scottish Government for the 2021/2022 financial year in March 2021 and this plan was approved by the Board in May 2021. A savings requirement of £32.900m was identified to deliver balance in year. This report summarises the position at Month 11, 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 February 2022 (Month 11) an overspend of £3.553m is reported. This overspend is forecast to increase to £3.559m by the end of the financial year. This is a significant positive movement from the position reported last month and reflects the application of funding to cover slippage on savings. This position represents business as usual operational activity. However, funding has been received to enable financial balance – the overall position is breakeven.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

Achievement of a balanced financial position for 2021/2022 was predicated on achievement of savings of £32.900m. 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 have confirmed that a funding package is in place to enable delivery of a breakeven position in 2021/2022.

3.4 Risk Assessment/Management

Confirmation of the funding package referenced in paragraph 2.3 mitigates the risk of non-delivery of a balanced financial position for 2021/2022.

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 11

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**29 March 2022**
Title:	**Finance Report – Month 11 2021/2022**
Responsible Executive/Non-Executive:	**David Garden, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Financial Plan

1.1 The Financial Plan for 2021/2022 was submitted to Scottish Government in March 2021 and approved by the Board in May 2021. A single year plan was submitted recognising the ongoing uncertainty around Covid. No brokerage requirement was identified but savings of £32.900m were required to be delivered to enable financial balance in 2021/2022.

1.2 Financial reporting submissions to Scottish Government to date have been on a quarterly basis with detailed returns submitted at the end of quarters 1, 2 & 3. These submissions have informed the allocation of covid related funding.

2. Financial Position YTD & Forecast

2.1 For the eleven months to the end of February 2022 NHS Highland has overspent against the year to date budget by £3.553m and is forecasting an overspend of £3.559m at financial year end. This is a significant movement from the position reported at month 10 and reflects application of funding to cover slippage against the £32.900m savings target of £10.690m.

2.2 The position reported relates to business as usual operational activity but the funding package received at the beginning of February will enable a breakeven position to be delivered at year end.

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

Table 1 – Summary Income and Expenditure Report as February 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
1,094.897	**Total Funding**	927.057	927.057	-	1,094.897	-
	Expenditure					
417.259	HHSCP	379.701	380.754	(1.054)	417.136	0.123
248.887	Acute Services	228.102	231.034	(2.932)	252.865	(3.977)
184.145	Support Services	107.340	107.132	0.208	183.849	0.295
850.291	**Sub Total**	**715.143**	**718.920**	**(3.777)**	**853.850**	**(3.559)**
244.606	Argyll & Bute	208.361	208.137	0.224	244.606	-
1,094.897	**Total Expenditure**	**923.504**	**927.057**	**(3.553)**	**1,098.456**	**(3.559)**
	Surplus/(Deficit) Mth 11					**(3.559)**
	Funding Support from SG to deliver breakeven					**3.559**
	Forecast year end position					**-**

2.4 Within the Highland Health and Social Care Partnership a year to date overspend of £1.054m – it is forecast that this position will move to a £0.123m underspend by financial year end with the application of additional funding received from Scottish Government.

2.5 The pressure within FME Services remains at £1.190m with locums engaged to deliver this service through to financial year end. A Business Case has recently been approved – dependent on progress with recruitment this pressure will not continue into 2022/2023.

2.6 Significant service pressures remain within Acute Services, however, the position has improved since month 10 with expenditure reducing over multiple areas. A year to date overspend of £2.932m is reported with this forecast to increase to £3.977m by financial year end.

2.7 £2.310 m of this forecast overspend sits within Raigmore with drug spend and locum costs to enable ongoing delivery of services continuing to drive this position. The RGHs are forecasting an overspend of £1.667m with this being driven by the same pressures as Raigmore. The use of locums and agency staff to deliver services and the need to maintain staffing levels within all sites continues to impact on both the year to date and forecast position.

2.8 Support Services are reporting a year to date overspend of £0.208m with a forecast overspend of £0.295m by year end. This position is driven by an overspend within Tertiary expenditure

3 Financial Sustainability

3.1 The Financial Plan presented to the Board in May highlighted the requirement for £32.900m of cash efficiency savings to support financial balance in 2021/2022. Slippage of £10.690m is anticipated against this target but has been funded as part of the SG savings package.

3.2 Table 2 provides a summary of the savings position at month 11 – this reflects the application of SG funding to coverage slippage on the cost improvement programme.

Table 2 Savings at Month 11

	Target £000s	YTD Target £000s	Achieved YTD £000s	Variance £000s
PMO				
Workstreams NH	16,500	14,025	14,025	-
Workstreams A&B	824	755	755	-
Housekeeping NH	6,500	6,163	6,162	(1)
Housekeeping Argyll & Bute	4,238	3,885	2,324	(1,561)
Total PMO	28,062	24,829	23,267	(1,562)
Central				
Non Recurrent Savings	4,838	4,112	4,112	-
Total Savings M11	**32,900**	**28,941**	**27,379**	**(1,562)**

4   Financial Risk

4.1 The following risks were identified in the financial plan submission to Scottish Government.
- Covid-19 costs and funding – the plan assumed that Covid-19 related costs would be funded in full. Scottish Government have now confirmed that funding will be made available to enable all NHS Boards to deliver in-year financial balance. A Q3 return was submitted to SG at the end of January. Confirmation of a funding package was received in mid February which supports delivery of a break even position by financial year end.
- Delivery of cost improvement targets – the target of £32.900m is significant and there is a risk associated with delivery. Slippage of £10.690m is currently being forecast but confirmation of funding to cover this has now been received.
- Recurrent remobilisation costs of £19.100m were identified within the plan – associated costs have been funded as part of the package to deliver financial balance.
- Argyll & Bute's SLA with Greater Glasgow and Clyde – this issue has been resolved for 2021/2022 but the position will be kept under review as NHSGGC are developing a revised SLA model.
- Adult Social Care funding - a funding package is in place for 2021/2022 and a £3.000m savings programme and additional SG allocations will bridge the gap in 2022/2023.
- No financial provision has been built into the plan to tackle increased waiting lists.

5   Capital

5.1 Total anticipated Capital Funding for NHS Highland for 2021/2022 is £65.513m.

5.2 Details of the expenditure position across all projects are set out in Appendix 1. To date expenditure of £37.533m has been incurred.

5.3 The main areas of investment to date include:

| Project	Spend to end November 2021
New Skye & B&S Hospitals	£15.284m
National Treatment Centre – Highland	£14.028m
Estates Backlog Maintenance	£2.481m
Equipment	£1.349m
E-health	£0.509m

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

6 Recommendation

- Finance, Resources & Performance Committee members are invited to discuss the contents of the Month 11 Finance Report.

Capital Expenditure at Month 11

Updated Plan £000's	Funding From SG £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Capital Schemes		
3,579	3,579	Radiotherapy	96	3,483
22,800	22,800	National Treatment Centre (Highland)	14,028	8,772
14,908	14,908	Skye,B&S Hospital bundle	15,284	(376)
1,160	1,160	B&S and SL&WR Equipping	-	1,160
-	-	Grantown Health Centre Refurbishment	3	(3)
-	-	Portree/Broadford HC Spoke Reconfiguration	11	(11)
-	-	Increased Maternity Capacity - Raigmore	-	-
-	-	Community Midwifery Unit	-	-
59	59	Additional VIE	59	-
500	500	Raigmore Fire Compartmentation upgrade	-	500
700	700	Raigmore Lift Replacement	535	165
100	100	Belford Hospital Replacement Fort William.	164	(64)
500	500	Cowal Community Hospital GP relocation	71	429
-	-	Raigmore Main Entrance Improvements	-	-
-	-	LIDGH Boiler replacement	-	-
-	-	Lochgilphead Increased Pharmacy capacity	-	-
50	250	Inverness GP short term building requirements	-	250
600	600	Home Farm Works	123	477
250	250	Campbeltown Boiler Replacement	7	243
1,000	1,000	Raigmore Car Park Project	-	1,000
4,770	4,770	Additional Estates backlog Projects	839	3,931
1,200	1,200	Wifi network Installation Project	61	1,139
57	57	New Craigs PFI	-	57
1,545	1,545	Further Equipment Funding	-	1,545
78	78	Raigmore Theatre C-Arm	90	(12)
31	31	Insufflator with RAS purchase	-	31
88	88	Dental Equipment	-	88
9	9	National Services Division Equipment	-	9
227	83	Switched on Fleet funding	100	(18)
516	516	Laundry Support	516	-
726	726	Equipment Replacement - SSD	-	726
188	188	Endoscopy, Hysteroscopes & Diagnostics Scopes	-	188
-	12	RASATF - Colposcope	-	12
180	180	VR Simulator	-	180
2,387	2,387	Additional Scope Funding	-	2,387
-	167	Opthamology	-	167
-	125	Pathology	-	125
-	329	Eyecare - Argyll & Bute	-	329
58,207	**58,897**		**31,987**	**26,909**
		Formula Allocation		
780	780	PFI Lifecycle Costs	691	89
2,500	2,500	Estates Backlog Maintenance	2,481	19
830	830	eHealth Ongoing Approved Projects	509	321
614	614	Radiology Ongoing Approved Projects	323	291
1,520	1,520	Equipment Management Group	1,349	171
250	250	Minor Capital Group	-	250
122	122	AMG Contingency	177	(55)
		Other	15	(15)
6,616	**6,616**		**5,546**	**1,070**
64,823	**65,513**	**Capital Expenditure**	**37,533**	**27,980**

Agenda Item 10

NHS Highland
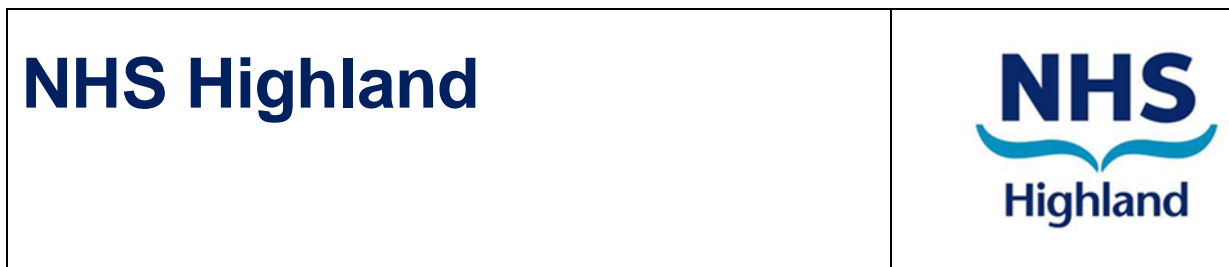
NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**29th March 2022**
Title:	**2022/23 Budget Offer to Argyll & Bute IJB**
Responsible Executive/Non-Executive:	**David Garden, Director of Finance**
Report Author:	**David Garden, Director of Finance**

1   Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition:

- Effective

This report relates to the following Corporate Objective(s)

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

2   Report summary

2.1   Situation

This report sets out the initial budget off for Argyll & Bute IJB for 2022/23.

2.2   Background

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

2.3   Assessment

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

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

Initial Offer

NRAC calculations are published by Scottish Government on a 3 year basis and Argyll & Bute's share of the NHS Highland total is 28.77%, this is a slight reduction from 28.92% in 21/22.

On that basis, NHS Highland's offer to the IJB is £246.8m, a 3.6% uplift on the adjusted baseline 21/22 allocation.

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

2022/23 Baseline Allocation Split			
	A&B	**North**	**Total**
NRAC Shares 2022/23	28.77%	71.23%	100.00%
22/23 Shares (£m)	**208.8**	**516.9**	**725.7**
Uplift on previous year	**3.6%**	**2.8%**	**3.0%**
Estimated additional in year allocations	38.0		
NHS Highland Opening Offer (£m)	**246.8**		

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

N/A

.

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 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

- Annual statutory requirement

1. Recommendation

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

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**28th March 2022**
Title:	**National Treatment Centre Highland Update**
Responsible Executive/Non-Executive:	**Deborah Jones, Director of Strategic Commissioning Planning and Performance**
Report Author:	**Deborah Jones**

1   Purpose

The purpose of the report is to provide NHS Highland with an update on the progress of the development of the National Treatment Centre.

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Annual Operation Plan
- National Policy

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

2 Report summary

2.1 Situation

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

Construction of the NTC-H commenced in the summer of 2020 and at the time of writing this report we are in week 87 of the construction programme with 27 weeks remaining. A 6-week delay in the planned programme has occurred due to a range of technical and supply chain issues and the impact of COVID.

Subject to no further delays in the construction timetable, the proposed completion date is 20th September 2022 with an operational go live date of 13th December proposed. This will allow for initial snagging and the transfer and mobilisation of staff and services to the new building.

2.2 Background

The NTC-H will provide,

- Uncomplicated hip and knee replacement surgery,
- hand, foot, and ankle surgery
- A full range of ophthalmic care including outpatients and surgical treatment

The facility will have,

- 24 beds (3 flexible use for ophthalmic patients)
- 5 operating Theatres

- 13 consulting rooms (Inc 2 teach treat and 4 virtual consulting rooms)
- A full range of ophthalmic diagnostic and treatment services
- A patient / staff café

A detailed workforce plan has been developed in conjunction with operational and clinical colleagues and validated externally and via by an independent health care planner and the National Treatment Centre Programme Team.

An additional 210 staff will be recruited across a range of clinical and operational roles to support the delivery of the new service

2.3   Assessment

Construction

The construction programme and progress of works is being closely managed with the main contractor. Construction works are progressing well both internally and externally, and there are approx. 140 operatives on site each day.

The external cladding installation is approx. 60% complete, and the roof is complete.

Internally, the installation of plasterboard sheeting to form rooms and corridors is well advanced throughout the building. Work in the theatres is ongoing, with the 1st canopy installed during week commencing 14th February 2022 in the ophthalmology theatre, and the 2nd and 3rd canopies installed in the orthopaedic theatres. Mechanical and electrical works including data cabling, fire alarms etc. are all progressing as planned

Health and safety on site has been exemplary with the Balfour Beatty site management team winning Scotland's regional health and safety project for 2021

Equipment procurement is being progressed with specialist support from Health Facilities Scotland Equipping Services.

Target Operating Model

The NTC- H will function as a standalone unit with its own leadership team reporting within the Acute services division. The NTC Manager will report to the Deputy Chief Officer for Acute Services and was recruited proleptically to provide leadership in the development of the detailed service delivery plan or Target Operating Model (TOM). See Figure 1 NTC- H Organisational Structure

Figure 1 : NTC-H Organisational Structure
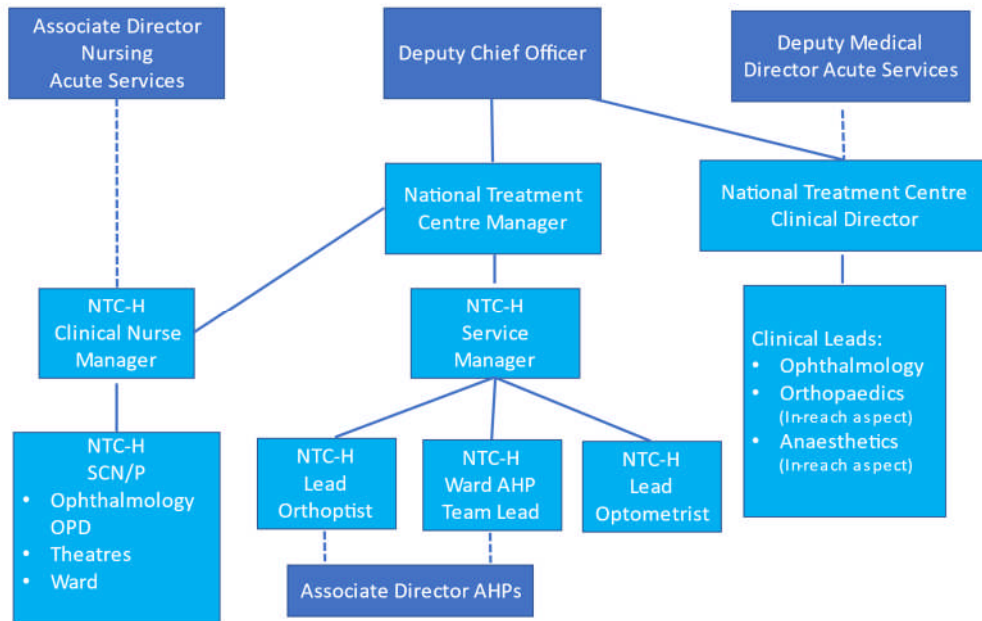
A Target Operating Model Board has been established to oversee all aspect of the development and delivery of the service model. This board reports through to the overarching Project Board chaired by the Project Senior Responsible Officer. Figure 2 sets out the high-level activity profile that constitutes the work programme required to deliver the new services. This profile translates into a detailed project plan used to monitor progress.

Figure 2: TOM Activity Profile
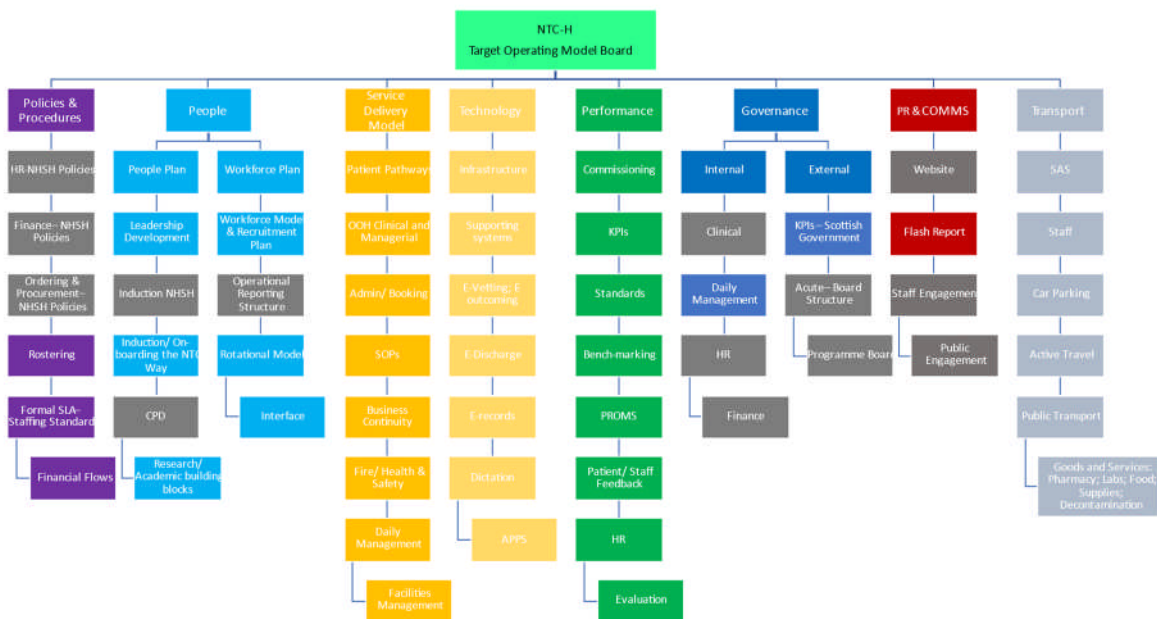
The service model agreed with operational and clinical colleagues is based on the following assumptions,

- The NTC-H will operate over a 5-day week and will deliver 'best in class' performance and outcomes.
- Additional orthopaedic, ophthalmology and anaesthetic consultant appointments are made to the service as whole increasing the consultant numbers overall to maximise resilience and to ensure job plans are evenly balanced
- All band 5 nurses will rotate between Raigmore Hospital and the NTC -H
- Overnight cover will be managed through an independent rota of medical staff

People Plan and Staff Engagement

During the early part of 2021 and extensive staff engagement exercise was undertaken resulting in the development of the NTC-H People Plan. See Figure 3.

The NTC-H People Plan takes account of the rationale and the ambitions of staff within the organisation who are committed to delivering world class, patient centred, evidence-based care. Staff confirmed their commitment to being accountable for care delivery; with the organisation providing empowering, visible leadership and supporting a culture where staff feel valued and that encourages teamwork, learning, development, and innovation. Ongoing engagement continues across all aspects of the programme of work

Figure 3: NTC-H People Plan
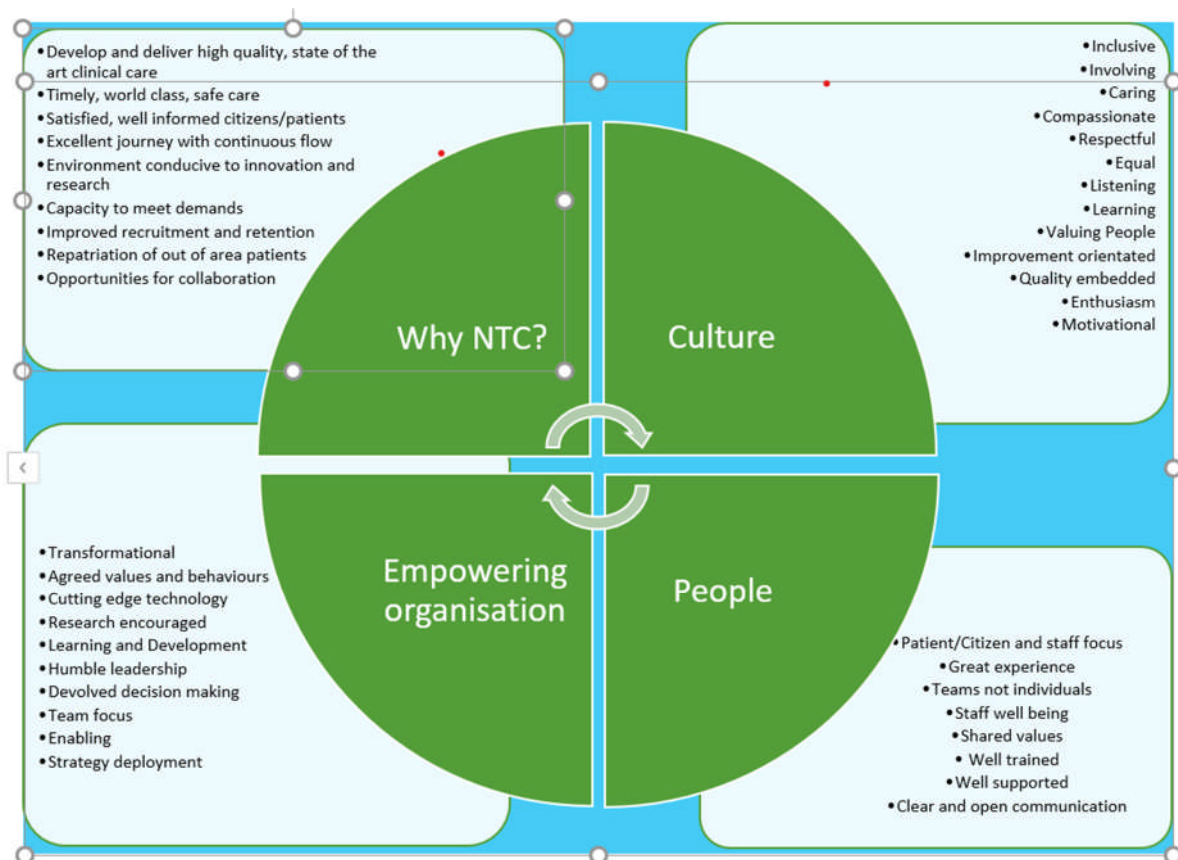
Recruitment

A phased approach to recruitment was agreed with the Scottish Government commencing in 2020

- 2020/21 we recruited 3 trainee Advanced Nurse Practitioners and 1 orthopaedic consultant

- 2021-22 we recruited: 4.5 consultants; 16 decontamination staff; 10 nurses; 11 Healthcare Support Workers; 3 Allied Health Professionals and 1 Centre Manager.

- 2022-23 we will recruit the remaining staff who are needed across Nursing; AHPs; Medical; HCSW; and Support Service roles.

Recruitment is currently live for Consultant Medical Staff; AHPs; Nursing Staff; and Healthcare Support Workers

To date 23% of the overall staffing required to support the delivery of the service model within the NTC-H have been recruited. 16% of roles are currently in a live recruitment phase. 61% of NTC-H roles will be advertised between April and May in line with our planned recruitment timetable and our ability to accommodate all the new staff in advance of the NTC-H opening.

The NTC-H are spearheading international recruitment with four candidates from Zambia being recruited to join the team in early summer subject to immigration checks.

Service Delivery Model

Focussed work is underway to redefine all the clinical pathways across ophthalmology and orthopaedics to ensure that the operating model reflects the aspirations set out in the Full Business Case. This work will include,

- Ophthalmology outpatient flow
- Pre-operative assessment
- Emergency escalation
- Booking and scheduling for surgical intervention
- Discharge planning
- Patient information / education

3 transport short life working groups have been established to look at,

- Signage and wayfaring around the Inverness campus
- Patient Transport
- The transport of goods and services between Raigmore Hospital and the NTC-H

Service Planning Reviews

Detailed service planning reviews of both the Orthopaedic and Ophthalmology Services have been commissioned. A data pack has been developed with Clinical Involvement based on a detailed Demand Capacity Activity Queue Analysis of both services.

This will inform both the future configuration of both services and the development of a suite of Key Performance Indicators for the NTC-H.

Close involvement with the Scottish Government National Capacity Management Group in relation to the model for allocation of National Treatment Centre Capacity is ongoing.

Public Relations and Communications

The in-house Communications and Engagement team has limited capacity. External PR support was sought, therefore, with a Quick Quote carried out to identify a supplier which could work alongside NHSH colleagues, supplementing internal experience and familiarity with the local press with in-depth industry knowledge and networks, encompassing national and trade media.

Muckle Media were successful, and have supported the project by producing written, photographic, and video content for a microsite, as well as developing longer term pitches for a range of newsworthy stories related to the NTC, set to run from April throughout the rest of 2022.

Muckle Media have developed the concept 'Aim High, Aim Highland' as a strapline for the campaign. This encapsulates our high quality of care, research, and clinical excellence, but also the quality of life that can be offered in the Highlands. It will be illustrated with peer case studies exemplifying the opportunities available at NHSH. We now plan to extend the campaign to be board-wide, building an attractive and widely recognised brand that will boost our recruitment in all areas.

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

3.2   Workforce

The NTC-H is looking to recruit an additional 210 staff. The People Plan developed though extensive staff engagement encapsulates the aspirations of staff to deliver world class service and outcomes for patients

3.3   Financial

The NTC-H is being funded through Scottish Government investment with a capital budget of £43.6m . The revenue budget is expected to be in the region of £13.5m per annum. Work is underway to finalise the non-pay element of the revenue budget

3.4   Risk Assessment/Management

The key risks to the project are as follows,

- Supply chain impact on specific materials
- Increased cost of materials and fuels because of the war in Ukraine
- Any additional COVID impacts on workforce particularly due to the increased number of workers on site working in proximity internally
- Ability to recruit the number of staff required to open fully in December 2022
-

Mitigation includes placing orders for goods as early as possible and liaising directly with suppliers.

Recruitment mitigation includes increasing the profile of NHS Highland through the 'Aim High Aim Highland' campaign

3.5   Data Protection

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

3.6   Equality and Diversity, including health inequalities

Equality diversity policies and process are being followed

3.7   Other impacts

3.8   Communication, involvement, engagement, and consultation

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

An increased presence through social media is include in the communication plan

Patient representatives are including in the Project Board membership

The development of an NTC-H microsite will provide regular updates and information for staff, members of the public etc. This is expected to go live from the beginning of April 2022

4   Recommendation

It is recommended that Board members note the progress of both the construction programme and development of the service model for care delivery for the National Treatment Centre Highland.

NHS Highland

Meeting:	NHS Highland Board Meeting
Meeting date:	March 2022
Title:	Social Mitigation Strategy update
Responsible Executive/Non-Executive:	Dr Tim Allison; Director of Public Health
Report Author:	Lynda Thomson; Senior Health Improvement Specialist

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board Strategy

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

- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence
• Improving health
• Keeping you safe
• Innovating our care
A Great Place to Work
• Growing talent
• Leading by example
• Being inclusive
• Learning from experience
• Improving wellbeing

2   Report summary

2.1   Situation

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

2.2   Background

Whilst the situation around the pandemic and its health impacts appears to be easing, there is still an ongoing impact of COVID across the wider society and the need to address health inequalities in our population which existed before the pandemic, but has been exacerbated over this period.

The Social Mitigation Strategy was agreed by the Board in May 2021. A workshop entitled Building a Better Boat was then held in November 21. The intention behind the workshop was to both promote the strategy and to provide opportunity for teams and services to identify what actions they might take in support of the outcomes within the overall strategy.

A summary report from the workshop was sent out to all those who attended in January 22.

The action plan has been amended following this workshop and discussions are ongoing with relevant teams and services around the actions identified and the relevant governance routes for reporting.

2.3   Assessment

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

Some of the actions already lie within separate governance reporting and where this is the case this has been identified on the plan. Other actions have no specified governance routes and these areas still need to be developed to ensure that we have an appropriate governance route in place.

The Social Mitigation Strategy itself is not replicated in this update report as it has already been seen and endorsed by the Board in May 21.

There are some perceived gaps or areas that are more challenging in the delivery of the plan and which include:

Targeted employment and recruitment for those furthest from the job market and at-risk groups.
Development of Community Wealth Building and specifically work on land and assets and financial power and economic growth.

Impacting on cost of living and addressing fuel poverty and ensuring that our staff are skilled to ask about Money Worries and refer on appropriately
Redistribution of best before food from NHS Highland premises
Digital inclusion support and health literacy
Transport poverty

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

Our own staff have also experienced the impacts of the pandemic on their personal lives and we seek to not only support our workforce through Fair Work and reasonable pay, but also to offer this opportunity to those furthest from the job market and seeking employment.

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

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

3.6 Equality and Diversity, including health inequalities

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

3.7   Other impacts

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

3.8   Communication, involvement, engagement and consultation

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

3.9   Route to the Meeting

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

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

4   Recommendation

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

4.1   List of appendices

The following appendices are included with this report:

- Appendix No 1, Social Mitigation Action Plan updated February 22

Updated February 2022

Appendix 1: NHS Highland Social Mitigation Action Plan

1 Unemployment and the economy – Aims:

- Employment across NHSH meets the requirements of the Fair Work Framework
- Anchor Institutions create a more inclusive local economy through recruitment and workforce development
- Procurement policies support the local economy

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance structures
- The workshop discussions and ideas around employment and recruitment should be fed onto the workforce planning group that are considering this specific work stream - A local job matching service to recruit individuals from at-risk sectors in filling vacancies under pressure - Target Fair Work opportunities to at-risk groups	Information is being collected to find out what work is happening elsewhere in health boards to support socially responsible recruitment Workforce planning workstream is exploring developments on recruitment and employment.	HR workforce planning	Highland Economic Recovery Partnership Public Sector Network	Learning and Development: Workforce Board Attraction, Recruitment, Retention and Succession Planning Strategy Group
Develop policy and practice around procurement to increase local economic impacts	Accreditation as a Real Living Wage employer was gained last year in September 21. The community benefit portal launched last year and two workshops held with HTSI to introduce the portal. Currently there is only one application from a Highland organisation to the portal. A fresh focus on attracting bids will begin in March 22 to include both North Highland and A & B.	Procurement		

	Public Health Scotland/SG met with health improvement and procurement staff from NHS Highland to explore the challenges of anchor organisations and community wealth building. Feedback from this and other boards will form the basis of actions required by Public Health Scotland to support local activity.			
• Community Wealth Building approach with community planning partners	Five pillars of CWB include: Procurement Fair employment Land and assets Financial power Economic growth Work is ongoing in procurement and fair employment as described above, the other aspects are as yet less well developed A CPD session for staff from Public health on Community Wealth Building is being held in Feb 22 was held in Feb 22.	Procurement Finance HR Estates	Highland Community Planning Partnership Argyll and Bute HSCP	Highland Community Planning Partnership and Partnership Group Argyll and Bute Community Planning Partnership

Updated February 2022

2. Income and financial security – Aims:

- Enhanced availability of, and access to, financial advice to support income maximisation
- More people are signposted to income maximisation support as a result of accessing NHS services
- Decrease in levels of child poverty across Highland and Argyll & Bute

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance Structures
Agreed framework for social prescribing to include capacity building and raising awareness amongst clinicians as well as the development of resources	A bid into the Value Improvement Fund (Realistic Medicine) to support social prescribing and training for GP staff forms one of three bids from NHS Highland, for national consideration.	Health Improvement	Highland Healthcare for Climate Action Group (HHCA)	
Consider how best to support community pharmacy referral routes to social support.	Money Counts leaflet and poster distributed to community pharmacies to support onward referral for income maximisation	Pharmacy		
Promotion of Money Counts courses and Cash First Referral Leaflet across the organisation.	Money counts courses for both North Highland and A & B are programmed in for the year and courses recently promoted resulting in an increase in bookings. T4T course run and another scheduled to support other organisations out with highland to deliver the training	Health Improvement	Highland Council; IFAN; Social Security Scotland; NHS Highland; Argyll and Bute HSCP; Argyll and Bute Council	
Development of Community Link Workers	Contract for the delivery of Community Link workers has been awarded to Support In Mind (North Highland) and We	Health Improvement	Primary Care Modernisation Group	Primary Care Modernisation

Updated February 2022

	Are With You (A & B). Work still ongoing to support CLW implementation. Projected date for service delivery commencement March 2022.			
Develop and implement Child Poverty Action Plans	Implementation of actions identified to tackle child poverty. Awaiting finalised plan from HC before publication. Discussions ongoing around groups required to support delivery of actions A & B Child Poverty Action Group and plan well established. There is a new Poverty Office role developed by A & B council which will offer closer working ties	Health Improvement	Highland Council/NHSH A & B Council/NHSH	Integrated child Care Plan

3. Cost of Living including food insecurity – Aims:

- Income maximisation support reduces dependency on emergency food provision
- More people are signposted to income maximisation support as a result of accessing services that provide help with food provision
- Impact on cost of living such as fuel poverty

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance Structures
Actions to address cost of living	Information ref UNISON winter fuel grant for low paid members added into the Financial wellbeing section of the staff H & Wellbeing website	Health Improvement/ Communications/ HR		Staff Health and Wellbeing

Updated February 2022

	Cash First leaflet available from HIRs and promoted in the Money counts courses includes referral to Home Energy Scotland and Welfare Support Team Information on Validium made available to staff on recent distribution to all			
Explore how we deal with food waste and distribution within NHS Highland	Meetings held with hospitality services established that food waste within our establishments is binned and that no actions are currently in place around redistribution of foods past best before dates. There would be a resource implication in exploring this but might be possible to pilot in a specific area	Hospitality Services		
Signpost people to income maximisation advice and employment support Promotion of Money Counts courses and Cash First Referral Leaflet across the organisation	See above actions in income and financial security. The approach is to take a Cash First Approach. A recent promotion of the Money counts course through NHSH announcements has resulted in more staff from NHSH attending courses, but there are still more opportunities to embed this approach across key areas and	Health Improvement	Highland Council; IFAN; Social Security Scotland; NHS Highland; Argyll and Bute HSCP; Argyll and Bute Council	Health Improvement/Public Health

Updated February 2022

	services so that staff are skilled and confident to ask about money worries.			
Support work of the PHS group exploring food insecurity	Shared learning and good practice from elsewhere	Health Improvement	Public Health Scotland	Health Improvement/Public Health

4. Mental health and wellbeing – Aims:

- Communities and organisations have capacity and resilience to respond to mental health needs
- Public awareness is increased and stigma reduced
- More people receive the help and support they need
- Increase mental health and wellbeing in the population
- Reduce the number of suicides across Highland and Argyll and Bute

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance Structures
Signposting and referral to services and support – website; information; toolbox talks etc	Website in development HCPP signposting leaflet developed Face book page in development	Health Improvement	MHDG / Suicide Prevention Steering Group	HCPP
Development of Mental Health First Aiders within NHSH and staff to have mental health wellbeing plans.	Discussions ongoing with various teams including public health and estates about ways of piloting an approach to mental health first aiders within the organisation Development of training and support for this is currently in progress with an aim of delivering training by April/May 22	Health Improvement	HR Staff health and wellbeing Public Health - Home Environment Group	Organisational Workforce Development / Board
Ongoing delivery of Suicide Intervention and Prevention Programme	Courses programmed and available on turas learn for the rest of the year.	Health Improvement	MHDG/ Suicide Prevention Steering Group	HCPP

Updated February 2022

	SIPP trainers network meeting quarterly to plan and develop programme Still long waiting lists for this course so need to consider building capacity			
Development of Mental Health workers within PCMH services and receiving referrals from GPs. Links with Community Link Workers	Early intervention help for those with mild to moderate mental ill health, including self help; guided self help; 1 -1 short term interventions from 2 – 8 sessions and/or groupwork. Referrals received from GP practices for this support See update in section 2 above	Mental Health Services	NHS Highland Primary Mental Health Care Argyll and Bute Primary Care Mental Health	Primary Care Modernisation Plan / Primary Mental Health Care Services
Build public awareness and tackle stigma/ discrimination	Development of communications strategy through a communications group consisting of the various staff across partner organisations. Identify different themes on different weeks and ensure consistent messages are developed in partnership Effective utilisation of social media channels		HCPP thematic group – Mental Health Delivery Group; 9 Highland CPs A & B Living Well steering group Communications Working Group	MHDG/HCPP
Increase accessibility and engagement with green space activity	Development of website and directory guidance and resources for individuals Funding, advice and grant	Health Improvement	Highland Green Health Partnership	Highland Green Health Partnership

Updated February 2022

	support for community groups Referral pathways in to nature based therapies. Services are recorded which are targeted to those most in need. Small grants distributed have as a key criteria the need to tackle health inequalities.			
Development of Mental Health Strategy – Better connections with mental health services and public health	The development of a Mental Health strategy for adult services is currently in development for North Highland	Head of Strategy HHSCP		HHSCC
Development of DPH annual report focussed on suicide and mental health	DPH publication has now been published and available on website. It is hoped that this will stimulate more debate and action on suicide prevention	Public health		
Reduce feelings of loneliness and isolation within the Highland population	No current update			
Support for infant and perinatal mental health	A team of people are now in place with funding from SG to explore pathways of referral and interventions for support for families and children in early years.			

Updated February 2022

5. Drugs and alcohol: reported through HADP partnership

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance Structures
HADP: Delivery of Highland 'Language Matters', Count 14 and Fetal Alcohol Syndrome campaigns	Promotion of positive language use and removal of discriminatory language in relation to alcohol and drugs. Targeted health improvement messages.	HADP/Public Health/Health Improvement	HADP	HCPP SG – HADP partnership
HADP: Delivery of up-to-date signposting information about local alcohol and drug services via the HADP website and the Substance Awareness Tool Kit	Up-to-date and accurate information available to health and social care workers and the public about changes in programmes and services through a variety of media including prevention/educational resources, twitter and facebook	HADP/Public Health/Health Improvement	HADP	HCPP SG – HADP partnership
HADP: Continued delivery of the Drug Related Death Review and Prevention Groups	Increased shared understanding by a range of partners about how to prevent drug related deaths	HADP/Public Health/Health Improvement	HADP	HCPP SG – HADP partnership
Better engagement with service users, specifically of drug and alcohol services, to redesign services in the way that best meets needs.	Ongoing opportunities to work with service users in the development of services. Links to Together We Care.	HADP/Public Health	HADP	HCPP SG – HADP partnership
Increase uptake of vaccination amongst service users of drug and alcohol services	Still in development	Inclusive vaccination work/ Drug and alcohol services		
Improve integration between drug and alcohol and mental health services – delivery of ABI; and a focus on primary care	Still in development	Mental health services / Drug and alcohol services		

Updated February 2022

6. Digital inclusion – aims:

- Those most at risk of digital exclusion are identified and supported to access services

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance Structures
Develop a digital strategy which considers how we best deliver our services using technology and how we support patients and service users to access and use this.	No further update	ehealth		Digital Health and Care Board
Impact assessment of access to health services specifically through digital means (TEC devices- national EQIA) – identifies digital access	Identify difficulties in accessing health services through an impact assessment and develop alternatives to reduce negative impact. This is completed at SG level for Near Me	As above		National TEC Programme
Work to improve access to devices and broadband for patients and service users	Working with local communities and volunteers in Skye to support use of ipads for people with appointments	TEC services		
Developing digital champions in communities	Some challenges in finding people able to volunteer to support this			
	Provision of devices by midwifery/health visiting teams to ensure that pregnant and post-natal women receive support	Midwifery / Health Visitors		
Deliver actions from the *Health Literacy Action Plan for Scotland 2017-2025 – people are supported to receive, understand and apply health information*	HIRS and TAM currently working together to ensure that patient information is accessible and up to date	Health Improvement/ TAM		

Updated February 2022

7. **Capacity and community resilience – aims:**

- Communities are supported to provide help and support to those who live in or are a part of their community.

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance structures
Training on resilience for communities and peer support groups	See links to mental health section and digital inclusion			
Development of volunteering opportunities both within NHS and communities	The priority of the Programme is to provide a service which enhances the patient experience whilst simultaneously supporting staff. The programme does benefit from the support of a diverse group of volunteers which may have some indirect effect on community resilience and community capacity. If we wanted to develop more links around supporting those who experience disadvantage into volunteering positions this would require additional capacity to support this			Volunteer Strategy and Steering Group, NHSH
Community Engagement and investment in community development and place-based approaches	Together We Care - Board Strategy Development Pilot taking place in Dunoon for Shaping Places for Wellbeing, joint work with A & B HSCP, A & B council and Improvement Service.		HCPP: CLDE thematic group; local CPs A&B: Living Well networks Improvement Service	

Updated February 2022

	Living Well network co-ordinators continue to operate in 8 areas in A & B. Role in improving health through connecting and engaging with communities.			
Review process for commissioning and supporting 3rd sector organisations	A & B – new strategic commissioning plan in development	NHSH 3rd sector commissioning group/ Contracts	NHS Highland	
Development of Community Led Support	Community HUBS providing access to services and support are developed in three pilot areas within North Highland Community Assets Project Board developed	PMO (Claire Cameron) Linda Currie (Associate Director of AHPs)	NHS Highland	PMO Office Adult Social Care Projects

8. Transport poverty and active travel – aims:

Identify actions to tackle transport poverty to ensure fair access to employment, goods and services

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance Structures
Discussions with transport providers and local community transport schemes about supporting access to local and regional services	NTC access / Aviemore Hospital	Estates Capital Planning Service Leads	Highland Council, Transport and Planning Transport providers and Community transport schemes Public Transport HiTRANS	
Deliver infrastructure improvement to support active every day journeys and social distancing	Increase in safe active every day journeys	Health Improvement Team /		Environment and Sustainability Board / Project Team

Updated February 2022

	Improvements to active every day journeys travel facilities such as cycle parking at various NHSH sites.	SUSTRANS NHS Highland Active Travel Engagement Project HR Estates		
Normalise and promote active every day journeys.	Promotional material and public facing websites			
Review impact on public transport and liftsharing due to social distancing and consider ways to support individuals who rely on this to access services	Increase in safe use of public transport and liftsharing			

9. Violence against women – Highland VAW Partnership actions: reported through HVAWP

Actions	Update	NHS Lead(s)	Partnership structures	NHSH Governance Structures
Deliver on Strategic 3- year plan April 2021-March 2024	Reduction in and support for women who experience violence	Health Improvement	HVAWP; Highland Public Protection Chief Officers Group; Adult Protection Cttee; MAPPA; HADP	Highland Public Protection Chief Officers Group Annual Report SG – (April – March) Equally Safe Strategy
Update HVAWP document *Key risks and mitigating actions ref strategic response to covid-19*	Identification and implementation of key actions required to mitigate impact of COVID-19	Health Improvement	As above	As above
Links into National forums and development		Health Improvement		As above

Agenda Item 13

NHS Highland

NHS
Highland
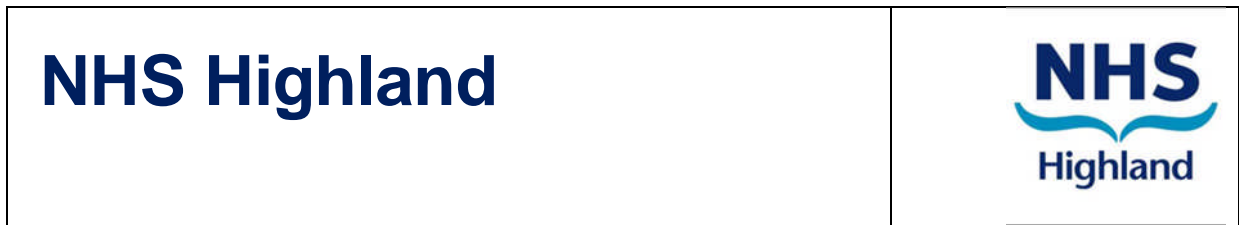
Meeting:	**NHS Highland Board**
Meeting date:	**29 March 2022**
Title:	**Culture Programme Update**
Responsible Executive:	**Fiona Hogg, Director of People & Culture**
Report Author:	**Emma Pickard, Culture Advisor**

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board Strategy

This aligns to the following NHS Scotland quality ambitions

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2 Report summary

2.1 Situation

The Culture programme recently introduced a new style dashboard report which outlines the Culture programme status and risks to support progress management. The March 2022 Culture report is included in Appendix 1.

2.2 Background

It was agreed in May 2021 that our future Culture programme reporting would be brought in the form of a dashboard style of reporting on our status, progress, risks and milestones, and a summary of each of the current five Culture priorities and the overall programme status is included in Appendix 1.

This dashboard now includes the new Wellbeing workstream. During 2022, we will also be tracking progress of our wider actions linked to Colleague surveys and the reports of the Independent Review Panel of the Healing Process through this dashboard.

2.3 Assessment

The Culture Programme report in Appendix 1 was presented to the Staff Governance Committee on 9 March 2022 and at Area Partnership Forum on 25 February 2022, ahead of presentation to the Board.

The Culture Programme is currently reporting Green for delivery overall, with an amber status for Culture Metrics and Civility Saves Lives. The amber status is reflecting that Culture Metrics has been delayed in key actions such as the development of the dashboard, due to lack of resource. Resource has been recruited and is now in post and we expect to make good progress in the coming weeks.

Civility Saves Lives and Promoting Professionalism in the workplace is a key priority for us in 2022, in bringing together our colleague culture activity with ensuring our patients and service users have the best possible experience in a safe and respectful environment. Whilst we have been delayed in finalising our plans and approach, we are aiming to have this agreed by end March 2022.

Following the decision to pause activity of key aspects including the pilots of Team Conversations and the delivery of Leadership and Management development modules, these are now being rescheduled to recommence from March 2022, with an additional refresher session added to the Leadership Programme to help bridge the gaps since the last sessions.

.

The programme reports green in these areas as it is set up and ready to deliver and has met agreed timescales, but circumstances outwith our control have led to a pause. It is important to note that the status reported in the dashboard is that of the Culture Programme and it's delivery, based on the plan and priorities, it is not in itself a status of the organisational culture.

We have also made good progress with our People Planning work, with a session held on 1 February 2022, to bring together all the activity that is planned for the year ahead and beyond, on Culture, Workforce, Wellbeing and our business as usual activities. We are continuing with refining the plans and engaging with teams and key stakeholders on the priorities, to ensure that our resource is aligned to the areas of most importance. This is aligned to the strategic imperatives of Together We Care to ensure consistency.

Later in 2022, we expect to transition from a programme led approach into Culture being delivered as part of the work plan for our new People and Culture Directorate, whilst continuing to report on plans and progress and having oversight from appropriate groups and committees, as well as significant input from colleagues and leaders across the organisation. We will be bringing more information on this to the May meeting.

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

| Substantial | | Moderate | X |
| Limited | | None | |

This report proposes moderate assurance is taken. Progress with the key elements of the Culture Programme has continued over the last 2 months and we continue in overall green status for programme delivery. However, with some key elements of the plan still to be confirmed and progressed, it is acknowledged in the moderate rather than substantial assurance proposed.

3   Impact Analysis

3.1   Quality/ Patient Care

Successful delivery of the Culture Programme is critical to effective patient care.

3.2   Workforce

The Culture Programme will ensure colleagues are engaged, motivated, clear on their roles and priorities and working to our values.

3.3   Financial

Additional funding has been secured to deliver our Culture Programme. Improving our culture will realise reductions in sickness absence and staff turnover, and reduce time and effort spent on disciplinary and grievance processes.

3.4   Risk Assessment/Management

Top risks are set out as part of the reporting template and a full set of risks will be included in the 2022 Culture Programme Plan.

This links to the Strategic Risk 632 - There is a risk that attempts to improve the culture of the organisation are not sustained or successful. This could impact on recruitment, retention, and performance as well as patient confidence in the organisation. This could impact on recruitment, retention, colleague experience, reputation, and performance as well as patient confidence in the organisation. Changing the culture will take a significant period of time and during this there remains a potential for staff not to feel valued, respected and listened to, despite ongoing efforts.

3.5   Data Protection

No data protection issues identified.

3.6   Equality and Diversity, including health inequalities

Fairness, along with dignity and respect are core principles of our Culture Programme where our values will be embedded in all we do as an organisation

3.7   Other impacts

None.

3.8   Communication, involvement, engagement, and consultation

We continue to engage with a range of stakeholders on this topic, including Partnership, Whistleblowers, the Culture Oversight Group and Staff Governance Committee.

3.9   Route to the Meeting

This report was previously shared with Area Partnership Forum and Staff Governance Committee.

4   Recommendation

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

4.1   List of appendices

The following appendices are included with this report:

- Appendix No1 March 2022 Culture Programme Dashboard

NHS Highland Culture Programme

Programme report to NHS Highland Board

29 March 2022

RAG definitions

Red	Programme, project or milestone is at significant risk of failure to deliver projected benefits and / or major slippage in time / resource	
Amber	Programme, project or milestone is at risk of failing to deliver the projected benefits and / or is behind delivery schedule	
Green	Programme, project or milestone is on track for delivery (on time, to budget, forecast benefits)	

Overall Culture Programme Status

Report Date: 9th March 2022	Programme Status	**Green**

Achieved in last quarter (Jan – Mar 22)

- Progressed Culture planning for 22/23 with People Leadership team and assessed resource requirements and priorities
- Analysed the results of the Listening and Learning partnership survey following survey closure in Mid January
- Progressed development of Wellbeing strategic themes and priorities and conducted initial testing with stakeholder group
- Leaflet highlighting options for staff support developed and circulated

Planned for next quarter (March 22 – June 22)

- Finalise Culture Programme planning for 2022/23
- Complete first pass development of a culture metrics 'dashboard' (will require further development post 1st iteration)
- Roll-out Exit and On-boarding Surveys as part of the Culture Amp platform
- Progress the scoping of the 'Promoting Professionalism' (Civility Saves Lives) possible implementation options
- Re-start Team Conversations pilots and the Leadership and Management Development programmes

Risks / Issues	Mitigating Actions	Owner	Progress
(RISK) There is a risk that the capacity of the People and Culture team to address the 2022/23 Culture priorities in light of the wider strategic priorities will be constrained	Solid planning and prioritisation for the function; with clear set of choices for EDG / Board in terms of the activities and resource implications. Ongoing restructure of the function.	FH / GB	Planning progressing well – requires full resourcing assessment in order to allow senior input and prioritisation decisions
(RISK) There is a risk that due to organisational pressures (COVID, Winter) staff capacity to engage in culture development activities is severely reduced	Team Conversations was paused for roll-out during current Covid peak. Activities requiring less colleague engagement prioritised as well as ongoing focus on wellbeing.	EDG / SysLT	Team Conversations and Leadership and Management Development activities to restart in March reflecting reduced systems pressure.

Values & Behaviours

Report Date: 9th March 2022	Priority Status	Green

Reminder of Scope

- Definition and roll-out of a new vision and set of strategic objectives for NHS Highland
- Communication and embedding of the NHS Scotland values across the organisation, with shared understanding of what these means in terms of expected behaviours and ways of working
- Definition and roll-out of a visual (brand i.e. to replace the HQA) and tools to support the dissemination of the vision, values and objectives

Milestone	Date	RAG
Launch Values Animation to all staff	1st December 2021	Completed
Hold and evaluate Culture "Team Conversation" pilots	Updated to start in March 2022	Team Conversations will now start roll out in March

Achieved in last quarter (Jan – March 22)

- Team Conversations were paused during this quarter due to Systems pressures. The pilots are likely to be able to proceed during March.

Planned for next quarter (March 22- June 22)

- Hold pilots for Team Conversations and evaluate
- Determine resourcing model / support for Team Conversations
- Finalise design of reward and recognition scheme and test and communicate across the organisation

Risks	Mitigating Actions	Owner	Progress
There is a risk that due to organisational pressures (COVID, Winter) staff capacity to engage in culture development activities is severely reduced	Team Conversations has been paused for roll-out during current Covid peak. Activities requiring less colleague engagement prioritised as well as ongoing focus on wellbeing.	EDG	Team Conversations and Leadership and Management Development activities to restart in March reflecting reduced systems pressure

Civility Saves Lives

Report Date: 9th March 2022	**Priority Status**	**Amber**

Reminder of Scope

- Communication and embedding of the core tenets of CSL throughout NHSH, working closely with values and behaviours to ensure integrated messaging
- Design and roll-out of materials and tools to support teams explore the "calling it out with compassion" approach
- Assessment of efficacy of CSL via quantitative/ qualitative survey

Milestone	Date	RAG
Hold and evaluate Culture "Team Conversation" pilots	Moved to March 2022	Team Conversations will now start March 2022
Launch Poster Campaign (Civility)	TBC	Posters completed, awaiting rollout plan
Agree plan for Promoting Professionalism	March 2022	Meeting on 4 March 2022 to progress

Achieved in last quarter (Jan 22 – March 22)

- Discussions on approach to Promoting Professionalism progressing, with roll-out options under development
- Meeting in diary for 4 March to progress planning and agree option

Planned for next quarter (March – June 22)

- Progress discussion on approach to promoting professionalism (Vanderbilt)
- Communicate / share approach to Civility Saves Lives and Promoting Professionalism across the organisation

Risks	Mitigating Actions	Owner	Progress
There is a risk that due to organisational pressures (COVID, Winter) staff capacity to engage in culture development activities is severely reduced	Team Conversations has been paused for roll-out during current Covid peak. Activities requiring less colleague engagement prioritised as well as ongoing focus on wellbeing.	EDG	Team Conversations and Leadership and Management Development activities to restart in March reflecting reduced systems pressure

Leadership & Management Development

Report Date: 9th March 2022	Priority Status	Green

Reminder of Scope

- Developing and implementing a leadership and management framework
- Design and deliver an open and transparent process for embarking upon a programme of development
- Design and deliver a suite of learning materials that will deliver the programme
- Explore and deliver other mechanisms of support (beyond learning), for example peer support, action learning sets and coaching
- Design and delivery of a clear learning pathway to support Managers to have career conversations with their teams development available for all
- Design and delivery of a promotion and evaluation approach to all aspects of the leadership and management development programme

Milestone	Date	RAG
All Phase 1 Leadership module development complete	30th September	Completed
Hold and evaluate Culture "Team Conversation" pilots	Reforecast to March 2022	Team Conversations will now start roll out in March

Achieved in last quarter (Jan - March 22)

- Leadership and Management Development learning sessions paused due to Systems pressures impacting ability to attend
- Replanning is now underway, rescheduled dates have been agreed from March nd a refresher session is also in development

Planned for next quarter (March – June 22)

- Complete development of Phase 2 Leadership and Management Development modules
- Launch Courageous Conversations e-learning module
- Re-start cohorts for Leadership and Management Development

Risk as for Values and Behaviours and Civility

Culture Metrics and Tools

Report Date: 9th March 2022	Priority Status	**Amber**

Reminder of Scope

- Define and agree a set of metrics to be included within the Integrated Performance Report (under Staff Governance)
- Design and delivery of regular culture dashboard, allowing identification of areas / departments that may require support
- Delivery of a one-off (or regular) tool for conducting culture assessment / survey (complementary to rather than duplicating iMatter)

Milestone	Date	RAG
Survey results and communications fully cascaded	From 30th June 2021	Complete
Roll out non employed culture survey	31 Dec 2021	Complete
Development of culture dashboard	Revised to 30 June 2022	Workforce Analyst now onboarded so this work can commence

Achieved in last quarter (Jan - March 22)

- Ongoing analysis and sharing of results at team / departmental level
- Listening and Learning events held
- Listening and Learning Partner Survey (for non-employees) closed and results analysed

Planned for next quarter (March – June 22)

- Progress development of "Culture dashboard" bringing together other key metrics (e.g. absence rates)
- Continue to hold staff focus groups and 'Listening and Learning' events to understand feedback and themes
- Implement exit and on-boarding surveys as part of the Culture Amp platform

Risks	Mitigating Actions	Owner	Progress
There is a risk that staff do not perceive / feel action is being taken to respond to survey feedback (which was a key finding of the survey results)	Clear focus on one priority action in response to survey feedback; combined with series of focus groups and leadership roadshows to engage and listen to staff	EDG	Senior leadership visibility and clarity of strategic objectives prioritised with a number of strategy sessions held and EDG visits across the Region.

People Processes

Report Date: 9th March 2022	Priority Status	Green

Reminder of Scope

- Training and awareness for Managers and Staff on Once for Scotland policies
- Implementation of case review, lessons learned and case auditing processes
- Design and implementation of a case management system
- Design and implementation of regular process reporting / performance information
- Clarification and communication of the roles of the parties involved in people processes
- Design and implementation of any agreed changes to organisational model e.g. for investigations.

Achieved in last quarter (Jan – March 22)

- Tool to support people process timeline planning / management developed and in use to be tested
- Reporting of people process case metrics continues

Milestone	Date	RAG
People Process Reporting fully in place	31st December 2021	Underway – but currently manual so time consuming
Early Resolution toolkit developed	31st March 2022 (reforecast)	Working Group confirmed toolkit approach

Planned for next quarter (March - June 22)

- Progress procurement of case management system
- Ongoing improvement to people process reporting / timelines
- Further development of people process feedback mechanism (possibly via Culture Amp)

Risks	Mitigating Actions	Owner	Progress
In order to facilitate case management / tracking systems development or procurement is required. This is currently stalled.	Dedicated resource is needed to progress systems specification and project team to be formed. Timelines to be updated.	Kevin Colcough	This has been assessed as part of the overall requirements for the People and Culture function.

Wellbeing

Report Date: 9th March 2022	Priority Status	Green

Reminder of Scope

Scope currently being finalised based upon working group and colleague feedback, but will include:

- Development of a long-term Wellbeing strategy, building upon the progress made on the support offer during the initial stages of the Covid pandemic
- Identification and implementation of 'quick wins' (or shorter term improvements) to support colleagues over the ongoing pandemic, including the allocation of additional Government funding

Milestone	Date	RAG
Wellbeing 'quick wins' / short term actions in place	31st March 2022	Ongoing engagement and input, final decisions expected by end Feb
Wellbeing Strategy developed and agreed	31st May 2022	Strategy input being analysed and solicited

Achieved in last quarter (Jan – March 22)

- Proposal for additional Scottish Government funding evaluated – and alternative options now under review.
- Initial set of strategic themes for Wellbeing developed, and compared with good practice from other organisations and the feedback from the Listening and Learning Survey

Planned for next quarter (March - June 22)

- Finalise plan for quick wins and use of additional Government funding and endowment funds
- Progress development of the longer term wellbeing strategy and priorities
- Plan communication, engagement and events around wellbeing

Risks	Mitigating Actions	Owner	Progress
There is a risk that the timeframe for progressing / deciding upon specific wellbeing activities is protracted and therefore misses the time colleagues most need additional support	Timely and regular workstream meetings combined with easy access to decision-making forum where needed (e.g. EDG)	Fiona Hogg	Options under development – will require rapid turnaround and decision-making to meet financial year end.

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 March 2022**
Title:	**Quarterly Whistleblowing Standards Reporting**
Responsible Executive:	**Fiona Hogg, Director of People & Culture**
Report Author:	**Fiona Hogg, Director of People & Culture**

1   Purpose

This is presented to the Committee for:

- Discussion
- Assurance

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2   Report summaries

2.1   Situation

Attached is the third Quarterly Whistleblowing Standards report for NHS Highland, covering the period 1 October 2021 - 31 December 2021, which has previously been presented to the Staff Governance Committee on 9 March 2022.

2.2   Background

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

As part of these requirements, a report is required to be presented to the Board on a quarterly basis, as per the extract below from the INWO website.

"Monitoring

The number of concerns raised by staff will be reported to a public meeting of the board on a quarterly basis. It is the board's responsibility to ensure this reporting is on time and accurate. The analysis should highlight issues that may cut across services and those that can inform wider decision-making. Board members should show interest in what this information is saying about issues in service delivery as well as organisational culture. This may mean on occasions that board members challenge the information being presented or seek additional supporting evidence of outcomes and improvements. They should also explore the reasons behind lower than expected numbers of concerns being raised, based on trend analysis and benchmarking data."

Therefore, NHS Highland will present their monitoring report to the Board on a quarterly basis going forward, following review at the Staff Governance Committee.

2.3   Assessment

The NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place.

The Guardian Service, as our Whistleblowing Standards confidential contacts carry out the recording and reporting of concerns and possible concerns. Along with the INWO Liaison officer for the Board, Fiona Hogg, the HR Lead, Gaye Boyd and the Whistleblowing Non-Executive Director, Bert Donald, the Guardian Service have compiled the attached report.

Corrections to previous reports

As a result of information being reviewed, errors in reporting 2 cases in Quarter 1 and Quarter 2 were identified and have been resolved in this third report.

Case 9, which was reported in Quarter 1, should have been recorded as a Stage 1 Whistleblowing case, it was previously recorded as a non-Whistleblowing concern. The revised data and notes are included in this report. It was resolved within 2 days and was not upheld.

Case 13 was mistakenly recorded as a Quarter 2 Whistleblowing case, but it was received on 1 October 2021, which was the first day of Quarter 3. Again, this has been updated in the narrative and data for this report.

Report Development

We are particularly limited in our ability to report on trends or the outcomes of cases at this time, as a result of small numbers of cases, but this will be built into the report as these cases conclude and additional concerns are investigated.

Ongoing cases

It should be noted that as this is only the third period of reporting, and there are only 4 actual Whistleblowing Concerns raised to date, 2 of which are still being investigated and have not concluded, it is not possible to include all the detail that will be expected in future reports. However, both open cases are being led by the Chief Officer and progress is being overseen by the Lead Executive. These cases will help to inform future processes, as we build our knowledge and experience in this area.

Concluded Cases

We had no cases concluded in Q3.

Internal Audit of Implementation of the Standards

The remaining actions from the Audit are scheduled for completion by the end March 2022 and are on track.

Awareness and Training Progress

Our Whistleblowing Standards Implementation Group, chaired by the Deputy Director of People and which our WB Champion is also a member of, continue to meet monthly with a range of internal and external stakeholders to whom the Standards apply. Focus is on increasing awareness of the Standards and promoting them through communication and engagement.

Annual report

We are also planning for our annual report, which is additional to the Quarterly reporting and which will seek to go into more detail about the context and trends and progress with implementation and training. It is also planned to have a short summary or infographic for sharing with colleagues and other stakeholders in an accessible format.

Future reporting timescales

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

Quarter	Period covered	Staff Governance Committee	Board meeting
Q4 2021/2	1 January - 31 March 2022	4 May 2022	24 May 2022
Annual report	1 April 2021 - 31 March 2022	6 July 2022	26 July 2022
Q1 2022/3	1 April - 30 June 2022	7 September 2022	27 September 2022
Q2 2022/3	1 July - 30 September 2022	9 November 2022	29 November 2022

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

This report proposes moderate assurance is taken, with the refinement of our processes making good progress. Our outstanding cases are substantial and complex but are being taken seriously and we are working with those involved. However, it is recognised that further work is needed to implement the audit actions, continue with promotion of awareness and training and to ensure cases are progressed in a timely manner.

3 Impact Analysis

3.1   Quality/ Patient Care

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

3.2   Workforce

Our workforce has additional protection in place under these standards.

3.3   Financial

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

3.4   Risk Assessment/Management

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

3.5   Data Protection

No data protection issues identified.

3.6   Equality and Diversity, including health inequalities

No specific impacts

3.7   Other impacts

None

3.8   Communication, involvement, engagement and consultation

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

3.8.1   Route to the Meeting

The report is presented for review and feedback, following discussion at Staff Governance Committee, it will also be presented to the Argyll & Bute Integrated Joint Board on 30 March 2022.

2.4   Recommendation

- **Discussion** – Examine the draft report and consider any additional information or revisions that may be appropriate
- **Assurance** – To give confidence of compliance with legislation, policy, and Board objectives

2.5   Appendices

- Appendix 1 – Whistleblowing Report (Quarter 3 - 1 October 2021 to 31 December 2021)

Whistleblowing Report
Quarter 3 - 1st Oct 2021 to 31st Dec 2021

Guardians / Confidential Contacts
Derek McIlroy and Julie McAndrew

INWO Liaison and Lead Executive
Fiona Hogg

Whistleblowing Champion
Albert Donald

1. Introduction

The National Whistleblowing Standards came into force in Scotland on the 1st April 2021.

The principles have been approved by the Scottish Parliament and underpin how NHS services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

Reports are produced quarterly; this is Quarter 3 (Q3) report. The Quarter 1 report (Q1) provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 report also provides information on the role of the Confidential Contact.

2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards we have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 report.

NHS Highland Board
The Board plays a critical role in ensuring the standards are adhered to.
Leadership – Setting the tone to encourage speaking up and ensuring concerns are addressed appropriately
Monitoring – through ensuring quarterly reporting is presented and robust challenge and interrogation of this
Overseeing access – ensuring HSCP, third party and independent contractors who provide services can raise concerns, as well as students and volunteers.
Support – providing support to the Whistleblowing champion and to those who raise concerns.

Board Non-Executive Whistleblowing Champion
This role is taken on by **Albert Donald**, who has been in place since February 2020.
The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer
This role is taken on by **Fiona Hogg, Director of People & Culture**, in her executive lead role in Culture and Communications.   This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO. They have overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. They may also provide comments on factual accuracy on behalf of the organisation in response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

3.   Governance, Decisions and Oversight

The Standards set out the requirement that the NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place. In addition, NHS Highland present this report to the Argyll & Bute Integrated Joint Board meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information is set out in Section 2 of this report and more details are in Section 5 of the Q1 report.

The Director of People and Culture is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 report) contact the Director of People & Culture who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of People and Culture coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards [Definitions: What is whistleblowing? | INWO (spso.org.uk)](). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing, this is drafted by the Director of People and Culture and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted.   This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns.   During Q2, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

If the complaint is Whistleblowing, then the Director of People and Culture liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of People and Culture oversee progress, ensure timelines and communications are maintained. The Director of People and Culture will review the outcome and any follow up actions and learnings needed to ensure these are progressed appropriately., with relevant internal and external individuals, bodies, and committees, as appropriate based on the nature of the complaint.

A summary of every closed case in the period will be included in our reports, including any outcome and action taken or planned. Reporting will be limited during the ongoing investigation of a concern.

4. Raising a Whistleblowing Concern in NHS Highland

Managers and employees can raise a concern:

- through an existing procedure in NHS Highland,
- by contacting their manager, a colleague, or a trade union representative,
- by contacting the "Confidential Contact" via a dedicated email address or telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian email address and the dedicated telephone number for whistleblowing concerns.

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS can raise a concern. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

5. The Role of the Guardian Service

Our Confidential Contact role is undertaken by the Guardian Service, on behalf of NHS Highland. The Guardian Service already provide NHS Highland with an independent Speak Up service to raise concerns which has been well utilised by colleagues since launching in August 2020. The independent, dedicated Guardians are well placed to also provide the Confidential Contact role.

The Guardian Service will ensure:

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

All Whistleblowing Concerns are recorded by the Guardian Service regardless of who has raised the concern. All concerns are logged to show progress and to measure and track information as required for reporting.

6. KPI Table

The KPI data is taken as at 31st December 2021 for Quarter 3.

KPI	Qtr. 3		YTD	
Concerns Received	1		13	100%
Concerns confirmed as WB concerns	1	100%	4	30.8%
OPEN Concerns under investigation	2		2	50%
Stage 1 concerns closed in full within 5 working days	0		1	100%
Stage 2 concerns closed in full within 20 working days	0		0	0%
Stage 2 concerns still open from prior reports	1		1	25%
% of closed calls upheld Stage 1			1	9.1%
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				
% of closed calls upheld Stage 2				
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2			1	9.1%
% of closed calls not WB			9	81.8%
% of closed calls where Whistleblower chose not to pursue.			2	18.2%
% of closed calls which were for another Board to pursue			1	9%

	Qtr. 3		YTD	
Number of concerns at stage 1 where an extension was authorised (as a percentage of all concerns at stage 1)	0		0	
Number of concerns at stage 2 where an extension was authorised (as a percentage of all concerns at stage 2)	1	100%	3	100%
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		1	11.1%

7. Statistical Graphs

The following graphs relate to the Quarter 3 reporting period 1st Oct 2021 to 31st December 2021. As this is only the 3rd reporting period and the number of concerns is low, no trend information can be established yet.

Data has been presented in such a way to ensure that confidentiality is preserved.

Graph 1
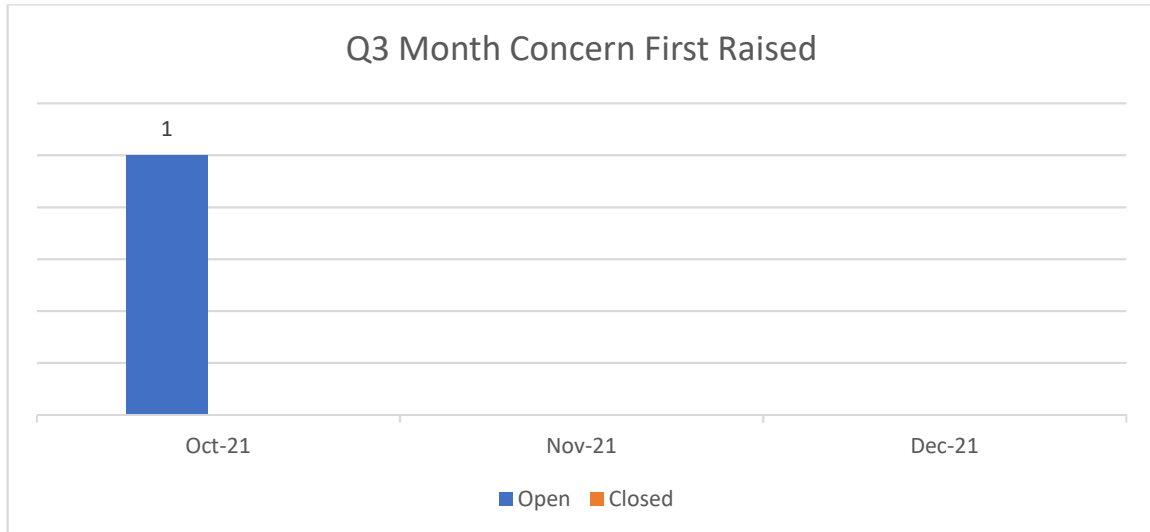
There was one WB concern raised in October for Q3 and is currently being investigated under stage 2. Please note this was previously incorrectly reported as a Q2 case in the last report.

Graph 2
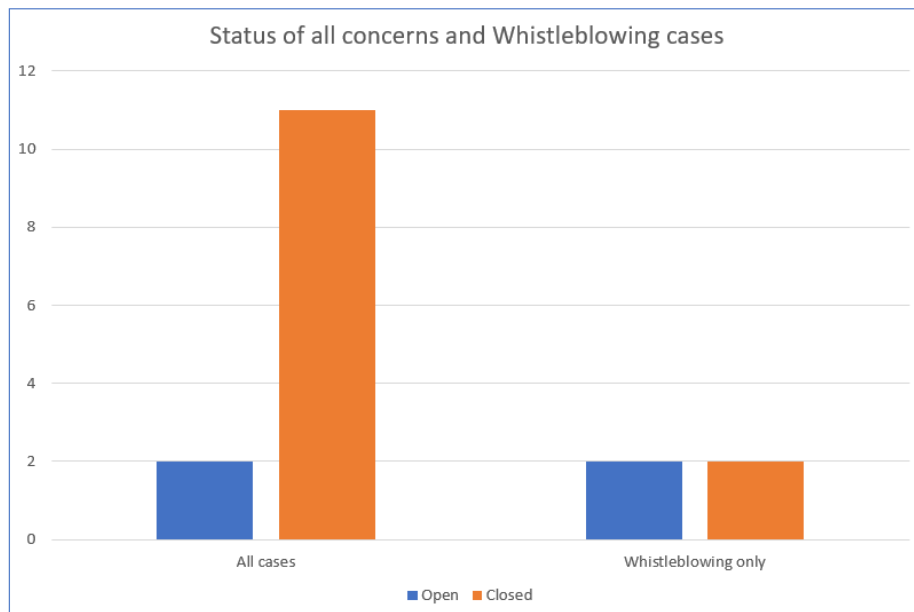
At the end of Q3 there were 2 open cases actively under investigation in accordance with the stage 2 of the procedures. One case was from Q1 with appropriate extensions in place for investigation. The other case was raised in Q3 and is under Stage 2 investigation.

Graph 3

All concerns raised by employment status

Graph 4

All concerns raised by location
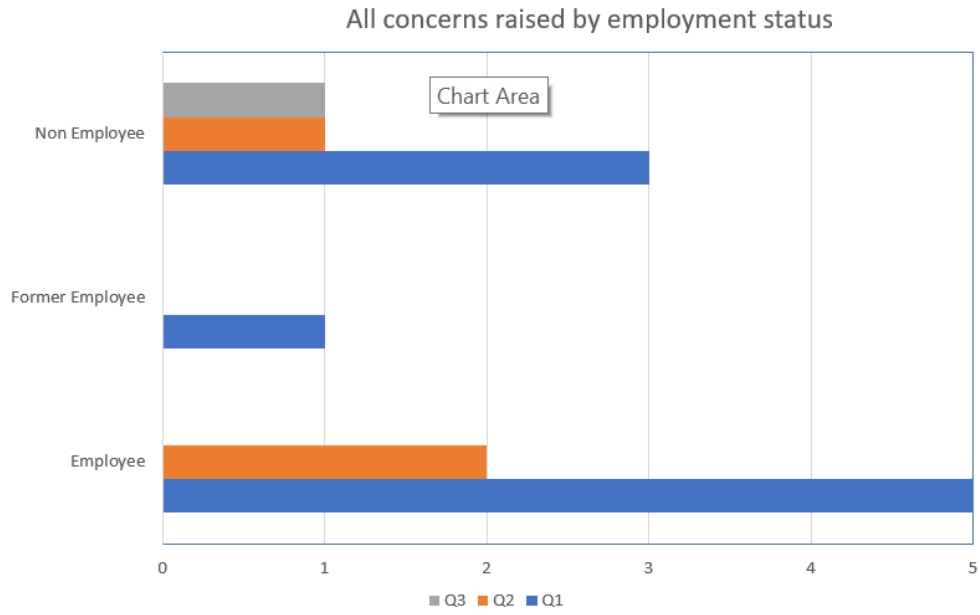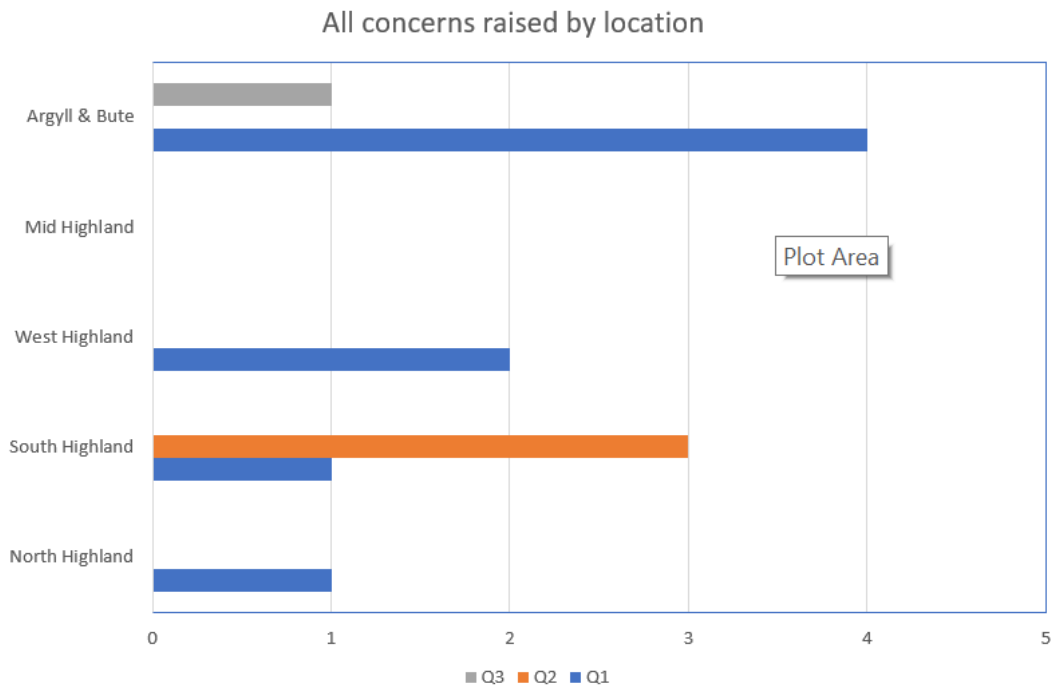
There was 1 additional concern raised in Q1, but this was not related to an NHS Highland service or location, so is not included in this chart.

Graph 5

All concerns raised by Directorate
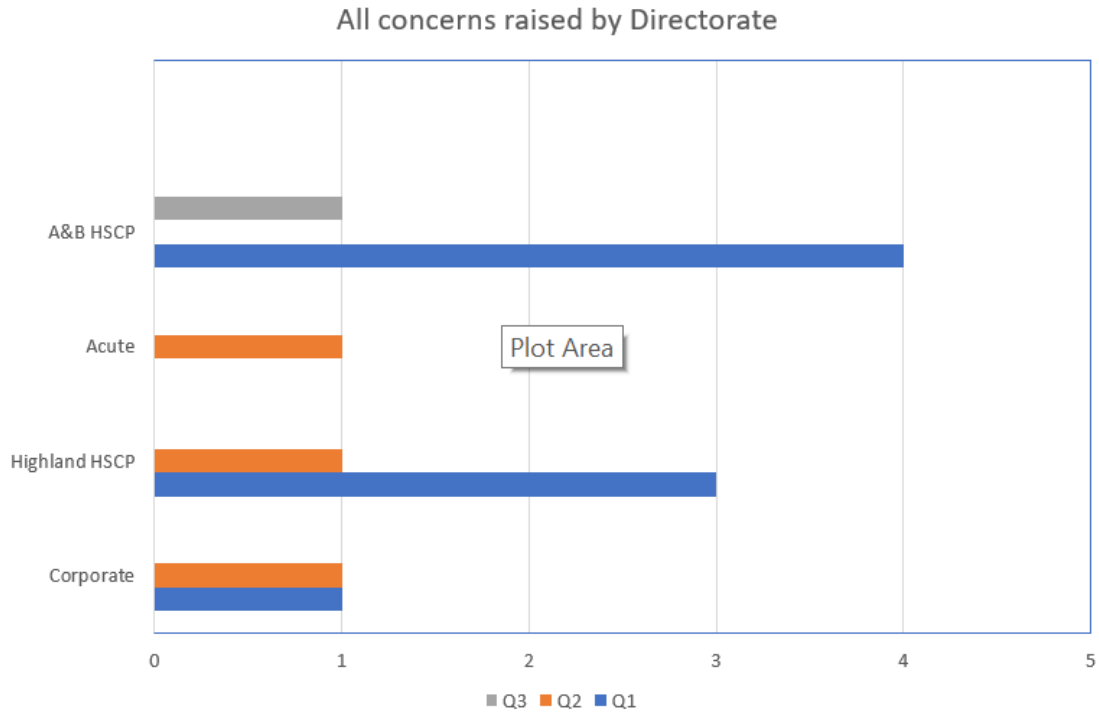
Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern.

Graph 6

Whistleblowing Cases by Directorate
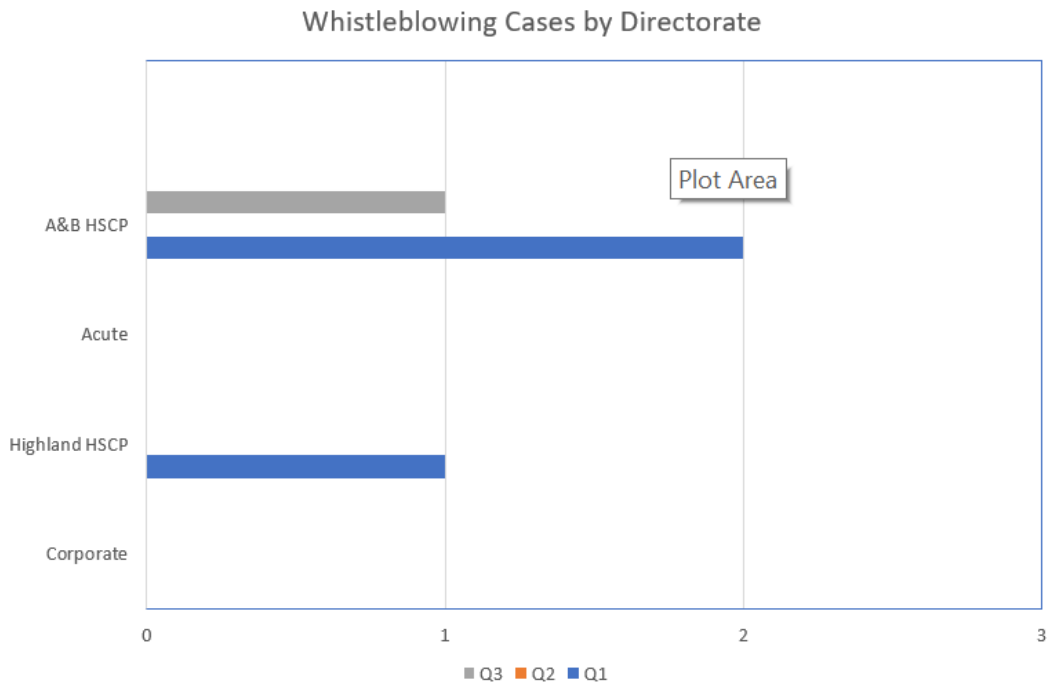
Graph 7
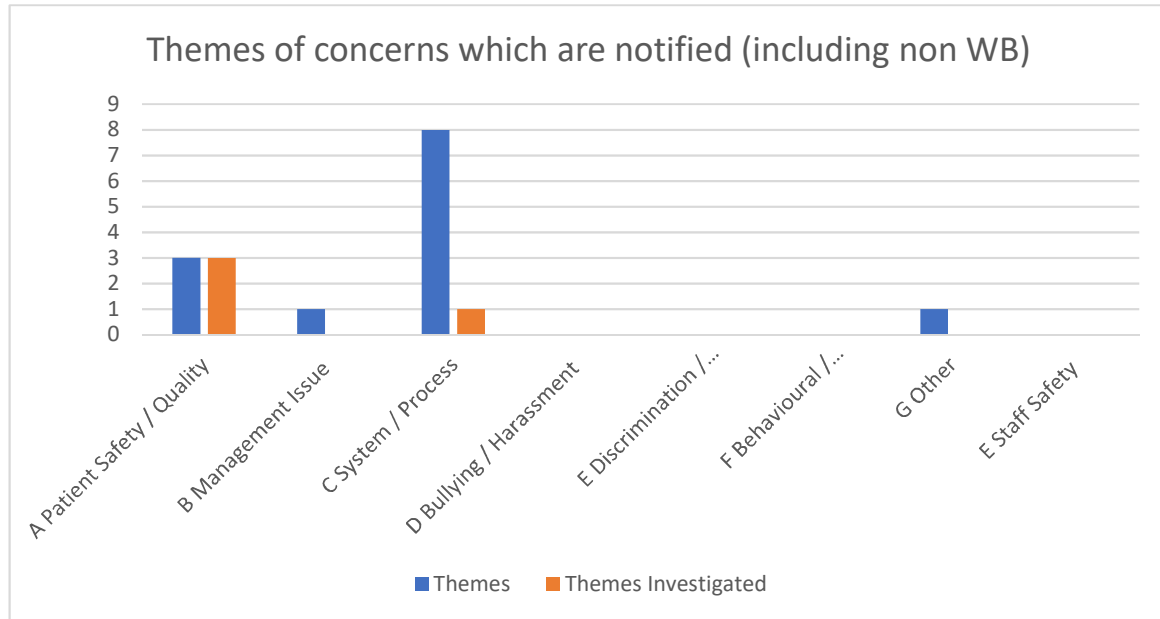
The themes presented in the above chart are the same themes used by the Guardian Service when recording concerns which have been raised by NHS Highland and Argyll & Bute HSCP staff. This will allow an easier comparison of data in the future.

8. Detriment as a result of raising a concern.

There is limited data available but at the point of writing there have been no reports where individuals who have raised whistleblowing concerns reported that they suffered a detriment for doing so.   Further data will be collated once survey is sent out to staff.

9. Concerns Received - Average time for a full response

There was one Whistleblowing concerned received this month, which is undergoing a full investigation. Due to the low number of Whistleblowing concerns which have been closed to date, it is not possible to provide an average time for a full response, but this will be added in future. It is also important to note that the two ongoing concerns are substantial reviews into service provision, which impacts on the timescales.

10. Lessons learned, changes to service or improvements

It is anticipated that some further information will be available for the Quarter 4 report depending on when investigations conclude. The number of Whistleblowing concerns received in Quarter 1, 2 & 3 have been low and most are still under investigation.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary staff survey were approved at the implementation group in August. A draft version of the survey is still under review and once approved will go out to individuals who have raised concerns through this process. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on staff experiences for the next reporting quarter.

12. Colleague awareness and training

The implementation group continue to meet and review progress with awareness raising and monitoring uptake of training.

A non-employed partner survey is being carried out in December and January which will include questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards.

Our Whistleblowing non-executive Director continues to visit across the Board area and promote his role and speak with colleagues as well as internal and external communications and media. This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits.

A national review of the training and awareness materials is ongoing and there are proposals to introduce another module for manager awareness. Due to the low number of cases raised, and the senior level these have been managed at, we would expect that those asked to take on an investigation or management role in a case would complete the detailed training ahead of starting their investigation. Promotion of take up of the awareness training to the general manager and colleague population will be the focus.

13. Audit of Whistleblowing Standards Implementation

An internal audit of our implementation of the Whistleblowing Standards was carried out and the report presented to the Audit Committee on 7th December 2021. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are being implemented and a further update on progress will be provided in the Q4 report.   The audit report is attached to this paper. The recommendations are summarised below.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making - Completed Q1 final report
3. Feedback on assurance reporting implemented - Completed Q1 final report
4. Development of Whistleblowing Process document - 31 March 2022
5. Contact details for WB Champion - Completed
6. Ongoing refinement of Quarterly reporting format and content - 31 March 2022

14. Summary of Whistleblowing Cases

Quarter 3 Cases

Case 13 OPEN - Patient Safety

This is a stage 2 WB concern where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg.   Meetings with the complainant and the local community are ongoing, and a term of reference for the service review are being finalised. Regular updates are being provided.

Cases ongoing from Quarter 2

There are no whistleblowing cases ongoing from Quarter 2. It should be noted that the Q2 report mistakenly included a WB case which was actually the above Q3 concern, this was due to the concern being received on 1 October 2021, meaning it was a Q3 not a Q2 concern.

Cases ongoing from Quarter 1

Case 1 OPEN – Patient Safety/Quality

This is a Stage 2 WB concern where an extension has been authorised beyond 20 days. This relates to some complex and wide-ranging concerns raised about the management and delivery of GP services in a remote and rural location in Argyll & Bute.   The complaint was overseen by the Interim Chief Officer, Fiona Davies, and the Director of People & Culture Fiona Hogg, with regular 20-day updates to the complainant throughout. The investigation is due to conclude early January 2022.

A full investigation was carried out by the Head of Primary Care for Highland HSCP, and recommendations are being implemented. We have shared the outcomes with the complainant and have continued to update on progress with implementation.

Case 2 CLOSED - System Process

This was a Stage 2 WB complaint regarding concerns about health and safety systems and processes in Argyll & Bute. The case was investigated by Bob Summers, Head of Occupational Health and Safety for NHS Highland and his recommendations were reviewed and accepted by George Morrison, Deputy Chief Officer and the case closed in August 2021 following feedback to the complainant.

The complaint was not upheld, as it was found that appropriate systems, processes, and governance were in place. However, it was clear that awareness and understanding of these systems and processes was not as widespread as it should be and a set of actions to improve this were taken forward locally.

Case 9 CLOSED – Patient Safety / Quality

This case was closed in Q1, but in the original report was incorrectly reported as not a Whistleblowing Concern, so we are correcting the data now. This was a stage 1 complaint and raised in relation to the care of a resident in a care home. The concern was escalated to the Area Manager who actioned the concern and provided feedback to the Guardian. This feedback could not be provided to the caller as they had not provided any contact details and did not call back. The concern was resolved within 2 days.

NHS Highland

Meeting:	NHS Highland Board
Meeting date:	March 2022
Title:	Strategic Risk Register
Responsible Executive/Non-Executive:	Dr Boyd Peters, Board Medical Director
Report Author:	Mirian Morrison, Clinical Governance Development Manager

1   Purpose

This is presented to the Board for:

- Discussion

This report relates to:

- Remobilisation Plan 2021/22
- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		Partners in Care	
• Improving health	X	• Working in partnership	X
• Keeping you safe	X	• Listening and responding	X
• Innovating our care		• Communicating well	X
A Great Place to Work		**Safe and Sustainable**	
• Growing talent	X	• Protecting our environment	
• Leading by example		• 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 an update on the review of each risk on the Strategic Risk Register

2.2 Background

Risk Management is a key element of the Board's internal controls for Corporate Governance.

The Audit Committee's provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

2.3 Assessment

Each of the strategic risk owners has reviewed their risk to assess the current risk level and the progress against the actions being taken to mitigate the risk.

The strategic risk register has been updated, with the full risk register attached in appendix A.

A summary of the key changes is detailed in the table below.

Risk Description	ID	Risk Level September	Risk Level November	Risk Level January	Risk Level March	Comments
There is a risk that we don't have sufficient structure and resources dedicated to supporting effective communication and engagement with our colleagues and communities leading to a failure to listen to their voices and needs in our service design and delivery?	632 (Fiona Hogg)	High	High	High	High	Remains high. A number of actions are in place to mitigate this risk. Most actions are on target though there has been slippage due to service pressures with the organisation.
There is a risk that in the absence of a NHSH Clinical and Care Strategy being in place, that the organisational efforts lack coherence and as such some aspects of business are not fully aligned to a collective	662 (David Park)	Medium	Medium	Medium	Medium	Remain at medium. With the working being undertaken regarding the strategy this is on target and will be completed by the summer. Review by the Clinical Governance Committee at its meeting in February.
There is a risk that NHS Highland's ability to deliver normal service could be severely disrupted by a major cyber incident. This is because NHS Highland's increasing reliance on digital solutions to deliver its services. This will result in increased likelihood of NHS Highland suffering clinical, financial and reputational damage in the event of a significant cyber incident occurring.	666 (David Park)	High	High	High	High	Remains high. A significant number of actions are in place to mitigate this and many of the actions have been updated with progress being made across all areas.
There is a risk to service delivery due to the increasing age profile of the workforce combined with challenges to recruit and retain all of the required workforce due to national and local capacity, capability and infrastructure.	706 (Fiona Hogg)	High	High	High	High	Remains high. The actions are in place to mitigate this risk and progress is being made. Workstreams are in place with key objectives.

There is a risk to patient safety and operational capacity from fire due to Raigmore Hospital's fire compartmentation not meeting current building standards.	712 (Alan Wilson)	High	High	High	High	Remains high. New programme of work has been developed to take pressures into consideration.
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure.	714 (Alan Wilson)	High	High	High	High	Remains high. Actions are in place and progressing in line with timescales.
There is a risk that there will be poor health outcomes from resurgence of COVID-19 and the effects of seasonal influenza. There is also a risk of significant disruption to services resulting from both disease occurrence and the impact of control measures.	715 (Tim Allison)	Very High	Very High	Very High	Very High	Remains high. Actions are in place and progressing. These are reviewed in light with government policy and local circumstances. Reviewed by the Clinical Governance Committee in February
There is a risk of unplanned expenditure and non-delivery of savings due to ongoing financial uncertainties resulting in failure to deliver against financial targets for 2021/22 and compromising the return to financial balance.	830 (David Garden)	Very High	Medium	Medium	Medium	Remains medium for this current financial year.
There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll & Bute, and damaging the performance and reputation of NHS Highland.	877 (Fiona Hogg)	High	High	High	High	Remains at high. Actions are in place and progressing well.

There is a risk that the performance of the health and care system is compromised in remobilisation due to the number of constraints posed by COVID 19, winter pressures and those pressure inherent in the system	123 (David Park)	High	Very High	Very High	Very High	Remains very high. Significant progress has been made and this risk will be reassessed.
There is a risk that the vaccination programmes for influenza and COVID will not be effectively and efficiently delivered leading to reduced population immunity and reputational damage.	959 (Tim Allison)	N/A	High	High	High	Risk added to the Risk Register in November 2021. Actions are in place to mitigate. This risk was reviewed at the Clinical Governance Committee in February 2022.

2.4   Proposed level of Assurance

Substantial		Moderate	X
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 these 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 Committee.

3.3   Financial

A robust risk management process will enable financial 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

All strategic risks have been aligned with an additional Governance Groups for assurance and scrutiny.

3.5   Data Protection

This report does not involve personally identifiable information.

3.6   Equality and Diversity, including health inequalities

An impact assessment has not been completed because the revised Risk Management Strategy and Policy are still in development, however any relevant requirements will be complied with.

3.7   Other impacts

Risk throughout the organisation is being realigned with management structures and to Governance Groups for scrutiny and assurance.

3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate: relevant requirements will be complied with.

3.9 Route to the Meeting

4 Recommendation

The Board is asked to note the strategic risk register update.

4.1 List of appendices

Strategic Risk Register – January 2022

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 March 2022**
Title:	**Review of Governance Arrangements**
Responsible Executive/Non-Executive:	**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:

- Emerging issue
- Local policy

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

2   Report summary

2.1   Situation

In November 2021, the Board agreed to make adjustments to Board and Committee governance for the remainder of the financial year to allow the organisation to address

the ongoing and growing demands of the Covid19 pandemic. This decision was subject to review at this Board meeting.

2.2   Background

Scottish Government have encouraged Boards to continue to consider revisions to governance mechanisms and urge that they must be proportionate to ensure maximum focus on the challenges currently being faced. Boards are counselled to continue to build on the lessons learned over the last year, and to ensure that the chosen model enables agile and effective decision making and places staff and their resilience at the centre.

At the meeting in November 2021, the Board agreed to prioritise only essential business at Board and Committee meetings and to pause/reduce development sessions.

In compliance with the UK Corporate Governance Code and the Scottish Public Finance Manual, no amendments have been made to the operation of the Audit and Remuneration Committees.

2.3   Assessment

Due to the ongoing demands and pressure on the organisation in addressing the demands of the pandemic, the Board Chair and Chief Executive request that the arrangements agreed in November 2021 should be extended until end May 2022, subject to further review at that time.

General feedback from Chairs and Lead Executives is that development sessions may be paused and reviewed, and that committee meeting agendas continue to be pared back to the basic essential items. There will be a degree of variation in approach across all Committees.

The level of assurance proposed below is based on a proportionate and considered approach to Board and Committee business having been given for the for next two month period.

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3   Impact Analysis

3.1   Quality/ Patient Care

3.2   Workforce

3.3   Financial

All Governance Committees provide assurance and governance on staff, clinical and financial matters on behalf of the Board. During the period that governance is revised,

with the exception of the Audit and Remuneration Committees, any decisions taken by the Board will be done with due consideration given to clinical, staff, and financial governance matters appropriately recorded in minutes.

3.4   Risk Assessment/Management

A risk assessment was carried out in relation to amendments to our governance arrangements during April/May 2020 which underpins the recommendation of this report.

3.5   Data Protection

There are no data protection considerations arising from this report.

3.6   Equality and Diversity, including health inequalities

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

3.7   Other impacts

No other impacts.

3.8   Communication, involvement, engagement and consultation

Board and Committee Chairs and Lead Executives have discussed the proposal to extend the current arrangements.

3.9   Route to the Meeting

This has been considered at the Chairs Group on 10 March 2022 and EDG on 14 March 2022.

4   Recommendation

The Board is invited to **agree** to extend the current prioritisation of essential business at Board and Committee meetings and the pause in Board and Committee development sessions, with a further review of the situation at the next meeting of the Board on 24 May 2022.

The Board is also invited to **note** that:

- no amendments are proposed for Audit and Remuneration Committees for the reasons stated in the report, and
- the weekly meetings between the Chair and Chief Executive, and the Chair, Vice Chair, Chief Executive and Deputy Chief Executive will continue as normal.

4.1   List of appendices

This report has no appendices.

NHS Highland

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 March 2022**
Title:	**Suspension of Standing Orders – Extension of Co-option Arrangement for NHS Highland Audit Committee**
Responsible Executive/Non-Executive:	**Pam Dudek, Chief Executive**
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)

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

2   Report summary

2.1   Situation

This report seeks the Board's agreement to suspend Standing Orders to permit an extension to the current one-year co-option of an individual with appropriate skills and experience to the Board's Audit Committee.

2.2 Background

In November 2020 the Board agreed to initiate a process to co-opt a suitably experienced individual to the Audit Committee for a period of one year on a non-remunerated basis. This arrangement is consistent with the provisions of the Audit Handbook of 2018 and the Board's Standing Orders, both of which state a one-year limit should apply to any co-option arrangement.

Following a recruitment exercise in January 2021, a suitably qualified individual was appointed to the Audit Committee for a one-year period with effect from 1 April 2021. In accordance with the Audit Handbook and Standing Orders, this arrangement therefore concludes at the end of March 2022.

2.3 Assessment

The co-option arrangement represents an example of good practice in accessing particular knowledge and skills to enhance the scrutiny role of the Audit Committee. The skillset brought by the appointed individual to the work of the Committee has been particularly valued. The appointment was made in accordance with the Board's Standing Orders 9.7 which states:

*'The Board may authorise committees to co-opt members **for a period up to one year**, subject to the approval of both the Board and the Accountable Officer….'.*

The appointee has made a significant contribution early in his tenure in a specialist role and the Board has been particularly fortunate to be able to appoint someone of this calibre. It must be acknowledged that co-optees undergo a rapid period of learning to build the necessary knowledge when joining an organisation such as an NHS Board to enable them to make a meaningful contribution. Both the Board and Committee Chairs have requested that this arrangement be extended for a further two-year period, subject to the necessary agreements being in place and with the consent of the co-optee.

In recognition of the existing controls to the timeframe for co-options arrangements discussions have been held with External and Internal Audit colleagues. While support has been received, Internal Audit advised seeking the consent of Scottish Government to ensure the way forward is documented and agreed. Scottish Government have confirmed they are comfortable with the extension, noting that the post is unremunerated, it provides consistency for the Audit Committee and helps ensure effective succession planning and oversight.

On this basis therefore, the Board is asked to agree to suspend Standing Orders 9.7 and to extend this particular co-option arrangement for a further two-year period with effect from 1 April 2022. This recommendation is made in acknowledgement that the course of action overrides national direction, and that Scottish Government agreement has been given in this particular case for the reasons stated above.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The Board's governance framework defines the business principles of the NHS Board and the organisation in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements is key to NHS Highland delivering on its principal 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, however specific advice has been received from Internal Audit colleagues on the governance implications and agreement reached with Scottish Government for the proposal.

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The individual who is currently co-opted to the Audit Committee has confirmed their willingness to continue in the role. There has been engagement with External and Internal Audit colleagues and Scottish Government.

3.9 Route to the Meeting

The contents of this report have been considered by the Board Chair, Scottish Government, Chief Executive and Director of Finance, Audit Committee Chair, and External and Internal Audit colleagues.

4 Recommendation

In relation to the co-option arrangement currently in operation supporting the Board's Audit Committee, the Board is invited to:

(a) **suspend** Standing Order 9.7 relating to duration of the co-option arrangement, and

(b) **extend** the timeframe of the co-option arrangement for a period of two years with effect from 1 April 2022, subject to annual reviews.

Agenda Item 18

NHS Highland

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 March 2022**
Title:	**Amendments to Area Clinical Forum Constitution**
Responsible Executive/Non-Executive:	**Pam Dudek, Chief Executive**
Report Author:	**Ruth Daly, Board Secretary**

1   Purpose

This is presented to the Board for:

- Decision

This report relates to a:
- Legal Requirement
- Local policy

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

- Effective

This report relates to the following Corporate Objective(s)

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

2   Report summary

2.1   Situation

This report proposes amendments to the Area Clinical Forum constitution for Board agreement.

2.2 Background

At the last meeting of the Area Clinical Forum in January 2022, the Chair called for nominations for the position of Vice Chair and a process has been initiated to fill the position. Responses from Forum members has prompted a revision of its Constitution to permit more than one individual to fill the position of Vice Chair.

2.3 Assessment

Having considered the nominations for the position of Vice Chair, the Forum Chair has identified the benefits of the role being undertaken by two individuals from differing professional backgrounds. The nominees bring complementary experiences and different professional perspectives and have both agreed to act as Vice Chairs should this be possible.

From a governance perspective there are some clear advantages to the role being filled by two individuals, however the Forum's Constitution requires to be amended to permit this to take place.

A revised Constitution which includes the option to appoint two Vice Chairs has been considered and agreed at the most recent meeting of the Forum on 17 March 2022. The proposed changes are highlighted in the revised draft which is attached to this report at **Appendix 1** and the Board's approval is now being sought.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The Area Clinical Forum has been notified of the Vice-Chair vacancy at its meeting in January 2022. Further communication has been undertaken with the Forum to explain the proposed way forward to appoint two vice chairs and the draft Constitution considered and agreed at the meeting of 17 March 2022.

3.9 Route to the Meeting

The contents of this report have been considered by the Area Clinical Forum on 17 March 2022.

4 Recommendation

The Board is invited to **agree** the revised Area Clinical Forum Constitution as shown in Appendix 1 to this report;

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 draft revised ACF Constitution highlighting the proposed changes

Added

NHS HIGHLAND AREA CLINICAL FORUM CONSTITUTION

NHS Highland

Date of Forum Approval: March 2022
Date of Board Approval: March 2022

1.   THE COMMITTEE

The Committee will be called the NHS Highland Area Clinical Forum.

2.   DUTIES AND FUNCTIONS

Generally, to co-ordinate and formulate advice from all of the professions in Highland to the Highland NHS Board on matters of broad health care and in particular strategic issues. The Committee should be proactive as well as reactive on these issues.

- To escalate any issues to the NHS Highland Board if serious concerns are identified about the quality and safety of provision of care in the services delivered across NHS Highland. Specifically, this will provide a clinical perspective to NHS Highland Strategies and Plans and to the prioritisation of the use of resources.
- Supporting the NHS Highland Board in the conduct of its business through the provision of professional advisory committee (PAC) advice.
- Provision of a clinical perspective in the development of the Annual Operating Plan (AOP), the Strategic Plan and the strategic objectives of the NHS Highland Board.
- Ensuring effective and efficient engagement of professional advisory committees in service design, development and improvement, thereby aiming to increase the broader participation in the PACs by clinicians and professionals.
- Reviewing the business of the professional advisory committees to ensure a co-ordinated approach on clinical and professional matters across each of the professional groups.
- Taking an integrated clinical and professional perspective on the impact of national policies at a local level.
- Through the ACF Chair, being fully engaged in NHS Highland Board business.
- Sharing best practice and encouraging multi professional working in health and social care.

The Committee will not concern itself with the remuneration and conditions of service.

3.   MEMBERSHIP OF THE COMMITTEE

The Committee will consist of two representatives from each of the following Advisory Committees (one of whom must be the Chair or Vice-Chair of their professional Committee).

Area Adult Social Work and Social Care Advisory Committee – 2 members
Area Dental Committee – 2 members
Area Healthcare Science Forum – 2 members
Area Medical Committee – 2 members
Area Nursing, Midwifery and Allied Health Professions Advisory Committee (represented by four members of that Committee including both the Chair and Vice-Chair) – 4 members
Area Optometric Committee – 2 members
Area Pharmaceutical Committee – 2 members
Psychology Advisory Group – 2 members

In addition, the following will also be members of the Committee:

- *A clinical representative from each of the 4 operational areas, via, the Argyll & Bute Health & Social Care Partnership, North & West Highland and South & Mid Highland and Raigmore Hospital.*

- The NHS Highland Employee Director

The above members will be eligible to vote at Committee meetings or in writing for planned written votes.

Deputies

In the event that a member cannot attend it is expected that a deputy will attend in his/her place, provided that the deputy is from the same Professional Advisory Committee or Operational Unit. The Deputy will have voting rights at that meeting.

Quorum

A quorum of the Committee will be seven members.

Attending

Persons other than members may be invited to attend a meeting for discussion of specific items at the request of the Chair or Professional Secretary. That person will be allowed to take part in the discussion but not have a vote.

The Area Clinical Forum should have close links with the Chief Executive and the Executive Directors to support the forum in developing, supporting and driving its business. In this respect there should be attendance from at least one Clinical Executive Director or the Chief Executive at meetings. This will also support the development of a culture of dignity, respect and inclusivity in relation to the working relationship with staff.

Non-Executive Board members will be invited to attend on a rotational basis

The Committee will reserve the right to seek opinion or advice from patient/public via Scottish Health Council who will signpost the Forum appropriately.

Non-Attendance

In the event that a member, or his/her deputy, does not attend for three consecutive meetings, the Chair will seek to understand why this is occurring. The member will be expected to give the chair reasonable explanation for the non-attendance and if this is

not forthcoming the chair can then terminate such membership by written notification to such member.

4. SUB-COMMITTEES

The Committee may appoint ad hoc Sub-Committees as appropriate to consider and provide advice on specific issues.

5. TENURE OF OFFICE

Members will be appointed by their respective Advisory Committees/Operational Units and can hold office, on the Area Clinical Forum, initially for up to four years, with re-appointment possible to a maximum of eight years. It is recommended, however, that the Advisory Committees review their nominations on an annual basis.

6. OFFICERS OF THE COMMITTEE

The Chair will be a Member of the Highland NHS Board functioning as a full Highland NHS Board Member. Only those Area Clinical Forum members who represent their Professional Advisory Committee will be eligible to hold the office of Chair. As with other Non-Executive Directors, this will be a ministerial appointment on the recommendation of the Chair of NHS Highland. The Chair will be elected for an initial term of four years and will be eligible for re-election for a second term of four years and therefore hold office for a maximum of eight years. Should the Chair of the Area Clinical Forum change, however, through for example resignation or retirement and a new Chair appointed, then this appointment needs to be further approved by the Minister, on the recommendation of the Chair of NHS Highland. The Chair will have discretionary powers to act on behalf of the Committee but in doing so will be answerable to the Committee.

The Chair of the Area Clinical Forum will be expected to participate in the NHS Board members development programme. The Chair will also be expected to link with the national ACF Chairs group on a regular basis.

The Committee will also elect a Vice-Chair every four years, and this person will be eligible for re-election for a second term of four years and therefore hold office for a maximum of eight years.

The Committee may choose to appoint two Vice Chairs for a period of four years, both eligible for re-election for a second term of four years, and therefore holding office for a maximum of eight years.

Officers will be appointable from within voting members of the Committee. It is recommended that the Chair and Vice-Chair(s) are appointed from different Professional Advisory Committees.

The Vice Chair may deputise for the Chair at Highland NHS Board meetings but will not have voting rights. Where two Vice Chairs are appointed, only one individual shall deputise for the Chair at Highland NHS Board meetings.

7. NOTICE OF MEETINGS

The NHS Highland Board Committee Secretariat will issue the agenda and relevant papers at least five working days before the meeting,

8.   MINUTES

The NHS Highland Board Committee Secretariat will service the Committee and copies of the minutes will be sent to each member with the agenda and papers for the next meeting, if not previously distributed. Once draft minutes have been virtually ratified by the forum they will be shared with all other professional advisory committees to the Board.

9.   MEETINGS

The Forum will meet at least five times a year. Meetings will be arranged to dovetail with meetings of NHS Highland Board.

Meetings will normally be held at Highland NHS Board, Assynt House, Inverness on the Thursday prior to a Highland NHS Board meeting, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

10.   COMMITTEE DECISION

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair or Professional Secretary will report the majority view, but will also make known any minority opinions, and present the supporting arguments for both view points.

11.   ALTERATIONS TO THE CONSTITUTION AND STANDING ORDERS

Alterations to the Constitution and Standing Orders may be recommended at any meeting of the Committee provided a notice of the proposed alteration is circulated with the notice of meeting and that the proposal is seconded and supported by two-thirds of the members present and voting at the meeting.

Any alterations must be submitted to the NHS Highland Board for approval before any change is made.

Updated: March 2022

NHS Highland

Meeting: NHS Highland Board

Meeting date: 29 March 2022

Title: Board and Governance Committees Annual Workplans

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

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)

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

2 Report summary

2.1 Situation

This report seeks the Board's approval of Board and Governance Committee Work Plans for the 2022/23 financial year.

2.2   Background

This Board and Committee Workplans are derived from the role, responsibilities and functions as defined in the Code of Corporate Governance, and from the schedule of issues considered during 2021-22. Workplans cover a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committees' objectives. Should these change as a result of issues arising during the year; the Workplan will be revisited and revised accordingly.

2.3   Assessment

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

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

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

It should be noted that an annual review of all individual committee Terms of Reference should be considered at the September meetings of all governance committees. This permits the sequencing through Audit Committee in November and agreement at the Board in January.

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3   Impact Analysis

3.1   Quality/ Patient Care

3.2   Workforce

3.3   Financial

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

3.4   Risk Assessment/Management

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

3.5   Data Protection

This report does not involve personally identifiable information.

3.6 **Equality and Diversity, including health inequalities**

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

3.7 **Other impacts**

No other impacts

3.8 **Communication, involvement, engagement and consultation**

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

3.9 **Route to the Meeting**

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

- Finance, Resources and Performance Committee of 24 February 2022
- Highland Health and Social Care Committee of 2 March 2022
- Clinical Governance Committee of 3 March 2022
- Audit Committee of 8 March 2022
- Staff Governance Committee of 9 March 2022
- Remuneration Committee of 14 March 2022

4 Recommendation

The Board is asked to consider and agree the Board and Governance Committee Workplans for 2022/23.

4.1 List of appendices

The following appendices are included with this report:

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

NHS HIGHLAND BOARD WORK PROGRAMME TO 31 March 2023

Standing Items for every Board meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Action Plan and matters arising
- Chief Executive's report
- Covid19 Update and Assurance
- Integrated Quality and Performance Report
- Finance Assurance Report
- Culture Assurance Report
- Strategic Risk Register
- Minutes of Governance Committees and ACF
- Date of next meeting

MARCH 2022	
• Argyll and Bute IJB Opening Offer	**Director of Finance**
• Quarterly (Q3) Whistleblowing report 2021/22	**Director of People & Culture**
• Annual Board and Committee Workplans	**Board Secretary**
• Social Mitigation Action Plan	**Director of Public Health**
MAY 2022	
• Annual Operational Plan, incorporating draft Financial Plan	**Deputy Chief Executive**
• Draft Final Outturn Financial Report	**Director of Finance**
• Quarterly (Q4) Whistleblowing report 2021/22	**Director of People & Culture**
• Governance Committees Annual Reports	**All Directors**
• Register of Members Interests update	**Board Secretary**
• Community Empowerment (Scotland) Act 2015 Sect. 5 Annual Reports ➢ Asset Transfer ➢ Public Participation Requests	**Board Secretary**
• Gaelic Language Plan Monitoring Report	**Board Secretary**
SPECIAL MEETING JUNE 2022	
• **Committee Annual Assurance Statements** 1) Audit Committee 2) Clinical Governance Committee 3) Finance, Resources & Performance Committee 4) Staff Governance Committee 5) Remuneration Committee 6) Highland Health and Social Care Committee 7) Pharmacy Practices Committee	**All Directors and Board Secretary**
• **Annual Accounts Process:** 1) NHS Highland Board Annual Accounts 2) Annual Accounts Documents 3) Annual Audit Report for the Board & Auditor General for Scotland 4) Letter of Representation 5) Annual Assurance Statement from Audit Committee	**Director of Finance**
• **Patients and Clients Private Funds Accounts**	**Director of Finance**

JULY 2022	
• Board Strategy	**Lorraine Cowie**

SEPTEMBER 2022	
• NHS Board and Board Development Dates and Calendar	**Board Secretary**
• Whistleblowing Quarterly Update Q1. 2022/23	**Director of People and Culture**
• Winter Preparedness	**Director Public Health**

• Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Report
   ➢ Argyll and Bute IJB
   ➢ North Highland HSPC
	Chief Officers

• Update on Board Assurance Framework and Blueprint for Good Governance Improvement Plan	**Board Secretary**

NOVEMBER 2022	
• Whistleblowing Quarterly Update Q2. 2022/23	**Director of People & Culture**

JANUARY 2023	
• Director of Public Health Annual Report	**Director of Public Health**
• Alcohol and Drug Partnership Annual Report	**Director of Public Health**
• Annual Review of Code of Corporate Governance	**Board Secretary**
• Board and Committee memberships	**Board Secretary & Board Chair**

MARCH 2023	
• Argyll and Bute IJB Opening Offer	**Director of Finance**
• Board and Committee memberships	**Board Secretary & Board Chair**
• Annual Board and Committee Workplans	**Board Secretary**
• Equalities Outcomes and Mainstreaming Report	**Director of Public Health**
• Whistleblowing Quarterly Update Q3. 2022/23	**Director of People & Culture**

Audit Committee Planner 1 April 2022 to 31 March 2023

Standing Items for every Audit Committee meeting
• Apologies • Declarations of interest • Minutes of last meeting • Internal Audit Progress Report & Individual Reports • Management Follow Up Report on Outstanding Audit Actions • Counter Fraud Update • Risk Management Update • Date of next meeting

MAY	
• Individual Internal Audit Reports 　° Internal Audit Summary Report	**Internal Audit**
• Internal Audit Plan 2022/23 for approval	**Internal Audit**
• Governance Committee Annual Reports	**Board Secretary**

JUNE (ANNUAL REPORT and ACCOUNTS Meeting)	
• Individual Internal Audit Reports (last few reports, if any)	**Internal Audit**
• Internal Audit Annual Report	**Internal Audit**
• Payment Verification for Practitioner Payments	**Technical Accountant**
• Tender Waiver Register	**Technical Accountant**
• Governance Committee Annual Reports	**Board Secretary**
• Annual Assurance report on External Systems	**Head of Area Accounting**
• Annual Report and Accounts 　o Assurance for the Consolidation of Endowment Fund Accounts 　o 2021/22 Draft Final Annual Audit Report 　o Letter of Representation from NHS Highland to Grant Thornton 　o Draft Annual Report and Accounts 2021/22	**Head of Area Accounting Trustees' Chair Grant Thornton Dir of Finance Dir of Finance**
• Annual Accounts for Patient and Client Private Funds 2021/22	**Head of Area Accounting**
• Audit Committee Annual Report	**Cttee Chair**
• PRIVATE SESSION – AUDIT COMMITTEE MEMBERS AND INTERNAL AND EXTERNAL AUDITORS ONLY	

SEPTEMBER	
• Individual Internal Audit Reports ° Internal Audit Summary Report	**Internal Audit**
• Review of Audit Committee Terms of Reference	**Board Secretary**
• Public Finance and Accountability (Scotland) Act 2000	**Head of Area Accounting**
• 2021/22 Final Annual Audit Report	**Grant Thornton**
DECEMBER	
• Individual Internal Audit Reports ° Internal Audit Summary Report	**Internal Audit**
• Review of Code of Corporate Governance	**Board Secretary**
MARCH	
• Individual Internal Audit Reports ° Internal Audit Summary Report	**Internal Audit**
• Annual Audit Committee Workplan • Committee self-evaluation	**Committee Chair and Lead Executive**

CLINICAL GOVERNANCE COMMITTEE WORKPLAN

Clinical Governance Committee Planner 1 April 2022 to 31 March 2023

Standing Items for every Clinical Governance Committee meeting
• Apologies • Declarations of interest • Minutes of last meeting • Patient Experience and Feedback • Integrated Performance & Quality Report • Public Health • Emerging Issues /Executive and Professional Leads Reports by Exception § • Reports by Exception with Minutes from Patient Quality and Safety Groups/Argyll and Bute Clinical and Care Governance Group • Risk Register • Infection Control & Prevention Report • Information Assurance Report • AOCB • Reporting to the Board • Date of next meeting

CLINICAL GOVERNANCE COMMITTEE WORKPLAN	
28th APRIL	
• SPSO Report	Clinical Governance Team
• Complaints (Themes & Action taken)***	Clinical Governance Team
• Transfusion Committee 6 mthly Update by exception+	Chic Lee
• Public Health - health protection	Public Health Team
• Health & Safety Committee 6 mthly Update by exception+	Fiona Hogg/ Bob Summers
30th JUNE	
• Strategic Risk Register	Boyd Peters & Tim Allison
• Area Drugs & Therapeutics 6 mthly Update by exception+	Ian Rudd
• Adverse Events and SAERs	Clinical Governance Team
• Highland Implementation of Flow Navigation Centre Update	Hazel Smith/Carolyn Forsyth
• R,D & I Annual Report	
1st SEPTEMBER	
• Winter Plan 2022/23	

• Annual Complaints Report***	Clinical Governance Team
• Organ & Tissue Donation Committee 6 mthly Update by exception+	Marian MacKinnon
• Public Health - health improvement	Public Health Team
• Duty of Candour Annual Report	Clinical Governance Team
• Excellence in Care Update	Heidi May
• Highland HSPC Clinical Governance Annual Report*	CO Highland HSCP
• Argyll & Bute HSCP Clinical Governance Annual Report*	CO A&B HSCP
• Annual Review of Committee Terms of Reference	Board Secretary
3rd NOVEMBER	
• Older People in Acute Hospital (OPAH) Update	Heidi May
• Strategic Risk Register	Boyd Peters & Tim Allison
• Screening Services Update	T Allison
• SPSO Report	Clinical Governance Team
• Transfusion Committee 6 mthly Update by exception+	Chic Lee
• Health & Safety Committee 6 mthly Update by exception+	Fiona Hogg/ Bob Summers
JANUARY 2023	
• Area Drugs & Therapeutics Committee 6 mthly Update by exception+	Ian Rudd
• Adverse Events and SAERs	Clinical Governance Team
• Complaints (Themes & Action taken)***	Clinical Governance Team
• Public Health - health intelligence and support for health services	Public Health Team
• Public Protection Reporting	Committee Chairs
MARCH 2023	
• Strategic Risk Register	Boyd Peters & Tim Allison
• Clinical Governance Committee Annual Report	Mirian Morrison
• 20211/22 Workplan	Board Support Services
• Organ & Tissue Donation Committee 6 mthly Update by exception+	Marian MacKinnon

To be Scheduled:

- Increasing direct patient feedback
- Overview of Clinical Governance processes and systems within Acute & Community Services
- Cancer Services follow up
- Clinical Governance & Social Care
- Realistic Medicine Update
- Remobilisation & Recovery issues and risks
- Framework of improvement and service delivery
- Mental Health Services

Guidance Notes:

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

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

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

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

FINANCE, RESOURCES & PERFORMANCE COMMITTEE WORKPLAN

Finance, Resources & Performance Committee Planner 1 April 2022 to 31 March 2023

Standing Items for every FRP Committee
- Apologies
- Declarations of interest
- Minutes of last meeting
- Cost Improvement Programme Update
- Integrated Performance Report
- AMG Minutes
- Major Project Summary
- Date of next meeting

FINANCE, RESOURCES & PERFORMANCE COMMITTEE WORKPLAN	
APRIL 2022	
• Annual Accounts Report	Director of Finance
• NHS Highland Annual Operating Plan (Submission in July 22)	Head of Strategy
• NHS Highland Remobilisation Plan (4)	Head of Strategy
• Unscheduled Care (from Performance Dashboard) (or June 22)	K Sutton
JULY 2022	
• Digital Health and Care Strategy	Head of eHealth
• Business Continuity Planning	Head of eHealth
• Unscheduled Care (from Performance Dashboard) (or April 22)	K Sutton
AUGUST 2022	
• Annual Review of Committee Terms of Reference	Board Secretary
• Mental Health Services Performance	L Bussell

OCTOBER 2022	
• Procurement Annual Report	Head of Procurement
• NHS Highland Winter Plan 2022/2023	Head of Strategy
DECEMBER 2022	
•	
•	
FEBRUARY 2023	
• Draft FRP Committee Annual Report 2022/2023	Chair and Director of Finance
• Committee Self-Assessment	Chair

Items to be scheduled:

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

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN

Highland Health and Social Care Committee Planner 2022

Standing Items for every HHSC Committee meeting
- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Performance and Service Delivery
- Health Improvement
- Committee Function and Administration
- Date of next meeting

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN	
MARCH 2022	
• Learning Disability Services Assurance Report	Head of Service for Health and Social Care, and Chief Officer
• Highland Council Commission Assurance Report	
• Adult Social Care Fees and Charges Report	Chief Officer and Head of Contractor Services
• Chief Officer's Report	Chief Officer
• Committee Annual Assurance Report	Committee Chair and Chief Officer
• Committee Work Plan 2022/2023	Committee Chair and Chief Officer
• Committee Terms of Reference	Committee Chair and Chief Officer
APRIL 2022	
• Report into Care at home and Wider Community Services	Chief Officer and Chief Social Worker
• Annual Report of Care Home Oversight Board	Chief Officer and Chief Social Worker
• Chief Social Worker's Report	Chief Social Worker
• Adults with Incapacity (Mental Welfare) Report	Chief Officer and Head of Service for Health and Social Care
• Adult Protection Committee Annual Report	Chief Officer
MAY: Development Session (details to be confirmed) on Climate Change	
JUNE 2022	
• NHS Highland Strategy Together We Care	Chief Officer

• Commissioning Strategy for Integrated Health and Social Care Services	Chief Officer
• Community Planning/Engagement Strategy	Chief Officer
• Performance Framework/Public Bodies Annual Report	Chief Officer
[Development Session]	
AUGUST 2022	
• Primary Care Improvement Plan Assurance Report	Chief Officer
• Mental Health Services Strategy	Chief Officer
• Drug and Alcohol Services	Committee Chair and Chief Officer
• Carers Strategy	Chief Officer
• Annual Review of Committee Terms of Reference	Board Secretary
[Development Session]	
NOVEMBER 2022	
• Community Health Services/AHP	Chief Officer
• Winter Planning/Redesign of Unscheduled Care	Chief Officer
• Highland Council Commissioned Services Assurance Report	Chief Officer and Head of Commissioned Services
[Development Session]	
JANUARY 2023	
•	
•	
•	

STAFF GOVERNANCE COMMITTEE WORKPLAN

Staff Governance Committee Planner 1 April 2022 to 31 March 2023

Standing Items for every Committee meeting

- Apologies and Declarations of interest
- Minutes of last meeting
- Workplan, Action Tracker and matters arising
- Spotlight paper on one of the Org Units / professions and key workforce issues and priorities
- Integrated performance & quality report
- Minutes and assurance from: APF, Culture Oversight Group, H&S Committee
- Culture update for Board
- Whistleblowing update for Board
- Comms and engagement plan and update
- Learning and Development updates, including Stat man progress
- Risk review - Strategic and Level 2 registers
- Together we care Strategy

STAFF GOVERNANCE COMMITTEE WORKPLAN	
May 2022	
Spotlight Session - Corporate Support Services	**Fiona Hogg**
Facility and Partnership time plan and roll out	**Elspeth Caithness**
Statutory and Mandatory Training Audit and Root Cause outcomes and plan	**Fiona Hogg**
WB Q4 report	**Fiona Hogg**
Healing Process Reports	**Fiona Hogg**
People Strategy and Plan - including Workforce and wellbeing and culture	**Fiona Hogg**
Feedback from Staff Governance Monitoring Standard	**Gaye Boyd**
July 2022	
Spotlight Session - Public Health	**Tim Allison**
National Workforce Plan	**Kevin Colclough**
WB Annual Report	**Fiona Hogg**
September 2022	
Spotlight Session- Deputy Chief Executive	**David Park**
WB Q1 Report	**Fiona Hogg**
IMatter results and plans	**Fiona Hogg**
Medical Education Annual report	**Helen Freeman**

Annual Review of Staff Governance Committee Terms of Reference	**Board Secretary**
November 2022	
Spotlight Session - A&B HSCP	**Fiona Davies**
WBQ2 report	**Fiona Hogg**
January 2023	
Spotlight Session - Highland HSCP	**Louise Bussell**
Annual Health and Safety Review - Draft report	**Bob Summers**
March 2023	
Spotlight Session - Acute	**Katherine Sutton**
Annual Committee Assurance Report	**Fiona Hogg**
WB Q3 report	**Fiona Hogg**
Workplan for 2023-4	**Fiona Hogg**

REMUNERATION COMMITTEE WORK PLAN 2022-23

Standing Items for every Committee meeting
• Apologies • Minutes of last meeting • Date of next meeting

APRIL 2022	
• Healing Process Caseloads	**Independent Review Panel**
• Review of Organisational Learning Report (if available)	**Director of People & Culture**
• Remuneration Committee Annual Report	**Committee Chair**
MAY 2022	
• Healing Process Caseloads	**Independent Review Panel**
JUNE 2022	
• Consideration of final report from Healing Process	**Director of People & Culture**
• End of Year Review and Scoring for Executive Directors and scoring for Senior Managers Cohort	**Director of People & Culture**
• Consideration of board objectives ahead of launch of Together We Care and feedback on any amendments needed to 2022/3 exec objectives	**Director of People & Culture**
JULY 2022	
• Provisional performance ratings to National Performance Management Committee	**Director of People & Culture**
SEPTEMBER 2022	
• Outcome of National Performance Management Committee advised to Remuneration Committee (depending on timing)	**Director of People & Culture**
• Annual Review of Committee Terms of Reference	**Board Secretary**
DECEMBER 2022	
• Mid -Year Reviews for Executive Cohort considered by the Remuneration Committee	**Director of People & Culture**
MARCH 2023	
• EDG Objectives for 2023/24 for review	**Director of People & Culture**
• EDG Mid -Year 2022/23 reviews	**Director of People & Culture**

	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/	**NHS** Highland
CLINICAL GOVERNANCE COMMITTEE		
DRAFT MINUTE	**13 January 2022 – 9.00am (via MS Teams)**	

Present   Dr Gaener Rodger, Non-Executive Board Director and Chair
Dr Tim Allison, Director of Public Health
Elspeth Caithness, Non-Executive Board Director (Substitute Member)
Alasdair Christie, Non-Executive Board Director
Robert Donkin, Lay Representative
Graham Hardie, Non-Executive Board Director (from 9.10am to 9.50am)
Dawn MacDonald, Staffside Representative (from 10.30am)
Heidi May, Board Nurse Director
Dr Boyd Peters, Medical Director
Catriona Sinclair, Area Clinical Forum Chair
Emily Woolard, Lay Representative

In attendance   Kate Arrow, Anaesthetics Consultant and Lead for Realistic Medicine (Observing)
Louise Bussell, Chief Officer, Highland Health and Social Care Partnership
Fiona Campbell, Clinical Governance Manager (Argyll and Bute)
Dr Robert Cargill, Deputy Medical Director (Management)
Ruth Daly, Board Secretary
Fiona Davies, Interim Chief Officer, Argyll & Bute Health & Social Care Partnership
Alison Felce, Senior Business Manager (Medical Directorate)
Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics Division)
Rebecca Helliwell, Depute Medical Director (Argyll and Bute)
Moranne MacGillivray, Service Manager (Medical and Diagnostics Division)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Katherine Sutton, Director of Acute Services

1   WELCOME AND APOLOGIES

Apologies were received from S Govenden, A Nealis, K Patience-Quate and B Summers.

The Chair took the opportunity to welcome Elspeth Caithness as a substitute Non-Executive Director member, Catriona Sinclair and Dawn McDonald to membership of the Committee and Kate Arrow as an Observer.

1.1   Declarations of Conflict of Interest

There were no Declarations of interest made.

2   MINUTE OF MEETING ON 4 NOVEMBER 2021 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 4 November 2021 was **Approved.**

Associated Actions (Including Actions 15-17 from last meeting) were then considered as follows:

- **Action 17** – Action Complete. Risk Register to be reviewed March 2022.
- **Actions 16** – Timescale to be amended to read May 2022.
- **Actions 12** – Action Complete. Item 8.1 on agenda for this meeting.

The Committee otherwise:

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

2.1   MATTERS ARISING

There were no matters discussed in relation to this Item.

3   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.

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

---

4   NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT (IPQR)

M Morrison introduced the circulated report, advising the revised format and content remained a work in progress. She went on to advise that the performance measures included had been discussed and agreed with relevant Clinical Leads etc. For future iterations the performance measures can be dropped in or out of the report according to Committee requirements. The Chair reminded members the report would be referenced by the Committee and help to identify relevant subject matter for escalation to the NHS Board. She suggested the inclusion of data relating to deteriorating patients, Hospital Standardised Mortality Rates (HSMR), cardiac arrest rates and the Scottish Patient Safety Programme. B Peters advised data related to HSMR had previously been removed from the Report as the figures did not change significantly over time, with NHS Highland performance consistently comparable with other mainland NHS Boards in Scotland. He emphasised the Report format and content would continue to be developed and confirmed relevant individual datasets and metrics would move in and out of the Report as required.

The following points had been raised in discussion:

- Medication Errors. Confirmed the associated rise in blank consequence data could be attributed to quality issues relating to DATIX process completion. Plans were in place to review data monthly and hold process events to ensure relevant staff were able to improve the quality of the data being input. Director of Pharmacy had been approached with a view to supporting and enhancing associated clinical governance reporting elements. Successful introduction of

hospital electronic prescribing and medicines administration system HEPMA would assist in a number of areas.

- Tissue Viability. Noting the rising trend indicated in the number of grade 2-4 pressure ulcers known/deteriorating, H May advised work was underway to understand the underlying data and whether this related to a process matter or represented a real area of concern to be addressed.

The Committee otherwise:

- **Noted** the reported content.
- **Agreed** associated divisor data be checked for accuracy.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

---

5   INFECTION PREVENTION AND CONTROL REPORT

H May spoke to the circulated report which detailed NHS Highland's position against local and national key performance indicators to end October 2021. A cluster of Covid19 cases had been reported to ARHAI Scotland in relation to Wards in Raigmore and Caithness General Hospitals, no further action was required. There had been no incidences or outbreaks of Flu or Norovirus reported across the same period. Winter planning in respect to an expected increase in RSV (respiratory syncytial virus) and flu cases continued. NHS Boards had been advised to move to the 2021/2022 Scottish Winter Respiratory Infection Prevention and Control Guidance, this is replacing previous COVID19 Guidance. Current areas of challenge were also outlined for the information of members.

Discussion was as follows:

- EColi. Advised that national improvement aim would not likely be met by end March 2022. However, rates remained within expected levels. Improvement work in relation to Catheter Associated Urinary Tract Infection (CAUTI) may improve overall numbers. This target remains challenging however due to the number of infections originating from the community and being out with the influence of health care.
- Clinical Risk Assessment Compliance. The position would be clarified for the next meeting following an exploration of cause.
- Mandatory Training. Advised position improving and further improvement being sought where possible. The current, wider pressures on staff were having an associated impact.
- Respiratory Syncytial Virus. Advised case rate in young children was rising slightly and continued to be monitored closely.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.
- **Noted** an update would be provided to the next meeting in relation to Clinical Risk Assessment Compliance.

---

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

6.1   Argyll & Bute HSCP Clinical and Care Governance Committee – Minute of Meeting held on 9 September 2021

There had been circulated Minute of Meeting held on 9 September 2021, noting a further meeting had been held in November 2021, the Minute from which had yet to be made available.

Matters raised in discussion were:

- SAER Activity. Reviews being actively taken forward at that time, a number of which related to Mental Health cases. Issues relating to DATIX were reviewed on a weekly basis and additional actions were being put in place to strengthen clinical governance across Argyll and Bute.
- Vaccination of Patients held under Mental Health Legislation. Advised complex legal issues involved, with a number of learning points to be taken from recent case.

6.2   Highland Health and Social Care Partnership Exception Report

There had been circulated an Exception Report in relation to the Highland Health and Social Care Partnership Area, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), associated Learning and Improvement activity, Complaints activity, the local Quality and Patient Safety Dashboard, Clinical Risks, Children's Services and issues of concern to escalate and/or best practice to share. An area of concern to be considered for escalation related to an increase in falls within the Badenoch and Strathspey Community Hospital. It was reported Dr D MacFarlane was to assume the role previously held by Dr P Davidson on an interim basis.

Matters raised in discussion were:

- Badenoch and Strathspey Community Hospital Falls. Advised new Hospital environment, involving single rooms, resulting in process learning activity for many staff members. Position continued to be monitored closely.
- New Craigs Falls. Number of falls appear to be increasing following period of improvement. The position continued to be monitored accordingly.

6.3   Acute Services Exception Report

There had been circulated an Exception Report in relation to Raigmore Hospital, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), Complaints activity, the local Quality and Patient Safety Dashboard, Clinical Risks, Children's Services and issues of concern to escalate and/or best practice to share. Existing areas of concern to be considered for escalation were related to delayed access to acute mental health beds in adult and children services resulting in patients being managed in inappropriate, non-therapeutic environments in acute hospitals.

Matters raised in discussion were:

- Falls Activity. Advised data reviews undertaken with view to identifying contributory factors in relation to both adults and children. Concerns in relation to Out of Hours had been addressed by introducing a number of appropriate mitigating actions. Position improving significantly.
- Mental Health Services. Advised capacity remains a concern and working with colleagues on updating the NHSH Psychiatry Emergency Plan and relevant Acute Service pathways. Overall, continued focus required in this area.

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

H May advised that key discussion points from the most recent meeting of the Infants, Children & Young People's Clinical Governance Group on 10 January 2022 had included the wearing of clear masks by adult staff when interacting with children. The masks to be used were compliant with relevant PPE regulations and appropriate staff training on their use was underway. Child Protection activity continued to be a key area of focus, with Covid having a known significant impact on relevant issues. There was a statutory requirement on NHS Boards to operate a Child

Death Review Panel, with recruitment underway in relation to an associated Coordinator post, and the Panel itself expected to be operational by February/March 2022. Relevant learning would be reported via the Clinical Governance Committee. A review of Neurodevelopmental Assessment Services (NDAS) had been commissioned and a report including a number of improvement recommendations had been received. Actions were being taken forward by senior colleagues and development of an associated Coordinator role was being considered. B Peters added there should be a role for the Committee in considering relevant recommendations and learning points for the development of future services. Activity would be led by Chief Operators.

Discussion points were as follows:

- NDAS Review. Noting there would be a review of relevant leaning, it was agreed the Clinical Governance Committee have a key role in that process. An item to be placed on the agenda for April/June 2022 enabling appropriate consideration of the Review recommendations.
- Scottish Approach to Service Design. Following on from earlier NDAS Review discussion, F Davies encouraged members to consider the relevant model Framework.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken/ planned.
- **Noted** the identified risk areas highlighted in individual reports.
- **Agreed** the NDAS Review report and associated Scottish Approach to Service Design Framework be brought to the April/June 2022 meeting for consideration of learning points.

6.5 Planned Workshop with Operational Areas

The Chair advised the planned Workshop on future reporting from Operational Areas, on matters of concern and associated learning points, had been deferred to later in 2022.

The Committee so Noted.

---

7 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

7.1 Internal Audit Report on Significant Adverse Events

B Peters spoke to the circulated report, which had been considered previously by the Audit Committee who had in turn set a timescale of three to six months for relevant key actions. An Action Plan, including a review of current QPS resource and development of process consistency, had been developed by M Morrison and was being taken forward at pace. The report had been brought to the Clinical governance Committee for awareness. A Christie, Audit Committee Chair welcomed the inclusion of the report on the agenda for this meeting and advised there should be a focus on seeking/taking assurance in relation to the various action point timescales involved, some of which were challenging. He went on to highlight that training issues were common to a high number of Internal Audit reports, these tending to focus on mitigating the "what if" and outlining relevant learned points. The circulated report also touched on aspects relating to culture and staff resource and areas of good practice whilst highlighting where improvement was required. B Peters emphasised that complex Significant Adverse Event Reviews (SAERs) can be challenging in terms of meeting the stated six-month timescale, and as such the current focus on learning, ensuring process consistency and seeking improvement had been welcomed. M Morrison assured members that a number of actions were being taken forward as a priority.

Discussion was as follows:

- Due Dates for Actions. Noting some actions were due for completion at end March 2022, the Chair welcomed the focus on areas the Committee had already been sighted on from a number of sources but queried whether these timescales could be met. Ensuring process consistency across NHS Highland may be a longer-term issue to address.
- Associated Workshop Event. The Chair proposed a short Committee Member Workshop Event be held in relation to Adverse Event and Serious Adverse Event Review processes, and Duty of Candour responsibilities.
- Internal Audit Reports. The Audit Committee Chair undertook to discuss the process for finalising Internal Audit reports, including agreement of Management Responses, with relevant Argyll and Bute representatives.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken.
- **Agreed to take LIMITED Assurance** in relation to the current position.
- **Agreed** progress updates be provided to the March and April meetings of the Committee.
- **Agreed** to hold an associated Committee Member Workshop Event**.**

7.2 Health Improvement Scotland – Sharing of Information

H May advised as to the process whereby Executive Directors of the NHS Board met annually with Health Improvement Scotland (HIS). The supportive in nature process was usually Chaired by the HIS Medical Director and involved sharing of relevant information and outcomes from the previous year; based on an extensive and detailed information gathering process. Matters discussed at the most recent meeting had included aspects relating to Workforce, Complaints Management, Quality Improvement, Leadership and Staff Vacancy levels. A formal letter from the meeting was expected.

The Committee:

- **Noted** the position.
- **Agreed** the formal letter from HIS be shared with members once this had been received.

8 PUBLIC HEALTH

8.1 Vaccine Transformation Programme Update

T Allison spoke to the circulated report and gave a presentation to members providing an update in relation to the number of new positive Covid cases identified by PCR testing in Highland, the seven-day positivity rate (PCR testing) and detail of vaccination coverage in Highland on 10 January 2022. It was reported the overall delivery of vaccination was changing through implementation of the Vaccination Transformation Programme, this due to be fully implemented by April 2022 with the aim of having vaccination activity transferred from general practice to NHS Board delivery. Practices had been given notice that their current vaccination arrangements will end, and planning was taking place for future services. Detailed delivery models were being developed. Members were advised that oversight of vaccination activity would be via a Vaccination Planning Programme Board, based on experienced gained via NHS Board run clinics. Further work was being undertaken in relation to developing local service models, matching demand and supply, and associated training requirements. Further updates would continue to be brought to the Clinical Governance Committee.

Discussion points including the following:

- Key Risks. The Chair sought an update on the level of assurance that could be given in relation to the Vaccination Transformation Programme being implemented by April 2022 and associated governance arrangements. Advised governance would be via Health and Social Care Partnerships, with NHS Board providing oversight of the relevant Programme Board. Highland would not have a completely Board led approach by April 2022 for geographical reasons. GP led services, in line with Scottish Government guidance, would be required. A mixed delivery model would be required, the final detail of which remained in development. Overall, a moderate level of assurance could be given at this time.

The Committee otherwise Noted the reported position.

---

9 HEALTH AND SAFETY COMMITTEE – 6 MONTHLY EXCEPTION REPORT

There was no update provided in relation to this Item.

10 AREA DRUGS AND THERAPEUTICS COMMITTEE – 6 MONTHLY EXCEPTION REPORT

There had been circulated Minute of Meeting of the Area Drugs and Therapeutics Committee held on 18 August 2021. Members noted the proactive approach taken by the Committee in relation to escalation of matters where required.

The Committee Noted the circulated Minute.

---

11 TRANSFUSION COMMITTEE – 6 MONTHLY EXCEPTION REPORT

The Chair advised consideration of this Item would be deferred to the March 2022 meeting, noting a significant programme of work was underway in this area at that time.

The Committee so Noted.

---

12 COMMITTEE GOVERNANCE AND ADMINISTRATION

12.1 Draft Revised Committee Terms of Reference

The Chair spoke to the circulated draft revised Terms of Reference and advised these had been updated with a view to ensuring consistency across NHS Highland Governance Committees. Key changes related to references to Strategy, designation of Independent Public Members, and an update of members designations to reflect new role titles etc. B Peters confirmed the references to Associate Medical Directors had been removed, reflecting recent changes at Operational Level as outlined. Reference to Deputy Medical Directors had been included. The following additional changes were agreed:

- Para.2.3 - Amend membership designation to Lead Paediatrician for Child Protection and Children in Care where appropriate.
- Realistic Medicine Clinical Lead (currently K Arrow) to be added to those formally routinely invited to attend Committee meetings.

> **The Committee otherwise Approved** the revised Terms of Reference, subject to the additional amendments agreed in discussion for onward ratification by the NHS Board.

13 PUBLIC PROTECTION

13.1 Child Protection Annual Report 2020/2021

The Chair advised, at the request of the Lead Paediatrician for Child Protection and Children in Care consideration of this Item had been deferred to the next meeting.

> **The Committee so Noted.**

14 ANY OTHER COMPETENT BUSINESS

The Chair advised she was seeking a date for a one-hour Development Session for Committee members in February 2022 to consider the Committee Work Plan for 2022/2023. The Work Plan would require to be approved at the March 2022 meeting.

> **The Committee so Noted.**

15 REPORTING TO THE NHS BOARD

The Chair agreed, after discussion, the NHS Board would be advised as to the current position in relation to not meeting the national C Diff target as set by Scottish Government.

16 DATES OF FUTURE MEETINGS

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

3rd March
28th April
30th June
1st September
3rd November

17 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 3 March 2022 at 9.00am.

The meeting closed at 11.15am

	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/	**NHS** **Highland**
CLINICAL GOVERNANCE COMMITTEE		
DRAFT MINUTE	**3 March 2022 – 9.00am (via MS Teams)**	

Present   Dr Gaener Rodger, Non-Executive Board Director and Chair
              Dr Tim Allison, Director of Public Health
              Mary Burnside, Head of Midwifery
              Ann Clark, Non-Executive Board Director
              Robert Donkin, Lay Representative
              Stephanie Govenden, Consultant Community Paediatrician (Children's Services)
              Graham Hardie, Non-Executive Board Director (from 9.10am to 9.50am)
              Dawn MacDonald, Staffside Representative (from 10.30am)
              Donellen MacKenzie, Area Manager (South and Mid)
              Joanne McCoy, Non-Executive Board Director
              Dr Boyd Peters, Medical Director

In attendance Louise Bussell, Chief Officer, Highland Health and Social Care Partnership
              Dr Robert Cargill, Deputy Medical Director (Management)
              Lorraine Cowie, Head of Strategy (from 9.15am)
              Ruth Daly, Board Secretary
              Alison Felce, Senior Business Manager (Medical Directorate)
              Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics) (from 10.05am)
              Rebecca Helliwell, Deputy Medical Director (Argyll and Bute)
              Brian Mitchell, Board Committee Administrator
              Mirian Morrison, Clinical Governance Development Manager
              David Park, Deputy Chief Executive
              Vanda Plecko, Consultant Microbiologist
              Ian Rudd, Director of Pharmacy
              Katherine Sutton, Director of Acute Services
              Nathan Ware, Governance and Assurance Coordinator

1   WELCOME AND APOLOGIES

Apologies were received from F Campbell, A Christie, F Davies, H May, D McFarlane, I Ross, C Sinclair, S Steer, C Stokoe and E Woolard.

The Chair took the opportunity to welcome Joanne McCoy, Non-Executive Director to membership of the Committee.

1.1   Declarations of Conflict of Interest

There were no Declarations of interest made.

1.2 **Appointment of Committee Vice Chair**

The Chair advised consideration of the position of Vice Chair would be deferred to later in 2022.

2 **MINUTE OF MEETING ON 13 JANUARY 2022 AND ASSOCIATED ACTION PLAN**

The Minute of Meeting held on 13 January 2022 was **Approved.**

Associated Actions (Including Actions 13-14 from last meeting) were then considered as follows:

- **Action 14** – Lead Officer to be designated as K Sutton.

The Committee otherwise:

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

2.1 **MATTERS ARISING**

- **Internal Audit (Significant Adverse Events Update)** – M Morrison advised a detailed Action Plan, for all relevant recommendations, had been developed since the last meeting. A review had been commissioned to look at existing QPS support for SAERs. Progress was being made in relation to the backlog of Mental Health Case Reviews, utilising the new Case Assessment process. Relevant KPIs within the IPQR, relating to both Adverse Events and Serious Adverse Event Reviews, were being revised. Operational Units would also be looking to review their respective existing QPS structures. B Peters advised there was little central resource for this type of activity, with existing data presentation and backlog issues to be addressed.

The Committee:

- **Noted** the update provided and ongoing activity relating to Internal Audit recommendations.
- **Noted** a formal update report would be submitted to the next meeting.

---

2 **NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT (IPQR)**

M Morrison spoke to the circulated report, advising the evolving revised format and content remained a work in progress, led by the Head of Strategy. She went on to reference detail in relation to performance around Adverse Events, Feedback, Tissue Viability, Infection Control, Significant Adverse Event Reviews (SAERs), Freedom of Information (FOI) Requests, Medication Errors and Inpatient Falls. It was stated that Complaints Performance remained challenging, with consideration being given as to weekly/monthly reporting to Operational Units on performance, themes and improvements. There was consistent performance being evidenced in relation to both SAERs and FOI request responses.

The following areas were raised in discussion:

- Data Presentation. B Peters asked if format and level of reporting appropriate. Advised simple line graph approach, referencing trend/comparator data where appropriate would be beneficial. Governance Committee reports aligned to Board reporting format etc for consistency.

- Complaints Framework. Questioned how best to illustrate response quality and improve quality of communication in general. Advised Complaints Improvement Framework being rolled out into Operational Units. Framework developed internally and includes element on patient contact. Need to improve direct contact arrangements. Confirmed process feedback sought from complainants, formed a recurring theme in Ombudsman feedback, and to be undertaken more formally. An update on the Framework would be brought to the next meeting.
- Complaints Areas of Concern. Confirmed Covid on rise, impacting on Elective Care delivery and resulting in treatment delays etc. Theme identification will be a key element moving forward. Asked how communications issues being addressed.
- Adverse Events. Backlog of Events evident for Q4, what targets exist and what is current performance against these? Noted individual Directorates within Acute Services reviewing their backlog of SAER cases. Performance reviewed by Acute QPS Group, Chaired by R Cargill who confirmed monthly reporting process in place. Formal proposal re QPS (Acute) Group assurance to this Committee to be brought to future meeting.
- Adverse Event Categories. Advised any event logged on Datix classed as Adverse Event, including near misses. Issues relating to medication events would be improved through the eventual implementation of HEPMA, and improved reporting arrangements under discussion with Director of Pharmacy. Medication incident reporting consistency being discussed at national level and reporting on Argyll and Bute impacted by Greater Glasgow and Clyde element. Relevant reporting issues currently being considered.
- Infection Control. Noted rates vary across the range of infections, compared to national position. Advised a challenging issue to analyse in terms of variance causes. Seasonal aspects and low patient numbers can result in sensitive reporting element. Proactive measures impacted by high Covid numbers.
- Tissue Viability. Actively looking to recruit replacement Specialist Tissue Viability Nurse, with support mechanisms mitigating actions in place in case unsuccessful. Agreed update to next meeting on number of grade 2-4 pressure ulcers developed in hospital/discovered on admission.
- Vaccination Activity. Confirmed adverse reactions to vaccination or other treatment were recorded, including within Clinical Notes of patients.
- Future Reporting. Noted the revised format should be in place for the April 2022 meeting. This to be accompanied by appropriate SBAR report outlining the level of assurance being given.

The Committee otherwise:

- **Noted** the reported content and **Agreed to take Moderate** assurance.
- **Noted** an update on the Complaints Framework to be brought to next meeting.
- **Noted** a formal proposal on QPS (Acute) assurance process to be brought to future meeting.
- **Agreed** an update on Grade 2-4 ulcers to be brought to next meeting.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

4.1 INFECTION PREVENTION AND CONTROL REPORT

H May spoke to the circulated report which detailed NHS Highland's position against local and national key performance indicators to end December 2021. There had been no incidences or outbreaks of Flu across the same period although two outbreaks of Norovirus had been reported. During the reported period, Covid-19 prevalence across NHS Highland had been stabilising and slowly decreasing, with a number of clusters of case having been reported to ARHAI Scotland. The Infection Prevention and Control team continued to work alongside staff to ensure the delivery of national guidance in the management of Covid-19 across NHS Highland. The Health Protection Team continued to work alongside staff and external agencies in the same manner. NHS Boards had been advised to move to the 2021/2022 Scottish Winter Respiratory Infection Prevention and Control Guidance, this is replacing previous COVID19 Guidance. Work was ongoing, with key changes being the removal of the former red, amber and green pathways and replacing these with

the introduction of respiratory and non-respiratory pathways. There had been no Healthcare environment inspections carried out since the last reporting period. Current areas of challenge were also outlined for the information of members.

Discussion was as follows:

- Argyll and Bute. Reported a real focus on Infection Control at that time, following recent C difficile levels. A proactive approach was being taken by the Infection Control Group in area. Regular oversight was being provided.
- StatMan Training Compliance. Noted Internal Audit review of all Statutory and Mandatory training underway. An update on risks associated with non-compliance, and actions taken in mitigation was requested.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.
- **Noted** the NHS Board had been notified as to risk of not meeting relevant C.diff/eColi targets.
- **Agreed** to receive a future update in relation to the risks associated with non-compliance with StatMan training, and associated actions taken in mitigation.

4.2   Infection Prevention and Control Annual Work Plan 2020/2021 Update

There had been circulated an update in relation to progress made on the NHS Highland Infection Prevention and Control Annual Work Plan for 2021/2022 as at February 2022. The Chair emphasised the need for future updates, including relevant Scorecard data, to be submitted in the correct reporting format.

The Committee otherwise Noted the update.

---

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

5.1   Argyll & Bute Health and Social Care Partnership

There had been no formal update provided to the Committee. The Chair advised that moving forward, future updates would be provided via an Argyll and Bute Integrated Joint Board Annual Report to the Clinical Governance Committee, with exception reporting in between annual submissions. This would allow for escalation of issues as appropriate. R Helliwell confirmed the relevant Clinical and Care Governance Group had met recently, the formal Minute from which had yet to be released. She confirmed a range of associated activity was being taken forward, including learning from recent Significant Events. The Strategic Risk Register was also discussed.

5.2   Highland Health and Social Care Partnership Exception Report

There had been circulated an Exception Report in relation to the Highland Health and Social Care Partnership Area, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), associated Learning and Improvement activity, Complaints activity, the local Quality and Patient Safety Dashboard, Clinical Risks, Children's Services and issues of concern to escalate and/or best practice to share. There had also been circulated Minute of Meeting held on 7 February 2022.

Matters of concern raised in discussion were:

- Staff Absence/Vacancies. Advised services are stretched, leading to both safety and quality concerns. Working with Human Resources and Communications Teams on new approaches to recruitment, with learning taken from those areas where recruitment has been successful.

5.3 Acute Services Exception Report

On the agreement of members, there had been circulated an Exception Report in relation to Acute Services, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), Complaints Activity, and Clinical Risks. Existing areas of concern to be considered for escalation were related to Datix reporting on safe staffing and requirement for additional inpatient capacity. Capacity pressures were compounded by large number of patients not requiring acute care but unable to be discharged safely from hospital.

Matters raised in discussion were:

- Covid Inpatient levels. Relatively new issue of concern, with significant impact on service provision. Cases involve patients admitted for other reasons but also carrying Covid. Very few cases would end in Critical Care admission. Numbers reflect Covid level in wider community.
- Future QPS Structure. Noted ongoing discussion and emphasised future reporting to be in agreed SBAR format, with Exception Report and meeting Minutes appended where necessary.

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

The Chair advised consideration was being given to relevant reporting arrangements into this Committee. S Govenden then spoke to the circulated report, highlighting a request submitted to the Highland Child Protection Committee for a Learning Review and providing updates in relation to Child Protection activity, and continuing pressures in relation to both CAMHS and NDAS services. The report included the Minute of Meeting of the NHSH Infants, Children and Young People's Clinical Governance Group. The report proposed the Committee take **Moderate Assurance.**

Discussion points were as follows:

- Forensic Services. Advised that National standards will come into force on 1 April 2022, compliance would be picked up through future Inspections processes. An Inspection in Highland was expected in 2022 and this had been identified as a priority area to address. Relatively new area of activity for NHS Boards. Funding issues involved.
- NHSH Lead for Child Protection. Advised National Guidance stated a Lead Nurse should be in place, this currently hosted by Highland Council. Remit of post includes all of the NHS Highland Board area, so this required further consideration given geographical spread of organisation was wider than Highland Council area. A new Job Description had been prepared for a Highland wide post, the detail of which would be brought to a future Committee.
- CAMHS and Wider Mental Health Service. Chair stated detailed consideration of Clinical Governance systems and processes, and safety and quality aspects were required. A plan for improvement should be brought to a future meeting. Advised discussion held at Performance Recovery Board, with update to Scottish Government due by end March 2022.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken/ planned.
- **Noted** the identified risk areas highlighted in individual reports.
- **Agreed** to take **Moderate** assurance.
- **Agreed** ICYPCCG reporting to this Committee continue at this time.

- **Agreed** future reporting on CAMHS and wider Mental Health service to Clinical Governance Committee be further discussed out with the meeting.

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

6 PUBLIC PROTECTION – Child Protection Annual Report 2020/2021

There had been circulated the NHS Highland Child Protection Annual Report for 2020/2021. It was reported the clinical governance arrangements for child protection in NHS Highland had been updated since the last report, with the forum for managing child protection led by the Board Nurse Director, chairing the Child Protection (Health) Group. The Group linked to the Infants, Children and Young People's Clinical Governance Group and reported to the Executive Director's Group.

Points raised in discussion were as follows:

- Child Protection Registration. Advised a number of concerns expressed and reports made to Social Work Services during Covid period although actual Registration numbers had not increased significantly following relevant investigation.
- Status of Report. Advised will be submitted to Chief Officers for Public Protection who then provide assurance to Scottish Government. The report sought to provide appropriate assurance to both internal and external partners.
- NHS Highland Performance and Quality. Advised Child Protection Improvement Plan in development. One aspect will be in relation to better data capture relating to training elements. Confirmed high numbers of NHSH staff had completed Statutory Level 1 training. Overall, a number of improvements were considered achievable.

The Committee otherwise Noted the NHS Highland Child Protection Annual Report 2020/2021.

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

7 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

7.1 Maternity Services Update

M Burnside advised the NHS Highland Board were across the Moray Review Report findings and were giving consideration to matters relating to the Best Start National Strategy while looking at the Highland Maternity Service Strategy and the impact of activity transfers from Dr Gray's in Elgin. The Scottish Cabinet Secretary for Health had met with the relevant Senior Executives from both NHS Highland/NHS Grampian to discuss relevant concerns, with matters relating to improved communication around current joint arrangements also considered. The relevant Health Minister was to attend NHS Highland and discuss matters with the local NHS Highland Maternity Team. A Maternity Service Governance Review had also commenced, with a Maternity Services Programme Board now established. B Peters stated the role of this Committee would be in relation to taking assurance regarding aspects such as existing staffing and facility resource, current safety risk mitigation arrangements and associated improvement activity. The impact of any decisions relating to Moray patients would require to be considered in the context of a safe and sustainable NHS Highland service. K Sutton confirmed she was Chair of the Maternity Services Programme Board and that this would be considering a range of matters that included the findings of the Moray Review, such as workforce, infrastructure, MDT service quality, and theatre access. A number of improvement actions were being taken forward in relation to concerns raised by staff to date, including successful recruitment activity. A forum for considering urgent matters had been created. Current NHS Highland services would be measured against the Best Start requirements, to identify priority areas for improvement activity and ensure sufficient investment where required. Members emphasised the need to ensure consideration of Maternity Services in Argyll and Bute.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken.
- **Agreed** progress updates be scheduled for future meetings of the Committee.

8 NHS BOARD RISK ASURANCE FRAMEWORK

8.1 Strategic Risk 662 - Clinical Strategy and Redesign

L Cowie gave a presentation to members advising at to development of the "Together We Care" Strategy, outlining areas of engagement in North Highland, a focus on inequalities and identification of associated engagement gaps to date. Activity to close those engagement gaps was being taken forward. There was continued focus on workforce matters across all localities, services, and staff groups. The level of engagement feedback to date was outlined, relevant data analysis of which was now underway. An overview of associated Clinical Governance risks and mitigating actions was provided. It was anticipated a Draft Strategy would be presented to the July 2022 NHS Highland Board meeting.

The Chair reminded members as to the Strategic Risk profile concerned and advised this currently carried a stated risk level of High. The Risk profile would be updated to reflect the revised title of the NHS Highland Strategy.

After discussion, the Committee Considered the relevant Strategic Risk and:

- **Agreed Moderate** assurance could be given to the NHS Board, based on the update provided.
- **Agreed** the EDG be recommended to maintain the current level assigned to Risk 662.

8.2 Strategic Risks 715 and 959 – Public Health (Covid-19 and Influenza) and (Vaccination Programmes)

T Allison spoke to the circulated report providing an update on action being taken in relation to the two Risks identified and highlighted that in Highland the relevant number of confirmed Covid cases was continuing to rise as at 21 February 2022. Cases of Influenza in Highland remained at baseline levels. In terms of vaccination coverage, performance was strong across the Highland area, with progress being made in relation to the Vaccination Transformation Programme that sought to move from GP led delivery to NHS Board led delivery. A more detailed update on the overarching Immunisation Strategy would be provided to a future meeting as previously agreed.

The Risk Level status of the two Risks concerned had been listed as follows:

Risk 715 – Very High
Risk 959 - High

After discussion, the Committee Considered the relevant Strategic Risks and:

- **Agreed Significant** assurance be given to the NHS Board, based on the updates provided.
- **Agreed** the EDG be recommended to maintain the current levels assigned to **Risk 715 (Very High)** and **Risk 959 (High).**
- **Agreed** Covid prevalence tables etc be provided to future meetings.

8.3   Strategic Risks 927 and 928 (Clinical Governance Committee Risk Register)

The Chair spoke to the circulated report outlining the two Risks (927 and 928) currently included within the Committee Risk Register and on the basis of the updates on actions being taken recommended the Committee agree their respective risk ratings remain unchanged at this time.

The Committee:

- **Agreed**, based on mitigating action, to maintain the existing Risk Level for Risk 927.
- **Agreed**, based on mitigating action, to maintain the existing Risk Level for Risk 928.

---

9   COMMITTEE GOVERNANCE AND ADMINISTRATION

9.1   Draft Clinical Governance Committee Annual Report 2021/2022

The Chair spoke to the circulated Annual Report, which required Committee approval prior to being submitted to the Audit Committee as part of the Annual Accounts process and subsequently presented to the NHS Board. She drew the attention of members to the Section on Emerging and Key Issues and requested relevant comments or suggestions. The level of assurance being presented to the Audit Committee on Committee activity would be **Moderate.**

After discussion, the Committee Approved the Clinical Governance Committee Annual Report 2021/2022 for onward submission to the Audit Committee and NHS Board.

9.2   Draft Clinical Governance Committee Annual Work Plan 2022/2023

The Chair spoke to the circulated draft Annual Work Plan, a workshop event in relation to which had been held previously and advised this was being recommended for approval. This would remain a live document, updated after each Committee meeting.

After discussion, the Committee Agreed the draft Committee Work Plan 2021/2022 document.

---

10   ANY OTHER COMPETENT BUSINESS

The Chair advised the Committee reporting timetable was to be adjusted to enable earlier consideration of formal reports being submitted to the Committee by the Chair and Lead Executive.

The Committee so Noted.

---

11   REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to relevant Strategic Risks as discussed and would be advised as to the continuing impact of the Covid pandemic on service quality levels, as highlighted during the meeting.

12   DATES OF FUTURE MEETINGS

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

28th April
30th June
1st September
3rd November

13   DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 28 April 2022 at 9.00am.

The meeting closed at 11.40am

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 2 March 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
Deidre MacKay, Board Non-Executive Director – Vice Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Anne Campbell, Staff Side Representative
Cllr Isabelle Campbell, Highland Council
Kate Dumigan, Staff Side Representative
Cllr David Fraser, Highland Council
Philip Macrae, Board Non-Executive Director
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
Ian Thomson, Area Clinical Forum Representative
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:
Sally Amor, Child health Commissioner/Public Health Specialist
Rhiannon Boydell, Head of Service, Community Directorate
Stephen Chase, Committee Administrator
Ruth Daly, Board Secretary
Gillian Grant, Interim Head of Commissioning
Tracy Ligema, Deputy Director of Operations
Donellen Mackenzie, Area Manager, South and Mid Highland Operational Unit
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council
Jo McBain, Deputy Director for Allied Health Professionals
Nathan Ware, Governance and Assurance Coordinator

Apologies:
Catriona Sinclair, Cllr Linda Munro, Boyd Robertson, Tara French, Fiona Duncan and Arlene Johnstone.

Mhairi Wylie and Kate Dumigan had both noted they would join the meeting later.

[Page numbers in square brackets refer to the collated papers for the meeting.]

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 publically available to view for 12 months on the NHSH website.

The meeting was quorate and there were no declarations of interest.

P Davidson has stepped down from his role as Medical Director and Denise McFarlane is now the Interim Medical Director and will sit on the committee.

The Chair noted the change to the format of papers and reference to levels of assurance to be taken by the committee.. This follows changes to the Board's Assurance Framework which is being gradually rolled out across the governance committees. A development session will be held on these changes once the Board is out of 'governance lite' mode to provide a fuller understanding of the matrix of assurance and its function.

The Chair invited the Chief Officer to speak about the current system pressures.
The Chief Officer noted that the last two to three months had seen several significant challenges to Health and Social Care both locally in Highland and nationally. The Omicron variant of COVID has had an enormous impact on services and resulting risks, primarily from staff shortages were being managed on a daily basis. This impact comes on top of two years of high intensity work for staff.
The Chief Officer asked the committee to note these factors as they have affected the ability of staff to collect, analyse and present data. Item 3.4 had to be postponed due to these issues.

2   FINANCE

2.1   Year to Date Financial Position 2021/2022   [pp.1-6]

E Ward provided an update of the month 10 position for the HHSCP and information about savings delivery and planning for 2022-2023 and beyond.

Scottish Government have confirmed that funding will be provided to all boards to enable a balanced budget to be delivered for 2021-2022. Details of the funding package had been received the previous week and this covers all COVID costs and savings slippage. Additional funding for a number of services has also been received which will be difficult to fully utilise this late in the financial year. As the Lead Agency model does not enable reserves to be held, discussions are on-going with Scottish Government to enable these funds to be reprovided in 22/23 and beyond.

With reference to the ASC funding gap, a finalized arrangement for next year has not been fully agreed as yet.. It is envisaged that a savings program of £3m will be established and that the balance of the £13.3m gap will come from additional Scottish Government funding, either received this financial year or anticipated for 2022-2023. For future years it is still anticipated that there will be a significant gap in funding. Ways of addressing this will be worked through in the next financial year.

In discussion, the following points were addressed:

The Chair commented that the level of savings achieved despite the pandemic has been remarkable and that there has been an excellent effort to maintain PMO activities. The Chair invited L Bussell to comment on any future gap in adult social care resource and the status of the transformation activities with the Joint Project Board.

L Bussell reported that the Joint Monitoring Committee were due to meet two weeks after the present meeting. The Committee will be asked to approve a proposal to re-establish the strategic planning structures provided for in the Integration Agreement which will include the monetary position as well as transformation change work. More detail will be reported to the next meeting.

In response to questions from the Committee the following assurances were given:

The anticipated savings gap for future years is due to some additional monies being non-recurring as well as an anticipated escalation in costs, such as the National Insurance increase.
- Paragraph 2.8 of the report should read as 'underspend' instead of 'overspend'.
- With regard to paragraph 2.5 of the report, it was confirmed that if the forecast overspend of £2.797m in Adult Social Care comes down as additional funding is applied, that would have an impact on 22/23.
- With regard to paragraph 2.6, table 2 the move from a small current underspend of £82,000 to an overspend of £800,000 at the end of the year was explained by.

With regard to 2022-2023, it was requested that a 'sources and application' statement could be provided in relation to new funding to enable the Committee to be assured this was being used to best effect.
- The substantial savings required this year in relation to Adult Social Care were a response to the £11.3 million gap between resources available from the Highland Council and Scottish Government compared to the costs of delivering services. Savings proposals have been overseen by the Joint Project Board and all proposals are carefully assessed for impacts on quality and safety.
- Delays in approving the business case for forensic medical services meant that recruitment was only just getting underway.
- It was confirmed that discussions are underway regarding the renaming of the Police Custody Service. The Chair requested that an update come to the committee when more news is available. It was noted that there are some GPs locally who are seeking qualification and training in forensic work.
- it was agreed that information on the quality assessment tool mentioned at 3.1 of the SBAR could be provided

After discussion, the Committee:	
- **Noted** and **considered** the NHS Highland financial position at the end of Period 8 and the projection to year end.	
- **Noted** the progress on the delivery of ASC savings.	
- **Noted** the intention to agree with the Council a different approach to addressing the gap in funding of ASC at the JMC in February.	
- **Agreed** that a list could be provided to the committee going forward of new funding that's been made available and how this is being allocated.	
- E Ward **agreed** to bring information on the tool mentioned in point 3.1 back for N Wright.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 3 November 2021 [pp.7-16]

The draft Assurance Report from the meeting of the Committee held on 12 January 2022 was circulated prior to the meeting.

The minutes were approved as an accurate reflection of the meeting.

The Chair advised of the following proposed updates to the Rolling Action Plan:
- A meeting is to be held between the Chair, the Chief Officer and Ian Thomson to address the action regarding future reports to the committee arising from the SDS Strategy work.

After discussion, the Committee:	
- **Approved** the Assurance Report and **noted** the updates to the Rolling Action plan.	

3.2 Matters Arising From Last Meeting

There were no matters arising.

3.3 COVID and Vaccine Programme Update

T Allison provided an update on the current status for NHS Highland regarding COVID and the Vaccination Programme.

It was noted that cases are seeing a marked rise in Highland after the plateau which followed the peak in January. Highland is currently the third highest area for case numbers. The reasons are complex and may involve another variant of Omicron.
There are a large number of mostly mild cases but a rise in admissions to hospitals.
One of the largest impacts has been to staffing: the age range in the population which has seen the largest increase in numbers is 22 to 44.
Outbreaks have been recorded at New Craigs, the Acute sector and in Care Homes.
The effect of good vaccination coverage has meant that cases are mostly milder.
Anecdotal evidence shows that the population are not taking the pandemic as seriously as before with many outbreaks centred arising from socialising.

In terms of Vaccinations, the main programme has largely finished with 90% coverage in the 55 + age range who have received both initial doses and the booster. Catch up work is underway in the adult population, and the teenage vaccination programme is on its way to completion as is work on additional doses for vulnerable groups. The next stage is to address vulnerable 5 to 11 year olds moving to a comprehensive programme for 5 to 11 year olds.

In discussion, the following questions were addressed:
– It was asked if it was likely there would be a booster campaign in September for over 65 year olds. T Allison answered that details were not established yet but that plans were being explored..
– The problem of obtaining testing kits in remote areas was raised. Mostly, testing kits can be delivered by post but it was noted how other means were limited in certain areas which raised questions about equity of provision. It is not clear what the position on testing will be later in the year. Funds for testing come from UK government and the First Minister is due to make an announcement in March from which policy will be established.
– It was asked what the latest information is on Long COVID and its impact. T Allison answered that it was unlikely that the wide range of effects seen from the early waves of COVID would be seen because of vaccine coverage and new treatments but that as before cases are complex.
– The Chair suggested that information on Long COVID provision be provided outwith the meeting or brought to the next committee meeting. The Chair will discuss how the committee's responsibilities might address the issue and feed into the Work Plan with L Bussell and T Allison.

The Committee:	
- **Noted** the update.	
– **Agreed** that information on Long COVID provision be presented to a future committee.	

3.4 Learning Disability Services Assurance Report

This item was postponed due to illness. The paper had been circulated ahead of the meeting and a new date will be arranged for a future committee meeting in 2022 to enable full discussion of the report.

3.5   Children's Services Report   [pp.69-82]

S Amor gave an introduction to the paper noting that this is its first iteration and the new reporting format still has to go through formal processes with colleagues at Highland Council and NHS Highland teams, and that the paper is presented for discussion..

Regarding item 3.3 above, S Amor drew the committee's attention to a report on the longer-term effects of COVID on children and young people:
https://www.scotphn.net/resources/children-and-young-people-public-health-covid-19-impact-report-march-2022/

In discussion, the following points were addressed:
– It was confirmed that recruitment of CAMHs clinicians was a challenge across all health boards. Additional money was provided by Scottish Government to the health boards to enhance CAMHs services, however all the boards have the same limited pool of suitable candidates. Mitigation is being considered in terms of taking a more flexible approach to work roles, remote work opportunities, and the use of group work where this is thought suitable, but all the while with an eye to ensuring that CAMHS standards are met.
– It was clarified that figure 17 of the report (p. 42 of the collated papers) showed the number of accepted patients at each reporting period..
– N Wright, noting the high number of referrals asked how many consultant clinicians there currently are within CAMHS and if referrals are for in person appointments or for discussion among colleagues. L Bussell will provide N Wright with the details outwith the meeting

– It was noted that where a child is referred to a tier 3 service there will have been a range of needs prior to this and therefore a whole system approach is required from early years onward with a need to be engaged with Highland Council colleagues so that fuller assurance can be given regarding work alongside CAMHs colleagues. The complex and late presentations of mental health issues (particularly eating disorders) as a result of COVID was raised as an example of how issues can present to different elements of health and social care services.
– The Chair noted the decision of the Highland Community Planning Partnership to develop a mental health and wellbeing strategy was in part a recognition of the need for whole system working, including community and Third Sector services.
– The need for an investment plan and commissioning process for Third Sector services which often receive increased referrals when CAMHs are under pressure, it was acknowledged that there is a need to ensure all funds coming into Third Sector, schools, health and social care are joined up to support a whole system approach.
– The importance of involving children and young people in any redesign of services was also noted.

Following a discussion about the format of future reports during which a number of improvements were suggested, it was agreed that:
– There be a programme of reports covering aspects at different times of the year with a suitably themed bundling of reports to enable the people accountable for performance to be invited to the meeting
– Reports should provide assurance on the delivery of the children's' services delegated to the Highland Council in addition to providing a strategic overview from a public health perspective
– Where improvements in performance are required clear actions and timescales should be included.
– Sally Amor and Louise Bussell will liaise over the continued development of reports on children's services and an update will be provided to the next committee in the Chief Officer's Report. Louise Bussell agreed to discuss with Mhairi Wylie current arrangements for inclusion of the Third Sector in service redesign and additional funding allocations.

After consideration of the report and discussion, the Committee:	
- **NOTED** the report.	
- **Agreed** that future reports: Have more of a performance focus with timescale and risk assurance, Be thematically grouped for each meeting at which they appear so that appropriate people can be invited to the discussion Provide assurance about commissioned services to satisfy the committee's Terms of Reference.	
– **Agreed** that an update will be provided to the next committee in the Chief Officer's Report.	

− **Agreed** that the CO will provide N Wright with CAMHs referral details outwith the meeting.	🟧
− **Agreed** that the CO to catch up with M Wylie outwith the meeting to ensure the Third Sector are being appropriately involved in conversations.	

3.6 Chief Officer's Report [pp.69-82]

L Bussell provided an overview of the paper.

The following assurances were given in response to questions raised:
− Recruitment and retention is extremely challenging across many roles, however additional allocations have been received across health and social care and work is underway to use this resource as effectively as possible, including redeploying staff within the workforce and making roles more generic to enable staff to move between roles more easily.
− With regard to bed availability this is a changing picture on a daily basis. While there may be beds available they are not always in the right location.
− I Thomson noted there are two trainee social worker posts (where learning is carried out on the job) which received 50 applicants, and noted the workforce planning within Social Work to strengthen learning and ability to recruit within Highland.

Regarding concerns expressed by M Simpson about the lack of progress in redesigning services along the North Coast, as well as the likely continued provision of GP services from the Tongue practice by locums it was acknowledged that although development of the care hub was progressing wider redesign was still at an early stage. After further discussion it was agreed that a report be brought to Committee demonstrating how service redesign outwith major capital projects such as Caithness and Lochaber would be progressed.
− With regard to the query from W Smith whether NHS Highland employing care staff directly might address the recruitment challenges noted in the report, it was clarified that this was the model in much of the remote and rural areas of the partnership but the same challenges were experienced by NHS Highland as faced independent providers. The large geographical coverage of Highland had been noted as an issue for employees and ways of addressing this were being explored, for example what scope there was for incentive payments and looking at an increase in house and block contract work. Current challenges in providing care packages were also due to short term COVID related absences as well as longer term recruitment difficulties.
  G Grant noted strategic discussions with 20 independent providers in Highland to address the issues and barriers with actions to relieve capacity such as adjusting start times and addressing childcare.
  I Thomson noted that one of the issues from the SDS consultation was the matter of Option 1 (patients who manage a direct payment to a personal assistant) regarding how to make the role of Personal Assistant attractive in terms of rates of pay.
  D Mackenzie noted the recent interest from Highland Council staff in taking up new roles in health and social care and that interest in roles in the Response Team remained strong.

After consideration of the report and discussion, the Committee:	
- **NOTED** the report.	🟩
− **Agreed** that a report be added to the committee Work Plan to note progress on Enhanced Community Services projects and service redesign across the partnership area.	🟧

3.5 Adult Social Care Fees Group Role and Remit [pp.69-82]

A paper with appendices was circulated ahead of the meeting outlining how service and contractual continuity is required for Adult Social Care fees and contracts, and to ensure agreed arrangements are confirmed in advance of the new financial year to mitigate organisational and contractual risk.

Following discussions, the following was agreed:

- there will be a single item committee meeting to approve fee and contractual arrangements for the coming financial year only.
- this meeting will be held when the fee and contractual recommendations can be finalised following receipt of information from Scottish Government.
- in the event that a single item meeting cannot be held in time, a mandated group, as noted above with the Chief Officer and Director of Finance in consultation with the HHSCC Chair will make a decision.
- arrangements for future years to be considered at the single item committee meeting, failing which at a future meeting of HHSCC.
- in the case of a single item committee or a delegated group, the decision will be reported back to the next meeting of the Committee.
- a report on progress with Third Sector commissioning processes and fees increase will be provided to the April Committee

After consideration of the report and discussion, the Committee:	
- **NOTED** the report.	
- **Agreed** a decision on adult social care fees for 22/23 to be made at a single item Committee meeting failing which by a mandated group of the Chief Officer and Director of Finance in consultation with the Committee Chair and that further consideration of the process for future years be discussed at the single item Committee meeting failing which at a future meeting of HHSCC. - **Agreed** a more detailed report be provided for the April meeting in terms of a Third Sector process status update.	

4   HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5   COMMITTEE FUNCTION AND ADMINISTRATION
5.1   Review and Update of Annual Work Plan   [p.83]

The revised work plan was circulated ahead of the meeting.

I Thomson asked about the committee's expectations of the Adult Protection item for the April meeting.
The Chair answered that the report should enable the committee to be better sighted on the work of the Adult Protection Committee and to give an overview of NHS Highland's performance in relation to its legal duties and best practice in relation to adult protection matters.. Agreed the Chair, Chief Officer and I Thomson to discuss outwith the meeting.

The Committee	
- **APPROVED** the Work Plan. - **AGREED** that discussion of the Learning Disability paper will be moved to April or later.	

5.2   Annual Assurance Report   [p.83]

An amendment was noted that N Wright should be marked as in attendance for the November 2021 meeting.

The Committee	
- **APPROVED** the Annual Assurance Report pending the minor amendment noted.	

5.3   Committee Self-Assessment Action plan   [p.83]

The plan was noted.

The Committee	

| - **APPROVED** the Action Plan. | |

5.4   Update to the Terms of Reference   [p.83]

The revised work plan was circulated ahead of the meeting.
It was agreed that the Terms of Reference of the Committee should be updated with public representatives of the committee in future will be known as 'Independent Lay Members' in line with other governance committees.

| **The Committee**
- **APPROVED** the amendment to the Terms of Reference. | |

6   AOCB

M Simpson noted that with the upcoming local elections the committee should consider expressing formal thanks to the councillors on the committee for their contribution and wishing well those who will stand for election again. The committee agreed to so do.
.

7   DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 27th April 2022** at **1pm** on a virtual basis.

The Meeting closed at 3.27 pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)
Held BY MS TEAMS
on WEDNESDAY, 26 JANUARY 2022

Present: Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Chair)
Councillor Kieron Green, Argyll and Bute Council (Vice Chair)
Councillor Robin Currie, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Councillor Sandy Taylor, Argyll and Bute Council
Gerard O'Brien, NHS Highland Non-Executive Board Member
Graham Bell, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member

Dr Tim Allison, Director of Public Health and Policy
Evan Beswick, Head of Primary Care, NHS Highland
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Interim Chief Officer, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
David Gibson, Chief Social Worker/Head of Adult Services, 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
Fiona Hogg, Director of Human Resources and Organisational Development, NHS Highland
Lorna Jordan, Senior Accountant, Argyll and Bute Council
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Abbie MacIver, Accountant, Argyll and Bute Council
Kirsty MacKenzie, Carers Act Officer, Argyll and Bute HSCP
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Margaret McGowan, Independent Sector Representative
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
George Morrison, Head of Finance, NHS Highland
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Dr Nicola Schinaia, Associate Director of Public Health, Argyll and Bute HSCP
John Stevens, Carers Representative, NHS Highland
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

1.   **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Jean Boardman, Betty Rhodick and Fiona Thomson.

2.   **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3.   **MINUTES**

The Minutes of the meeting of the Argyll and Bute HSCP Integration Joint Board held on 24 November 2021 were approved as a correct record.

4.   **MINUTES OF COMMITTEES**

(a)   **Strategic Planning Group held on 2 December 2021**

The Minutes of the meeting of the Strategic Planning Group held on 2 December 2021 were noted. The Co-Chair of the Group gave an overview of the business discussed at the meeting and advised that there was a paper later in the agenda seeking agreement to delay publication of the Strategic Plan due to Covid-19.

(b)   **Audit and Risk Committee held on 10 December 2021**

The Minutes of the meeting of the Audit and Risk Committee held on 10 December 2021 were noted.

(c)   **Finance and Policy Committee held on 21 January 2022**

The Minutes of the meeting of the Finance and Policy Committee held on 21 January 2022 were noted.

5.   **CHIEF OFFICER'S REPORT**

The Board gave consideration to a report by the Interim Chief Officer providing a summary of the governance ad decision making arrangements put into place as part of the response to the Omicron Covid-19 wave. The report also highlighted some of the main issues which had arisen and which continued to be managed. It included potential implications of the decision taken and the outcome of national guidance to support an accelerated vaccination programme for Covid-19.

Decision

The Integration Joint Board –

1. Noted the arrangements made to support an operational emergency response and potential impacts.

2. Noted performance against vaccination targets as per National Guidance.

3. Endorsed a further thank you to all staff for their continued commitment to delivering community and hospital services to their communities and performance around vaccination delivery.

(Reference: Report by Chief Officer dated 26 January 2022, submitted)

6.   **NHS HIGHLAND DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021**

The Director of Public Health Annual Report 2021 was before the Board for consideration. Dr Tim Allison, Director of Public Health and Policy presented the report to the Board.

Decision

The Integration Joint Board noted the content of the report and welcomed the focus that it brought.

(Reference: Director of Public Health Annual Report 2021, submitted)

7.   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 improved response, in terms of timely access to testing and clinical management.

Decision

The Integration Joint Board noted the Covid-19 current status in the Argyll and Bute community, in terms of –

- distribution of infection rates
- Covid-19 vaccination, including some recent information among pregnant women
- Covid-19 testing programmes.

(Reference: Report by Associate Director of Public Health dated 26 January 2022, submitted)

8.   WHISTLEBLOWING REPORT QUARTER 2 - 1 JULY 2021 TO 30 SEPTEMBER 2021

The Board gave consideration to a report presenting the second Quarterly Whistleblowing Standards Report for NHS Highland covering the period 1 July 2021 to 30 September 2021.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Director of People and Culture dated 26 January 2022, submitted)

9.   ARGYLL & BUTE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) STRATEGIC PLAN 2022 - 2025

The Board gave consideration to a report that sought approval of a postponement of the completion of the new 3 year Strategic Plan.

Decision

The Integration Joint Board –

1. Noted that following Scottish Government direction to suspend non-essential activity, further work at this time on the Argyll and Bute Strategic Plan for Health and Social Care 2022-2025 had been postponed.

2. Noted that completion of the Strategic Plan 2022-2025 was anticipated to be delayed by 3 months from March 2022 to June 2022.

3. Approved the extension of the Strategic Plan 2019-2022 until the Strategic Plan 2022-2025 was in place.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 26 January 2022, submitted)

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

The Board gave consideration to a report providing an update on the impact on service performance with regards to the Covid-19 pandemic and the progress made with regard to remobilising health and social care services in Argyll and Bute.

Decision

The Integration Joint Board –

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

2. Acknowledged the impact on future performance reporting of the Covid19 Omicron variant.

3. Noted Waiting Times Performance and a further reduction in Consultant Lead Outpatient breaches >12 weeks.

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

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 26 January 2022, submitted)

The Integration Joint Board adjourned for a comfort break between 3.00pm and 3.10pm.

11. FINANCE

(a) **Budget Monitoring**

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership for the 8 months to 30 November 2021 and an updated forecast.

Decision

The Integration Joint Board –

1. Noted that the Month 8 forecast outturn position was a reduced forecast overspend of £280k.

2. Noted that actions were currently being progressed to manage income and expenditure to ensure the HSCP operates within available resources.

3. Noted that there was a year to date overspend of £8k as at 30 November 2021.

4. Recorded their thanks to the staff involved in working towards this improved financial position.

(Reference: Report by Head of Finance and Transformation dated 26 January 2022, submitted)

(b) **Budget Outlook**

The Board gave consideration to a report summarising the current budget outlook model covering the period 2022-23 to 2024-25 and which focused on the mid-range scenario for 2022-23 which was anticipated to form the basis of the budget for the next year, due to be approved by the IJB in March 2022.

Decision

The Integration Joint Board –

1. Noted the current budget outlook report for the period 2022-23 to 2024-25.

2. Noted the funding and expenditure assumptions and uncertainties in respect of the budget outlook.

3. Noted that it was anticipated that the IJB would be able to set a balanced budget in March 2022 for the 2022/23 financial year.

4. Endorsed the approach to the development of the 2022-23 budget and noted that separate reports on savings proposals and public consultation had been provided.

(Reference: Report by Head of Finance and Transformation dated 26 January 2022, submitted)

(c) **Budget Consultation 2022/23**

The Board gave consideration to a report presenting a draft public consultation on the HSCP Budget for 2022/23 seeking views of stakeholder priorities for services and their preference over where savings were targeted.

Decision

The Integration Joint Board -

1. Noted the proposed budget consultation for 2022/23 and approved the final draft.

2. Agreed that there were improvements that could be made to the budget consultation process and requested the Interim Chief Officer to take this forward for the year 2023/24.

(Reference: Report by Head of Finance and Transformation dated 26 January 2022, submitted)

(d) **Budget Proposals**

The Board gave consideration to a report presenting a range of savings proposals which had been identified by the Senior Leadership Team in order to allow the IJB to set a balanced budget for 2022/23.

Decision

The Integration Joint Board –

1. Noted that the inclusion of the proposed savings was expected to enable the IJB to set a balanced budget for 2022/23 at its meeting on 30 March 2022.

2. Noted and approved the management savings totalling £4,642k to be delivered in 2022/23.

3. Endorsed the proposed policy savings, totalling £158k, for further consultation.

4. Noted that these proposals would form part of the budget consultation process.

5. Noted that there was still some further work required to identify further management savings to finalise the plan.

(Reference: Report by Head of Finance and Transformation dated 26 January 2021, submitted)

12. 2022/23 SOCIAL WORK FEES AND CHARGES

The Board gave consideration to a report providing details of the proposal annual Social Work Fees and Charges uplifts for 2022/23.

Decision

The Integration Joint Board endorsed the 2022/23 Social Work Fees and Charges proposals for submission to Argyll and Bute Council for ratification at its 2022/23 budget meeting.

(Reference: Report by Principal Accountant dated 26 January 2022, submitted)

13. STRATEGIC RISK REGISTER REVIEW

The Board gave consideration to a report providing an opportunity to review the Strategic Risk Register in line with the 6 monthly review timetable.

Decision

The Integration Joint Board –

1. Noted that management had reviewed the Strategic Risk Register.

2. Approved the proposed changes to the Strategic Risk Register.

3. Noted that the HSCP was operating on an Emergency Response basis which had an impact on Risk and mitigations throughout the HSCP.

4. Noted that it was intended to arrange a separate development session to facilitate a more detailed review of the Strategic Risk Register and Risk Appetite.

(Reference: Report by Head of Finance and Transformation dated 26 January 2022, submitted)

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

The Board gave consideration to a report presenting an updated version of the Integration Joint Board Standing Orders which reflected the updated Model Code of Conduct for Members of Devolved Bodies.

Decision

The Integration Joint Board noted and approved the changes to the Integration Joint Board Standing Orders.

(Reference: Report by Business Improvement Manager dated 26 January 2022, submitted)

15. IJB AND COMMITTEE DATES 2022-23

The Board gave consideration to a report proposing dates for the IJB governance meetings for the forthcoming year.

Decision

The Integration Joint Board approved the dates for the forthcoming year.

(Reference: Report by Business Improvement Manager dated 26 January 2022, submitted)

16. COMMITEE MEMBERSHIP

The Board gave consideration to a report providing an updated committee membership and highlighting the current vacancies. The report invited the IJB to appoint to the vacancies to ensure continued effectiveness of the supporting governance structure to the public meeting of the IJB.

Decision

The Integration Joint Board –

1. Noted the updated committee membership due to personnel changes.

2. Noted the appointment of John Stevens to the Strategic Planning Group and the Audit and Risk Committee; and the appointment of Kenny Matheson to the Finance and Policy Committee.

3. Noted that expressions of interest should be intimated to the Business Improvement Manager in respect of the remaining vacancy on the Audit and Risk Committee.

(Reference: Report by Business Improvement Manager dated 26 January 2022, submitted)

17. ARGYLL AND BUTE CHILD PROTECTION COMMITTEE - STRATEGIC PLAN 2021/23

The Argyll and Bute Child Protection Committee – Strategic Plan 2021/23 was before the Board for noting.

Decision

The Integration Joint Board noted the Argyll and Bute Child Protection Committee – Strategic Plan 2021/23.

(Reference: Argyll and Bute Child Protection Committee – Strategic Plan 2021/23, submitted)

18. ARGYLL AND BUTE CHILD PROTECTION COMMITTEE - ANNUAL REPORT 2021

The Argyll and Bute Child Protection Committee – Annual Report 2021 was before the Board for noting.

Decision

The Integration Joint Board noted the Argyll and Bute Child Protection Committee – Annual Report 2021.

(Reference: Argyll and Bute Child Protection Committee – Annual Report 2021, submitted)

19. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 30 March 2022 at 1.00pm.

HIGHLAND NHS BOARD	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 NHS Board Audit Committee Microsoft Teams	**8 March 2022 9.00am**

Present: Mr Alasdair Christie, NHS Board Non-Executive (Chair)
Mr Gerry O'Brien (Vice Chair)
Mr Graham Bell, NHS Board Non-Executive*
Ms Susan Ringwood, NHS Board Non-Executive
Mr Stuart Sands, Lay Representative

Other Non-Executive Directors Present:
Ms Ann Clark, NHS Board Non-Executive
Ms Sarah Compton-Bishop, NHS Board Non-Executive
Ms Gaener Rodger, NHS Board Non-Executive

In Attendance: Mr Iain Addison, Head of Area Accounting
Ms Joanne Brown, Grant Thornton
Ms Louise Bussell
Ms Lorraine Cowie
Ms Ruth Daly, Board Secretary
Ms Pam Dudek
Mr David Eardley, Azets
Ms Tara French
Ms Ruth Fry
Mr David Garden, Director of Finance
Ms Fiona Hogg, Director of People and Culture
Ms Stephanie Hume, Azets
Ms Heidi May
Mr David Park, Deputy Chief Executive
Mr Boyd Peters
Mr Simon Steer
Ms Katherine Sutton
Mr Alan Wilson
Mr Stephen Chase, Committee Administrator

Please note, the agenda items have been renumbered from the circulated agenda for consistency.

1   WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

Apologies were received from Alex Anderson and Boyd Robertson.
*Graham Bell attended in Alex Anderson's stead.

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 7 DECEMBER 2021

The minute of the meeting held on 7 December 2021 was approved. The minute was amended to show G Rodgers as 'in attendance'.

Action Plan:
- Significant Adverse Events will be addressed at the May meeting and will be a standing item of the agenda.
- G Rodgers noted that actions directed to Clinical Governance Committee in the Action Plan were completed.

The Committee
- **APPROVED** the minute of the meeting held on 7 December 2021. The minute was amended to show G Rodgers as 'in attendance'.
- **NOTED** The rolling Action plan.

3   MATTERS ARISING

There were no matters arising.

EXTERNAL AUDIT

4 External Audit Plan for Financial Year ending 31 March 2022 & Interim Audit Update   [pp.9-40]
Report by Grant Thornton, External Audit

The Chair noted how well laid out the paper was with attention to the timeline which assists with tracking progress.

J Brown noted that,
- The paper built on the format and layout from last year and that there were no changes around the Significant Audit Risk Assessment.
- The one topic that consistently arises in discussions at the Parliamentary Audit Committee is Raigmore. Therefore, a short covering statement will be incorporated in the final report outlining the financial position and the actions being taken to address any concerns. There are no concerns on the part of External Audit.
- This is the last year for Grant Thornton as external auditors and they will work closely with whoever is external auditor for NHS Highland as part the handover process and Grant Thornton will liaise with the Director of Finance.
- Audit Scotland have asked Grant Thornton to look at procurement, specifically fraud arrangements, the External Audit team will look at any work Internal Audit and management have carried out in this area so that work is not repeated. This will be included in the final report.
- Provisional audit fees have been agreed with the Director of Finance subject to Audit Committee approval. This has looked at the baseline fee plus an increase similar to the increase applied last year around the additional work on valuations and the lack of a valuation expert. J Brown will pull the information together and circulate it outwith the meeting.

In discussion, assurance was sought that all the necessary preparatory work has been done for the adoption of IFRS16 (p.26). This was confirmed by D Garden who agreed to bring information back to the committee.

I Addison noted that any leases that the Board enters into now will have a capital requirement and therefore the approval process for managers, will not be quite as straightforward. This has been highlighted at various senior management teams. Scottish Government have yet to come back to identify exactly what funding will be made available.

The Committee

− **APPROVED** the report.
− J Brown will circulate information about provisional audit fees outwith the meeting to committee members.

INTERNAL AUDIT

5. INTERNAL AUDIT

It was decided that a proposed training session on Risk Management would be given at a later date to enable discussion around the wants of the committee for the training.

Discussion was had about what issues the committee would like to be addressed by the training during which the following points were raised:
− Risk appetite and tolerance is an area of current interest for the Board and how to embed this in the organisation.
− Risk Management in a time of high risk, with reference to the impact of the pandemic and the continued operational pressures.
− Understanding the risk escalation process and its thresholds, what to keep an eye as operational risks are raised to strategic risks.
− The potential for confusion arising from parallel conversations on Risk was raised and the need for a joined-up approach.
− How does the committee and the Board use the risk strategy on an ongoing basis and ensure capacity to avoid starting over from scratch.
− It was noted that B Peters has been in discussion with the Risk manager at NHS Grampian who will share ideas at the Board Development session next week.
− The Risk Management post has been reviewed and is ready to advertise.
− The Chief Executive noted that the daily level of operational risk is huge.
− The difference between a governance committee and management overview of risk was raised, especially for the Audit Committee understanding the level of risk that is being accepted, and insights from other organisations would be valuable.

The Medical Director as lead executive for Risk gave a presentation which gave an overview of the current Risk Management position for NHS Highland. The key messages included 12 recommendations,
− To refresh the Board Strategic Risk register and ensure all risks are linked to NHS Highland strategy and objectives
− That the Risk Manager (should) confirm the processes in place at each Risk Level for assigning owners and recording the risk
− That Operational Management Committees should ensure regular reviews of the risk register and horizon scanning are included in key operational group agendas and within governance committee workplans
− Risk Owners should identify and agree with operational managers a target risk score for risks at Levels 1 and 2 to optimise effort and resource deployment in the management of the risk
− The Risk Management Strategy and Policy should be made available to staff with additional information to support a systemised approach.
− The Risk Management Policy should provide clarity for Chairs of Governance and Operational Management Committees on risk assurance standards and any formalised actions to be taken where insufficient assurance has been provided
− The Risk manager should support Risk Owners in developing their risk reports to provide assurance over the management of the risk
− The Audit Committee should ensure that it regularly receives assurance over the effectiveness of the risk management system, in line with its Terms of Reference and progress with the Risk Management Action Plans
− The Risk Manager role should be adequately described within the Risk Management Policy and Job Description and the responsible senior manager should ensure that the risk function has sufficient resource and authority to deliver the agreed risk action/project plans

- The Risk Manager should prepare and agree with the Risk Management Steering Group an approach and plan to ensure that the risks in DATIX are rationalised
- The Risk Manager should develop and agree with the Risk management Steering Group an appropriately resourced training and awareness plan to support embedding of the risk framework
- The Risk Management Steering Group should agree a forward-looking project plan which looks at medium to longer term actions to embed risk management at strategic level and include cascading to an operational level.

D Eardley thanked the committee for its comments which will feed into plans for the future training session.

5.1 Progress Report   **[separate from papers]**

D Eardley gave an overview of the report and noted that Internal Audit is on track to deliver by the end of June.

A report on the PMO Financial Savings Audit will come to the May committee meeting.

> **The Committee**
> - **NOTED** the report.

CORPORATE GOVERNANCE

5.2 Draft Internal Audit Plan 2022/23+   **[pp.41-93]**

Following feedback from a previous version of the plan which came to committee the Internal Audit team felt that this gave a good steer for improvements to the plan and discussions with the Director of Finance and his team they have been able to further scope out some of those initial pieces of work that were discussed in previous iterations of the plan, and there are meetings in the diary for further scoping work. Objectives are shown in appendix 8 of the plan in bold.

The Audit Committee was not asked to approve this version of the plan but was asked for any fine-tuning comments before the final version is submitted for approval.

In discussion, the following points were raised:
- It was asked why some medium to high-risk areas which will be due for review, such as Infection Control, SLAs, Business Continuity Planning, and IT Security are not included in the plan. D Eardley noted that there is an aspect to the Internal Audit of being able to highlight different areas and that therefore reports could be shuffled to highlight thematic areas. Discussion will be had with D Garden and I Addison to ensure that discussion and scrutiny is happening in the right places.
- With regard to the Accommodation Process (point C13), it was asked why this as an operational process had been picked out. S Hume noted that this was an assurance concern of A Wilson for Estates Management.
- It was suggested that the audit of Environmental Sustainability (B10) could be rephrased to take account of health boards having to fall in line with Scottish Government plans for Net Zero emissions. D Eardley answered that this audit was at the request of EDG but that the team is open to discussion as to how this work is focussed.
- With regard to IT Security it was asked if the matter of Cloud Vulnerability and product 'end of life' needed more consideration. D Eardley answered that he would make a note with his colleagues to speak with IT especially in light of heightened global tensions.

− It was asked if the matter of control could be considered from a thematic point of view especially in terms of control loosening the further the operation is from the centre. D Eardley answered that he would consider a response to this with S Hume.

The Committee
- **NOTED** the report.

5.3 Care at Home Assessment Model Report   [pp.94-116]

S Hume provided an introduction to the report which reviewed the models that are being used kind of across a few different areas within the organization to look for a consistent approach applied across the organization and within the Health and Social Care Partnership. Of the seven recommendations in the report three were grade 3 recommendations (1.1, 3.1, and 5.1).

− Point 1.1 focussed on Caithness, Inverness and Lochaber which identified that there was a different model in North Coast from South and Mid Highland, which while not a problem in itself does create differences of approach and assessment, and there is no standardised paperwork across teams, districts or professions, which creates more paperwork and differing assessment models. The recommendation is that models be standardised but with scope for flexibility where this is deemed necessary.
− Point 3.1 concerned compliance with Care Plan Review Timelines and this is something that came to committee previously in Internal Audits. Capacity is as a fundamental issue in relation to this finding: mechanisms are in place to monitor the care plan review dates, and these are flagged up when in they are due and overdue for review. However, there is not the capacity to ensure that every single review is happening which is not in line with statutory requirements. COVID-19 had further impacted on staffing with redeployment making staff unavailable to carry out reviews. Therefore, a consistent level of oversight is required with effective management reporting on the status of 6 monthly reviews and so as to address what resources are needed to ensure reviews can take place.
− Point 5.1, concerned demand and capacity analysis. It was found to be satisfactory on a case-by-case basis but there is a lack of information about demand and capacity for Care At Home packages more widely. The four options which NHS Highland has a legal duty to offer are outlined in the report. The demand for option 3 is not being appropriately recorded and therefore demand and capacity are not fully understood by the organisation. Therefore, the audit recommends formal metrics for management reporting and management should consider how information on demand for Care At Home is recorded.

In discussion, the following points were addressed:
− The Chair noted that there are no dates to be completed, so these cannot be accepted by the committee today. P Dudek will discuss this with D Park.
− The timeliness of the report was noted in terms of helping to resolve issues of clear governance routes.
− There is a need to link all of the work that goes on as a result of this audit to the Self-Directed Support strategy.
− It was noted that this is a positive report because the organisation needs to know exactly where it stands. There are not any huge surprises in the report but it brings it together those areas to work towards.
− It was noted that the report goes to the fundamental principle of equity of access and equity of service into a A2.
− S Steer noted that Care At Home is a huge and complex piece of work providing care to 1,600 people through 19 providers. The report shows that NHS Highland was right to be concerned about a number of areas of inconsistency in the treatment of individuals.

- It was noted that a report is going to the Joint Officers Group which will help provide time lines.
- S Ringwood noted what an important area this was to address and referred to experience of navigating the system to receive family care.
- The Board commissions audits in order to identify all areas of good practice and challenges in specific services. This audit provided the board with a clear understanding of the service and made recommendations for improvement. It is evident from this report and from our day-to-day experience that adult social care systems are under real pressure and care at home services in particular have been impacted by the pandemic with recruitment and retention of staff an ongoing difficulty. NHS Highland is committed to implementing the recommendations of the internal audit and exploring new approaches to effectively do this.

The Chair noted that it was a good report and in summarising noted that two of the actions do not have dates and that there is a question as to if the September 22 deadline is doable. The Chair suggested that these matters could be reviewed and reported to the next committee meeting.

D Eardley agreed and noted that Internal Audit will never bring a report to committee that has not been signed off and approved by the review sponsor and lead officers so as to ensure that there is as good a chance as possible to bring something that is accurate.

The Committee
- **NOTED** the report.
- **AGREED** that the report be reviewed with a timeline to be presented at the May meeting. P Dudek and D Park will discuss appropriate timescales with Internal Audit.

CORPORATE GOVERNANCE

5.1   COMMITTEE ANNUAL WORKPLAN 2022/2023

The Committee
- **APPROVED** the Work Plan for 2022/2023.

---

6   COUNTER FRAUD

I Addison introduced the report and thanked Sarah Macauley for her work.
Training is underway to embed Counter Fraud work with modules in the TURAS system, and staff have been encouraged to make use of the training.

I Addison noted that the two appendices show the quarterly report to December 2021 showing the national basis for Counter Fraud analysis for all boards, and the second appendix shows Intelligence on Covid related issues with advice and guidance for the Board.

There are no current Counter Fraud cases which exceed £5,000.

The Committee
- **Noted** the update.

---

10. AUDIT SCOTLAND

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

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

D Garden offered to pull out the annual NHS reports from this material for the May meeting.

> **The Committee**
> - **Noted** the item.

11. MANAGEMENT FOLLOW UP REPORT ON OUTSTANDING AUDIT ACTIONS

I Addison, provided an overview of the update paper and noted that it is hoped that all outstanding actions will be complete before the next committee meeting in May.

Counter-Fraud
Actions are now complete.

Payroll and Expenses
A couple of actions are due to complete in April.

Staff Redeployment
One outstanding action which will go to the Area Partnership Forum for completion.

Financial Incomes and receivables
There is one action outstanding to provide an online payment facility for payment of invoices. This is pending the launch of the new NHS Highland website and therefor e the item will be moved to the Corporate Risk Register.

PMO Financial Savings
One action has been progressed and is expected to complete by the end of March.

Risk Management
See discussion in item 5 above.

NMAHP
All identified actions are now complete.

IT Stock Control
All identified actions are now complete.

Board Assurance Framework
One item is due for completion by the end of the month.

Immunisation
One item is due for completion by the end of the month.

Business Continuity Planning
D Park provided an update on and noted that the organisation is in the middle of a long incident which has posed issues of resilience and infrastructure but progress is being made. It is expected that most actions will be closed off by the next meeting and D Park offered to bring a report.

GDPR Information and Management
The Terms of Reference of the Information Assurance Group have been changed in line with that of the Audit Committee's and D Park offered to bring a paper to the next committee meeting to include an update around GDPR.

Community Planning
L Bussell noted that plans were being made to add resources to address problems with the current set up which is not sustainable with current pressures and needs a more dedicated focus. It was suggested that a report be brought to the meeting after next.

Maternity Service Redesign
Revised management responses will be brought to the next meeting.

Performance Data
A separate report was provided by Lorraine Cowie which was circulated ahead of the meeting. A number of the items are in train for completion.
L Cowie noted that there are 6 items outstanding some of which relate to the IPQR and the timeliness of reporting. The report given to the committee groups the actions thematically to give assurance on closed off items and to evidence those items en route to completion.
In response to questions, it was answered that the aim of the IPQR is to tailor the presentation of relevant information for each committee.

With reference to the minutes for the January meeting, S Ringwood asked if a more visual presentation could be brought to the Management Actions update to give a better sense of assurance. I Addison answered that he had been in discussion with S Sands about how best to do this and would apply this learning to future updates.

The Committee
- **Noted** the update.
- **Agreed** that D Park will bring updates on Business Continuity Planning and GDPR to the May committee.
- **Agreed** that L Bussell will bring an update on Community Planning to the September meeting.

---

10   ANY OTHER COMPETENT BUSINESS

None.

11   DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 3 May 2022** at **9am**, online via Teams.

The meeting closed at **10.52 am.**

STAFF GOVERNANCE COMMITTEE
Report by Sarah Compton-Bishop, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 09th March 2022 with attendance as noted below.
- **Note** the report and agreed-on actions resulting from the review of the specific topics detailed below.

Present:

Sarah Compton-Bishop, Board Non-Executive Director (Chair)
Jean Boardman, Vice Chair
Albert Donald, Board Non-Executive Director
Elspeth Caithness, Employee Director
Philip Macrae, Board Non-Executive Director
Etta Mackay, Staff side Representative

In Attendance:

Fiona Hogg, Director of People and Culture
Gaye Boyd, Deputy Director of People
Karen Doonan, Committee Administrator
Ruth Fry, Head of Communications and Engagement
Louise Bussell, Interim Chief Officer, Community
Nathan Ware, Governance & Assurance Co-Ordinator
Fiona Davies, Chief Officer, Argyll & Bute
David Park, Deputy Chief Executive
David Garden, Director of Finance
Bob Summers, Head of Occupational Health & Safety
Ruth Daly, Board Secretary

1   WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST

The Chair welcomed those present to the meeting and thanked them for attending.

Apologies were received from Boyd Robertson, Heidi May, Pamela Dudek & Katherine Sutton.

There were no declarations of interest.

2   ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1   MINUTES OF MEETING HELD ON 12 JANUARY 2022

The Minute of Meeting held on 12 January was **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

S Compton-Bishop advised there are some items shown as proposed to close as they've either been picked up or are being combined with other items and therefore todays discussion was around the points on the action plan highlighted in amber.

The following points were discussed:

- **Actions 18, 26, 27, 44, 50, 51, 52 & 55** – It was agreed that these actions would be closed as they will be combined with other items or have been picked up appropriately.
- **Action 31 Risk Management** – it was agreed this needed to remain on, based on the approach to the specific risk around statutory/mandatory training compliance and it was suggested this should go onto the Board Level Risk Register,
- **Action 35 Staff side Attendance** was being addressed and there are now three staff side representatives. It was noted that Kate Durmigan hadn't received an invite to the Staff Governance meeting which would be rectified moving forward.
- **Action 45 Statutory and Mandatory Training** – An update will be provided under Item 6.1.

The following comments were received from the Committee:

- **Action 37 -** B Donald requested an update around the induction process and sought clarity on whether we are on track to complete the review of the approach to NHS Highland's Corporate Induction and the committee has seen that review. F Hogg advised that the actions themselves have evolved over time and the action was to ensure that we have a plan to address Induction. the We are working to prtioritise our key priorities within the people plan and an improved approach Induction is one part of that. As an organisation we have a lot of things we have committed to doing which are all very important but the people team are currently working out based on our board objectives what we think our capacity will be and to determine accurate time scales in which we can deliver and in what priority order. We will subsequently take those through all the various management committees and then bring to the Area Partnership Forum and then the Staff Governance Committee for endorsement. But Fiona confirmed thatorporate Induction is on that list as a priority.

The other actions proposed to close were agreed upon. An additional action regarding updating invites to the committee to ensure all attendees had these was agreed.

2.3 REVIEW OF COMMITTEE WORKPLAN

F Hogg advised that the Committee Workplan for 2022 – 2023 has been circulated to confirm all upcoming business and notifying the Committee of what will be covered at future meetings as a basic, however other items can be added as they arise. One of the key things to draw out is that we are planning to go back to doing spotlight sessions which was discussed in the Staff Governance Development session. F Hogg also noted that the first spotlight session may be someone from Corporate Support Services which will help the committee have some dedicated

time to have a more in depth discussion on different roles throughout the organisation.

R Daly asked if the annual review of the committees terms of reference could be added to the September 2022 meeting agenda and covered within that meeting so the item can then go through the Audit Committee in November and subsequently be agreed at the Board meeting in January 2023.

S Compton-Bishop confirmed that the future spotlight sessions would have a structure, to ensure they are answering the requirements of the Committee and the Staff Governance Standards. She also asked if it were possible to restructre the format of the plan so Development Sessions appear above the Committee sessions, to make it clear which topics would be discussed in each month, ahead of the plan for the Committee, so it is clearly visible how the topics align.

It was also noted that the committee workplan is a 'moving' document and will change as the year progresses

2.4 STAFF GOVERNANCE COMMITTEE ANNUAL REPORT

S Compton-Bishop mentioned that the report covers what our committee has discussed and how that has evolved over the course of the year especially as we've gone through various phases of the pandemic but generally we have still been able to carry on with the committee business albeit with some tweaks around content so that it flows a bit better with the Board Meetings and as previously discussed we'd like to plan regular development sessions.

F Hogg agreed and confirmed that the annual report was more an opportunity for members to have a good read of the content as a whole over the course of the past year and help identify some potential items that may have been overlooked or we want to draw out to discuss further; think of it as a final check.

It was confirmed that the annual report will go to Audit Committee at the beginning of May and F Hogg mentioned that it will be updated to reflect today's meeting.

R Daly mentioned that there may be a few additional tweaks but if was good to see that the committee had agreed to focusing much more on assurance this year and been a sort of pilot 'team' for introducing the new reporting system which will apply to all committees in the near future to emphasise the effectiveness of this and other committees.

The Committee:
- **Approved** the minute
- **Considered** actions arising therefrom
- **Reviewed & Agreed** the first version of the Staff Governance Committee Workplan 2022 – 2023
- **Considered & Agreed** the Committee Annual Report
- **Agreed an additional action** to develop a structure for the Spotlight Sessions to ensure they align to the committee requirements and purpose
- **Agreed an additional action** to combine the development and committee workplan items sorted by month
- **Agreed an additional action** to add review of the Committee terms of reference to the September workplan
- **Agreed an additional action** for the March meeting attendance to be added to the annual report

3 MATTERS ARISING NOT ON THE AGENDA

There were no matters arising

4 SPOTLIGHT SESSION

There was no spotlight session, sessions will recommence in May.

5 COMMUNICATION AND ENGAGEMENT UPDATE
5.1 Communications and Engagement Update

There was circulated a report by R Fry on the Communications and Engagement update proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee note the current position and is presented to the Board for awareness. This report provided a comprehensive update on communications and engagement actions from December up until February.

R Fry noted that progress has been made against the action plan; In discussion the following comments and questions were covered:

- Work on the team structure review has progressed well and Web Manager post is due to be graded in March which will enable us to recruit.
- The new Engagement roles are now fully embedded within the team.
- The focus moving forward will be around 'Ask me Anything' sessions and trying to get a variety of Senior Execs to commit to a session.
- It had been noted that we rely too heavily on digital comms therefore we've begun to explore the options for printed materials and their distribution.
- Work is starting on a recruitment programme for the National Treatment Centre and we've a PR Agency coming on board to provide a micro site and support with the process.
- The Together we Care strategy engagement was slowed due to Omicron however this has been picked up and we're moving forward with it.

B Donald referred to the report and questioned if there was work done to identify funding for printed items in relation to the whistle blowing standards as it was something that came up often in discussions with North Highland colleagues.

R Fry confirmed that we've received a quote for printed materials and funding will be forthcoming, once received the material will be printed and distributed.

S Compton-Bishop asked if there had been any idea on the uptake of our Ask Me Anything programme and the Exec V-logs so we can gauge the level of interest in them.

R Fry confirmed that a deep dive session had taken place and although the interested numbers wasn't high, there are issues with how it is reported as some people watch it live and others watch the recording after so to combat that we recently carried out a survey asking for ideas to make things more accessible. We've had a few responses, but it is something we could put to the new listening and learning panel to find out what we can do.

S Compton-Bishop also asked if we would or have provided the right level of support to those doing recruitment videos for our social media sites as sometimes this method of interaction can come across in the wrong way without the right support.

R Fry confirmed that was a good point and that they had been trained and supported by the Comms team; they also have continued access so if anything does go wrong the team can step in and make edits if needed.

S Compton-Bishop acknowledged how much work had gone into the update.

> **The Committee Agreed** to accept **moderate** assurance on this item

6   LEARNING AND DEVELOPMENT

6.1   Statutory & Mandatory Training Dashboard

F Hogg explained that she had updated the dashboard for this meeting but had not provided a full report due to time and capacity but also because they are in the middle of completing the audit and root cause analysis. Once this is done, we will update our plan of action and outline what is expected to be done and timescales and resources for this.

F Hogg spoke to the report and highlighted that in most areas the trends had not improved. However there has been a slight increase in Hand Hygiene and Infection Control. F Hogg explained that the movement figure is from the March 2021 position, and the trend arrow shows the movement from November 2021 to January 2022 .

This covers both the online training as well as the face to face training. There is a lot of challenges with face to face training in respect of releasing people for said training. There are a lot of system pressures at play and whilst there is a risk attached to staff not receiving their training, there is a greater risk if the wards are not staffed safely for the patients. It is a top priority but difficult decisions are still having to be made.

F Hogg explained that from a Corporate Services point of view they were looking at establishing a group that collectively looks at risk and resilience and safety issues. There will be a proposal for Corporate Services in respect of this. F Hogg explained that this is a top priority for all managers and leaders.

E Caithness enquired if there was a plan that could highlight critical areas of concern and risk, with a view to addressing these first and foremost. She explained that there had been a plan in place to bolster the teams that were under the most pressure and asked where we were with said plan. Being able to see this plan at this meeting would ensure a level of assurance that this plan was still being actioned.

F Hogg agreed and stated that a more local based approach to prioritising staff training was required as part of this as there was a need to identify the highest levels of risk. She explained that B Summers had pulled together a proposal for increased staffing. and we have agreed a route for additional funding for the posts that have been identified. There are also vacancies that have come up in the team due to people resigning and leaving and this gives a good opportunity over the coming weeks to attract people into those posts. It is crucial to understand the job patterns and levels of skills that are required. There needs to be one eye on the future with recruiting into permanent posts and a need to look at having some capacity to start looking at future training and transformation options. This is a key area and we have to be able to deliver and transform at the same time.

B Summers explained that both teams were under a lot of pressure and that it was challenging to recruit to these positions. There needs to be some succession planning with both teams and both teams have an aging workforce profile. It is important to note that these are not just training teams, they

F Hogg explained this has been discussed with finance and funding will be available but we need to ensure we have the right roles and capacity for the future. By the beginning of April at the latest then recruitment around Violence and Aggression and Moving and Handling should be underway.

B Donald highlighted B Summers use of the word "critical". He stated that this situation had not arisen overnight, it was an ongoing situation. B Donald stated that he supported what B Summers was saying and that this is a big risk to the Board. There was no need to explore the risks as all knew what they were but there is a need to acknowledge the risk exists.   The Committee also noted the NHS Orkney situation with regard to HSE enforcement and that our risks around this area need to be appropriately captured.

D Park asked if there was an opportunity to have a network of people who can train and use a different model, a more distributed model. He was aware that some elements of this had been done but asked if we were being as ambitious as we could be.

F Hogg stated the importance of this issue could not be underestimated. Whilst there should be no barriers to completion of online training, there are to face to face training and so we need to draw up a plan to have this deployed. There are clear things that can be done immediately, the insights from the root cause analysis and the insight are really important but there is a need to look at the local decision making for ongoing training and local risk assessment must be part of this

> **The Committee Agreed** that they could not accept any assurance on this item although recognised the challenging position and circumstances
> **The Committee Noted** the updated position.

7   PARTNERSHIP, WORKFORCE AND ORGANISATIONAL CHANGE UPDATE

7.1 Area Partnership Forum draft meeting minutes of meetings held on 29th October 2021, 17th December 2021 and 25th February 2022

The Committee **approved** the minutes of 29 October 2021, 17 December 2021 and 25th February 2022

> The Committee **Approved** the minutes

7.2 Integrated Performance and Quality Report

F Hogg explained that we don't have the Workforce report coming to committee any more as after discussions it was felt it wasn't an appropriate level of detail for an assurance level committee. At the Development Session which took place last week which identified some outcomes and evidence people would like to see as part of the data set that comes to the committee. F Hogg advised that she will work with her team to come up with a revised approach that will be brought to the May meeting.

F Hogg also mentioned that there will be a couple of indicators that will be proposed to go onto the IPQR for March but these aren't yet in the required format due to staff absence impacts, these will likely be absence, turnover and vacancies.

S Compton-Bishop mentioned for anyone not at the Development Session that it was being looked at from the point of view of our Staff Governance standards as a starting point and what questions do we need answered to be able to give ourselves assurance that our standards are being adhered to, rather than starting with what data we have available to us.

D Park asked if the IPQR will still be populated with the existing metrics in line with the upcoming Board Meeting later in March, F Hogg confirmed that this will be the case.

The Committee **Noted** the update

8   POLICIES, TERMS AND CONDITIONS, DIVERSITY AND INCLUSION, VALUES AND CULTURE

8.1   Culture Oversight Group Minutes from meeting held on 21st February 2022

The circulated minutes were **approved**

The Committee **Approved** the minute of the meeting on 11th November and 13th December.

8.2   Appraisals Approach 2022/2

F Hogg spoke to her powerpoint presentation in respect of plans for appraisals, the timescales of which are set out in the paper.

.

For 2022/3 objectives, initially we will roll over and update our 2021/2 objectives, until the board levels objectives are finalised as part of the Together we Care Strategy. Fiona noted that imescales for objective setting were set before the latest Omicron crisis and the dates may change slightly.

.

F Hogg explained tha the commitment for this year is that Executives and their Senior Managers will all participate in this process and where other colleagues are able to,

She went on to explain the personal development plan Needs to be embedded in the appraisal discussion and objectives, Without having regular performance discussions and reviews the personal development plan is worthless. We will formulate a plan for the EDG and deputy development sessions, once the PDP's for this cohort are complete and look at the senior manager development needs. This is the starting point for succession plans and it is vital to have this rooted in the discussions. What do we need to be doing to get us to a place in the next 2 to 3 years where we can confidently say that every person working for our organisation has a set of objectives and discusses their performance both positive and negative with their manager. There is a need to be realistic about how long this might take. There is a need to have simple tools that allow for focus on the discussion and the link to what people are employed to do. This is different to the KSF process which focused on lots of form filling and starting from a blank piece of paper.

F Hogg explained it is was vital that both positive and negative feedback was discussed, sometimes only the negatives were discussed as they arose as problems which was not helpful. She stated that P Dudek, Chief Executive was fully on board with this and that this was also very positive and a good starting point with this work.

The Chair asked F Hogg to clarify what she meant with "remaining" colleagues. F Hogg clarified that everyone who holds a senior management post should be participating in appraisal process. The Chair asked if there was a gap how was the gap to be closed? Then asked what happens with "everyone else"?

F Hogg clarified that the process was in place for all executives and those on the ESM grading structure as this was overseen by Remuneration Committee and Scottish Government. It is ad hoc in other areas as to whether teams use formal appraisal and objective setting.

The Chair stated that the Committee would like to see how this was all broadened out from EDG. F Hogg clarified the term "grandfathering" and explained that is where the manager would do a review of his/her team and that for consistency and validity their manager would also do a review.

B Donald asked about the wider workforce as staff have said that they have felt undervalued due to the lack of objectives and development discussions with them. F Hogg stated that this is a national issue. There are no barriers to managers managing their teams in this way, but there was a need to start at the top of the organisation in order to be clear what this is. By doing it this way we can make it mandatory and keep the focus on the conversation, by having generic objectives and clear simple tools, so avoiding it becoming a paper filling exercise. The organisation requires role models to cascade it down through the organisation. It is something that a lot of time and energy has gone into, there needs to be a narrative created with staff around this. To be able to talk about development and have a good conversation with staff. We need it to be seen as a positive experience. B Donald thanked F Hogg for her explanation but stated that there was perhaps a need to communicate this more clearly to staff who did not seem to understand this point of view and further communication would be helpful.

The Chair agreed this was a good point that was made. E Caithness highlighted that access to training and development had not been equal across the organisation and this could be a way that we address this. She went on to say that we need to value our staff and that if staff did not feel valued they would not be retained. It was good to have discussions around this. She stated that there needs to be a change in direction around this due to the historical lack of opportunity within certain parts of the organisation.

D Park highlighted how tricky an area this could be, to start discussions if the people who were managing or being managed have never had these sorts of discussions. There was a need to be prepared with the correct type of approach to these discussions. It was a good place to start but it was important that success was more important than speed of roll out.

The Chair agreed that the quality of the conversations needs to be high. There was a need to have training in place for these discussions to take place. F Davies highlighted the need to be talking to the workforce and having discussions around the way that things are done with a view to perhaps expanding them or doing them differently. This would only come to light if these discussions were in fact taking place. There is a need to collect the data from the appraisals for the need to provide training and further development. There needs to be some sort of corporate collection of information where potential training could be highlighted. If there is a need to do things differently how is this identified or recorded with a view to putting it in place.

> The Committee **agreed** to accept moderate **assurance** on this item.

8.3 Board Culture Update

There was circulated a report by F Hogg on the Board Culture Update proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee discuss and examine the draft report and consider any additional information or revisions that may be appropriate.

F Hogg mentioned that we continue to report green on the culture programme but there is mixed shading around our culture metrics and civility whilst these plans were being put together, but there has been some good discussions with EDG. It was also noted that as well as the appraisal work there is an importance of promoting professionalism in the workplace around colleague to colleague relationships and behaviours and how we monitor and regulate that appropriately.

These are two major topics we can utilise to embedded culture change in our organisation and owned by every colleague in order to transform the experience that work is. This is the direction for the Culture programme, now we have put in place the support networks and designed management and leadership training and team conversations.

F Hogg also mentioned that rollout of the Team Conversations was delayed and some Management training has been moved forward, however it wasn't due to the capacity of the programme but more actually making sure the delicate balance is met when the system is under pressure and so we paused the rollout in December/January. A couple of modules have therefore been paused due to the ongoing pressures we are currently facing but will resume as that improves.

It was also mentioned that:

- A good working draft of the PeoplePlan looking ahead at the activity the team will deliver this year and into coming years is making good progress
- This is also aligned to the Together We Care strategy and the different priorities within that.
- These will then go through the leadership teams and come to the Staff Governance Committee in May to help understand what exactly is hoped will be delivered and what resources are required.
- It's important to be realistic and think not just about our capacity to deliver but the capacity and sequencing of the process and having it all in one plan will be really helpful for all of us.

F Hogg asked for any feedback or comments:

- S Compton-Bishop asked is the leadership & management development would be included in the training for anybody in our organisation who at some point is going to have to carry out an appraisal or development plan with their staff; or is it going to have to be picked up separately?
- F hogg confirmed that there is are four levels of the leadership and management development programme and is focused around having those types of conversations where you're addressing performance but also has technical modules to cover different elements of what you might discuss with colleagues and need to be a leader.
- S Compton-Bishop also referred to point item 9.2 around the Staff Governance Standard monitoring and whether that is going to involve a new approach.
- F Hogg advised that the letter in 9.2 is about timescales for the feedback on the monitoring for this year, but also looking at how this might be done differently in the new year and also how we could refresh and use IMatter to support this.
- F Hogg also mentioned that the fact that the iMatter results haven't changed much despite what we know about the impact of the last two years, means we may not be asking colleagues the right questions and measuring the right things, so we're

very much encouraging the national team to look at that and they've agreed to look at this in the next cycle in 2023.

- It was also noted that Boards were previously running IMatter at different times for up to a six month window, then a report would come out at the end of the year, so we're being pulled forward in the year to ensure they are taking place within a fixed period so that the reporting out is better and more timely. IMatter in 2022 will be in June.

```
The Committee agreed to accept a moderate assurance on this item.
```

8.4 Board Whistleblowing quarterly report

There was a report circulated by F Hogg on the Board Whistleblowing quarterly report and confirmed it was just for Quarter 3 which covered the period 01 October 2021 – 31 December 2021 proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee discuss and examine the draft report and consider any additional information or revisions that may be appropriate.

F Hogg noted the report was an evolving process between herself and the Guardian Service. She confirmed that there have been four concerns reported as whistleblowing to date, but there had been a bit of confusion in the data in the Q1 and Q2 report which has now been resolved.

There was one case from Q1 which had been noted as not Whisteblowing but was actually treated as a stage one whistleblowing concern, although not upheld, so this has been corrected.

There was one additional case on the 01 October which is the first day of Q3 however was reported as a Q2 concern previously. This has now been resolved in the Q3 report and F Hogg therefore confirmed that no whistleblowing concerns have been raised for Q3.

F Hogg mentioned it has been difficult to identify trends and report on these having only had four cases with only two of them being closed. We have discussed as well as quarterly reporting we should have an annual report that goes into some more detail on how we implement the standards and subsequently identifies trends and themes.

S Compton-Bishop asked if we are where we need to be in terms of a national perspective. F Hogg confirmed there is always more that can be done but it's more about ensuring people are more comfortable raising concerns at an early stage and how those having concerns raised to them appropriately respond to these before it ends up being raised through the whistleblowing process.

The Chair welcomed Bert Donald, Whistleblowing Champion to contribute to the discussion and asked for his view on the report.

B Donald made the following points and comments:

- Still too soon to show any trends in what is being raised.
- It is important that the annual report is used as a point to pause and reflect on what has been done and what work still needs to be done.
- There is some work to be done around students and trainees which came up on my most recent visit.
- The recent visits I took part in have helped show colleagues are more comfortable raising concerns and they know what whistleblowing is but are not certain on what the whistleblowing standards are.

- It will be important to use more than just email communication, considering printed material in order to promote this further.

The Committee **agreed** to accept **moderate assurance** on this item

8.5 Policies for Noting from Area Partnership Forum

F Hogg mentioned this was discussed in detail at the Area Partnership Forum to which all agreed and these were brought to the committee for noting

The policies covered were:

Scheme of Delegation Policy
Organisational Change Policy
SSSC Policy
Working Time Policy

The Committee **Noted** the updated policies.

9 HEALTH, SAFETY AND WELLBEING, ABSENCE AND WHISTLEBLOWING

9.1 Minutes of the Health and Safety Committee on 8th February 2022

The circulated minutes were **approved**

The Committee **Approved** the minute of the meeting on 8 February 2022.

9.2 Annual Staff Governance Standard Monitoring – Feedback from Scottish Government.

F Hogg spoke to the letter and advised that Scottish Government will be identifying gaps and suggesting areas of improvement around Staff Governance. It will be kept as a point to discuss in our May Committee meeting. F Hogg noted that it could actually be discussed within the May Staff Governance Development session.

The Committee **noted** the update.

9.3 Annual Health & Safety Committee Review

B Summers covered a short presentation on the item which accompanied the circulated report on the Health & Safety Annual Review proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee discuss and examine the draft report and consider any additional information or revisions that may be appropriate.

In discussion the following questions and comments were discussed:

- S Compton-Bishop asked the committee what sort of information do we want to monitor and discuss at the appropriate level.
- F Davies noted the three recommendations for Argyll & Bute highlighting that any decision to make changes would sit with the IJB under the scheme of delegation.

It would therefore be for the IJB to discuss and make changes, issuing directions to NHS Highland where appropriate.

- B Summers acknowledged he reflected upon being Head of Service for all of NHS Highland rather than just North Highland and therefore would be good to discuss how this is positioned.
- F Hogg noted that the report is more around the H&S Lead raising these concerns with Senior Management rather than expecting the committee to ratify the recommendations; they are not the recommendations of the committee but are professional recommendations that the committee will note.
- F Hogg also suggested that the recommendations could form the basis of an action plan for the committee to review at a point in the year, and that she and B Summers would take these away and draw something up. This would ensure recommendations such as those for A&B are captured and tracked but discussed in the right places by the right people who have responsibility for this.
- S Compton-Bishop mentioned that when a plan is drawn up it should make things clearer in that some items will be a 'Governance' committee responsibility but some items will be operational in nature and not for the committee to review in that level of detail.
- B Summers confirmed that it was his professional recommendation to the H&S committee in order to try and streamline the relationship between Argyll & Bute and NHS Highland so it lines up appropriately but this was not for the committee to decide on and discussions would be taken forward in the appropriate places

> The Committee **discussed** and **approved** the content of the report and took **moderate assurance** from the report.

10 AOCB

There was no further business discussed.

11 Date of NEXT MEETING

The next meeting of the Committee will take place on Wednesday 4th May **at 10.00 am** on **MS Teams**.

The meeting closed 11.30 am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS** Highland
MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**24 February 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
Tara French, Head of Strategy (HHSCC)
Ruth Fry, Head of Communications and Engagement
Jane Gill, PMO Director
Heidi May, Board Nurse Director
Brian Mitchell, Board Committee Administrator
David Park, Deputy Chief Executive
Boyd Peters, Board Medical Director
Iain Ross, Head of eHealth
Ian Rudd, Director of Pharmacy
Katherine Sutton, Deputy Director of Operations (Management)
Elaine Ward, Deputy Director of Finance
Nathan Ware, Governance and Assurance Coordinator
Alan Wilson, Director of Estates, Facilities and Capital Planning

1   WELCOME AND APOLOGIES

Apologies were received from Fiona Davies, Graham Hardie and Prof Boyd Robertson.

2   DECLARATIONS OF CONFLICT OF INTEREST

There were no formal Declarations of Interest.

3   MINUTE OF THE MEETING HELD ON 21 OCTOBER 2021

The Minute of the Meeting held on 21 October 2021 was **Approved**.

4   ASSET MANAGEMENT GROUP MINUTES – 19 JANUARY 2022

There had been circulated Minutes of the meetings of the Asset Management Group held on 19 January 2021.

The Committee otherwise Noted the circulated Minute documents.

5 MAJOR PROJECT SUMMARY REPORT

A Wilson spoke to the circulated report, providing the Committee with an update on all major Capital construction projects, in relation to both financial and programme management performance and proposing the Committee take **Moderate Assurance**. The report provided a progress summary, an outline of key risks, an indication of upcoming activities and a cost update. It was noted the revised Initial Agreement relating to Lochaber was expected to be resubmitted in March 2022.

Discussion points were related to the following:

- End of Year Spend Profile/Revenue Implications. Revenue implications had been discussed with Scottish Government. Working with Finance Director and individual teams to identify costs and build into relevant considerations. Mechanism required to ensure appropriate financial planning and governance processes in place. No associated major revenue implications identified for 2022/2023. Overall level of investment welcomed and recognised.
- Project Review Process. Advised Post Project Evaluation for major projects conducted after 12 months and brought to Committee for review and sign-off. Asset Management Group also consider the same for internal projects. Process does include benefits realisation aspects.
- Raigmore Car Park. Confirmed overspill management during resurfacing project will be conducted on area-by-area approach. Majority of work to be conducted over weekends.
- National Treatment Centre. Confirmed programme dates slipped 4-6 weeks. No extra costs incurred. Public messaging needs further consideration. Issues will be discussed with D Jones.

The Committee otherwise:

- **Noted** the progress of the Major Capital Project Plan.
- **Agreed** to take **Moderate** assurance.

6 INTEGRATED PERFORMANCE REPORT

L Cowie introduced the circulated report, providing a bi-monthly update on the performance based on the latest information available and reported on actions being taken to address any performance issues with progress to date. The report proposed the Committee take **Moderate Assurance**. Existing processes and reporting were being continuously reviewed to ensure the document met the needs and assurances required by the NHS Board along with supporting relevant Governance Committees. The report summarised the key areas, risks and mitigating actions in the action plan, with Executive Leads providing commentary.

L Cowie then provided a presentation to members, in relation to the Scheduled Care Recovery Plan activity, noting this had to be submitted to Scottish Government by 18 March 2022. The current position was outlined, as experienced by the Highland population and the biggest challenges were laid out for members. Current Emergency Department and TTG performances were illustrated, as were associated Waiting List positions by Specialty. NHS Highland performance in relation to patients waiting for their first Outpatient appointment was provided, as was that for Return Outpatient appointments. A brief outline of the progress made in relation to improving cancer management was given as was an update in relation to the level of Theatre activity having been undertaken in 2020/2021. The latter illustrated the associated

impact of Covid waves during the reporting period. L Cowie went on to provide an update on the work being taken forward in relation to development of the Scheduled Care Recovery Plan, the current level of Delayed Discharges in Highland, and an outline of the activity now required to help inform the Integrated Performance and Quality Report moving forward. B Peters took the opportunity to advise that a refresh of the National Clinical Strategy was also underway. A further update report would be provided to the next meeting.

Discussion areas were as follows:

- Maintenance of Performance levels. This was acknowledged and welcomed.
- Addressing Inequalities in Access/Outcomes. Questioned how to reflect this through data provision.
- Self-Management Support Programmes. Number of Executives to meet to discuss how best to take forward further at this time.
- Vaccination Programme. Questioned if planning for next phase complete. Advised K Corbett leading on activity, with an update report being submitted to next EDG meeting.
- Complaints Performance. Questioned if the quality of responses could be quantified and reported.   Advised consideration being given to this aspect although setting proxy measures a challenge. Draft Complaints Improvement Framework developed and to be taken to next EDG meeting. Emphasised need for clinicians to be more involved in all aspects of process and to avoid continued over reliance on written communication. Noted patient experience questionnaire being taken forward within Raigmore, the feedback results of which should be fed into the wider reporting discussions.
- Data provision. Confirmed Planning and Performance Team managing level of requests at this time, with overarching and Acute reporting in place. Similar reporting to be developed for Mental Health and Community aspects. The main challenge related to agreeing relevant metrics and reporting format.
- Return to 2019 Activity Level (September 2022). Questioned if this included new activity such as vaccination activity. L Cowie advised this related to TTG and Outpatients activity only. Members were reminded NHSH was already undertaking additional activity at that time and that would be reflected.
- Cancer Management Improvement. Questioned if lessons learned had been shared. Noted team effort at heart of activity and led to provision of increased capacity, including within Diagnostics. Associated learning related to team ownership. Team would be delighted to share work detail in future NHS Board Development Session.
- TTG Activity Performance. Confirmed reported performance did not include P3/4 activity, which was on hold at that time on the direction of Scottish Government. Planning for restoration of all activity would from part of the Scheduled Care Recovery Plan.

After discussion, the Committee:

- **Noted** the Service performance updates.
- **Noted** a detailed update on the Scheduled Care Recovery Plan would be provided to the next meeting.
- **Noted** the Complaints Improvement Framework would be brought to the next meeting.
- **Agreed** to take **Moderate** assurance.

7   NHS HIGHLAND REMOBILISATION PLAN (4)

L Cowie spoke to the circulated report and gave a presentation to members providing an update in relation to progress on development of the next iteration of the NHS Highland Remobilisation Plan. The report proposed the Committee take **Moderate Assurance**. It was reported there had been little change from Scottish Government in relation to the submission made in September 2021 although they had welcomed the one-page overview approach that had been adopted and this was to be shared across NHS Boards. It was reported that NHS

Boards were now required to submit quarterly updates to Scottish Government, with detailed information on progress against milestones contained within the accompanying Delivery Plan document. A number of new deliverables had added. It was then reported NHS Highland had 201 Key Deliverables in total, a small number of which were noted as being at risk as indicated. Those Deliverables subject to delays were indicated as relating to People, Pathways and Progress. All Deliverables were aligned to specific Programme Boards so as to ensure appropriate governance and assurance. Next steps were also outlined, with focus on Quarter 4.

The following was then discussed:

- Outcomes/Targets Data. Asked what barriers existed to data provision. None noted.
- Linking Finance to Deliverables. Further detail on this was requested. Noted this was a work in progress. An update was provided under Item 8 (Annual Operating Plan). Noted 3-year plans being developed but 3-year funding approach not yet confirmed. Financial and Performance Recovery Plans would take on extra significance as NHS Boards looked to emerge from the Covid pandemic impact.
- Women and Children's Health. Requested an Item be included within the Committee Work Plan for 2022/2023.
- Key Deliverables Subject to Delay. Advised many of those listed were close to being designated 'At Risk'. There was work to be done, in association with respective Senior Leadership Teams, to understand the exact position. More detail would be provided to future meetings.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.
- **Agreed** to include an Item relating to Women and Children's Health Services within the 2022/2023 Committee Work Plan.

8 DEVELOPMENT OF NHS HIGHLAND ANNUAL OPERATING PLAN

L Cowie gave a presentation to members, advising as to the current position and emphasising the need for greater ownership by relevant services/managers and better integrated workforce planning. The aim was to ensure Integrated Planning on a "Once for NHS Highland" approach. The process for development of the Plan was outlined, as well as the scope to create relevant oversight and assurance through development of an appropriate Balanced Scorecard approach. The existing planning landscape was laid out for members, indicating the extent and number of government plans to be reflected and ultimately met, noting further Strategy development was underway at that level. The next steps were outlined, and it was indicated the final draft Annual Operating Plan (AOP) would be submitted to the NHS Board in July 2022 with support from the PMO to enable performance, quality, and finance to be brought together. The final Plan would be clinically led and managerially enabled, with the relevant service planning framework agreed and in place and the plans for the National Treatment Centre appropriately integrated. Prioritisation would be given to recovery activity and ensuring the correct conditions for change are suitably in place. Centre for Sustainable Delivery considered key to unlocking capacity in a number of areas.

The following matters were discussed:

- Government national requirements. Advised weekly discussion with Government during which there was regular dialogue relating to the additional administrative burdens being placed on Boards. Emphasised Government a conglomerate of separate elements with

differing requirements, and a duty on NHS Boards to prepare for the anticipated level of scrutiny to come. Dialogue with Scottish Government was open and robust.
- Winter Plan. Confirmed will be part of the AOP submission.
- NHS Highland Clinical and Care Strategy delay. Questioned how relevant Objectives are employed in terms of AOP development and emphasised importance of ensuring appropriate clinical engagement from GPs/Primary Care on all Plan aspects. Confirmed Strategy theme analysis underway and would be reflected in the draft submission to the May 2022 NHS Board meeting. L Cowie was to meet with the Area Clinical Forum in March 2022, as well as the GP Sub Committee.
- Ensuring Improved Engagement (Improvement Plans). Suggested this could help inform Staff Experience items at NHS Board level. Confirmed relevant discussions were commencing. Overall, there was an improving position within NHS Highland at a time when Services and Teams continue to experience continued pressures. Increased IPQR usage at Service level was encouraging.

The Committee otherwise Noted the reported position.

9   ANNUAL ACCOUNTS UPDATE – Pharmaceuticals

D Garden and I Rudd spoke to a circulated report relating to an incident whereby high-cost medicines totalling £104k had been lost due to a storage issue within Raigmore Hospital. A series of actions had been recommended to manage/mitigate such risk following appropriate investigation. The level of loss concerned would have a material impact on the Annual Accounts for 2021/2022. The report proposed the Committee take **Substantial Assurance**.

The following areas were discussed:

- Committee Reporting of Material Loss. Advised Assurance Framework directed reporting through this Committee. Issue will be reported to the NHS Board and likely be picked up in the press.
- Support for Employee(s) concerned. Confirmed supportive process applied and specific support offered to individual members of staff concerned where appropriate.
- Product Delivery Manifest. Agreed to investigate potential options for using e-versions.
- Potential Environmental Impact. Confirmed material concerned not toxic in nature. Compactor had been appropriately decontaminated. All relevant protocols applied.

After discussion, the Committee:

- **Noted** the reported position material loss concerned.
- **Agreed** to take **Substantial** assurance.
- **Agreed** the matter be highlighted to the NHS Board at their next meeting.

10   FINANCE

10.1   Cost Improvement Programme Update (Month 9)

J Gill spoke to the circulated report and advised, at Month 9, the forecasted outturn for the programme was £13.4m, against the overall target of £25.1m and represented a £10.3m gap. Current priorities were indicated as relating to progressing schemes from pipeline to implementation. The Delivery Summary and profile of savings against target was indicated, with the year-to-date delivery remaining behind Plan (£9.8m compared to £16m). The Cost Improvement Analysis of unidentified CIP against target was provided. In terms of overview and risk, there were 136 schemes in the M9 delivery tracker, 35 schemes remained on the pipeline tracker for 2021/2022 and planning for 2022/2023 continued through weekly

submission and presentation of planning charters to the Financial Recovery Board. Key additions to the Delivery Tracker were highlighted and it was stated the PMO were ensuring that the planning process was being maintained, delivery risks were addressed, and the pace of implementation was improved where possible. The three key risk areas related to medical agency locum expenditure, Pipeline Scheme progress and Recurrent Cost Base, the mitigating actions in relation to which were also outlined. A further update was provided in relation to the preparation underway for the 2022/2023 programme (initial target £25.1m). it was advised the PMO were working towards ensuring appropriate alignment with the wider revised NHS Board structure.

The following aspects were raised in discussion:

- Savings Realisation. Noted savings continue to be delivered during challenging period. The level of performance evidenced was acknowledged.
- Non-Delivery of Work Stream Savings. Confirmed FRB sighted on relevant operational aspects impacting savings delivery. Advised use of efficiency gains as a method for delivery not always the most appropriate methodology and where the case there was reversion to cash release/savings approaches.

After discussion, the Committee otherwise Noted the reported position.

10.2   NHS Highland Financial Position as at Month 10

E Ward presented an outline of the NHS Highland financial position as at end Month 10, advising the Year-to-Date Revenue over spend amounted to approximately £10.972m, with a forecasted overspend of £16.294m as at 31 March 2022. It was reported the Scottish Government had confirmed funding package to deliver in-year financial balance for all NHS Boards. With various additional funding tranches having been received throughout he financial year to date, total anticipated funding for 2021/2022 would be in the region of £1,044.597m. Members were then taken through the underlying financial data relating to Summary Income and Expenditure; detail relating to HHSCP; Acute Services; Support Services; Argyll and Bute; Summary Position by Subjective Spend and additional data on savings delivery. The underlying Capital position was also outlined for the information of members, and it was stated the required level of expenditure outlined remained achievable. A brief summary was given in relation to the funding required, and allocations received to date, in relation to the NHSH Remobilisation Plan4. Recent national funding announcements were also outlined. It was advised the potential for year-end flexibility would be explored further with Scottish Government colleagues.

E Ward went on to present in relation to the basis for development of the 2022/2023 Financial Plan, assuming a 3% baseline uplift and an additional £3.1m to bring NHS Highland to within 0.8% of NRAC parity. Additional funding would be expected in the event of a higher than anticipated Agenda for Change pay offer. Budget revisions would be made in line with additional allocations received and there was an assumption that funding will be forthcoming in respect of costs associated with the ongoing response to the pandemic and the associated remobilisation of services. The estimated financial gap for 2022/2023 would be in the region of £60m, and this would be addressed by the Cost Improvement Programme (£23.0m), Non-recurring measures including flexibility on the use of Scottish Government allocations (£15.6m), and anticipated brokerage (£21.0m). Delivery of recurrent changes to the existing cost base would be crucial.

The report proposed the Committee take **Moderate Assurance**.

Relevant discussion points related to the following:

- Transformation activity. Acknowledged as central to future financial success, reflecting the national position across NHS Boards in Scotland. A continued focus on internal cost

improvement activity must be maintained. National discussion would be held in relation to findings of the relevant Audit Scotland report. Staffing resource considerations would be crucial to any service delivery transformation activity. Cannot lose focus on quality.

- Continuation of Cost Improvement Activity. Advised NHS Highland had continued the work of the PMO whereas not all other NHS Boards had been able to do so.
- Additional Allocations. Requested consideration be given to defining the various allocations and providing Committee with an update on where opportunities would exist to use that additional resource to effect substantive change. Confirmed a degree of flexibility would be available to NHS Boards in relation to associated spend profiles. The Service Planning Framework would help services plan more effectively in that regard.
- Utilities Costs. Noted based on a national contract, with energy secured and paid for in advance. Whereas funding had always followed expenditure the current and impending energy cost crisis would likely initiate a greater national focus on energy efficiency moving forward. National resource had been set aside for decarbonisation activity.

After discussion, the Committee:

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

11   COMMITTEE ADMINISTRATION

11.1   Committee Annual Report 2021/2022

There had been circulated a draft Finance, Resources and Performance Committee Annual Report 2021/2022. The final report would be submitted to the Audit Committee as part of the overall Governance aspect of the Annual Accounts process for 2021/2022. R Daly requested inclusion of commentary relating to the effectiveness of the Committee in assisting with overall NHS Board assurance. A Clark stated the need to include reference to the Environmental and Business Continuity Planning Sub-Groups.

The Committee Agreed the draft Annual Report for submission to the Audit Committee, subject to the changes agreed in discussion.

11.2   Committee Annual Work Plan 2022/2023

There had been circulated a draft Finance, Resources and Performance Committee Annual Work Plan 2022/2023. The agreed final Work Plan would be submitted to the NHS Board, reflecting discussion and changes recommended during this meeting.

The Committee Agreed the draft Committee Annual Work Plan 2022/2023, subject to the changes agreed in discussion.

11.3 Committee Self-Assessment Review 2021/2022

The Chair advised discussion of the results from the Self-Assessment review had been held in a separate Development meeting, with agreement reached to address the agreed identified gaps over the coming financial year.

The Committee so Noted.

12   AOCB

There was no discussion in relation to this Item.

13   FOR INFORMATION

There was no discussion in relation to this Item.

14   2022 MEETING SCHEDULE

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

28 April
23 June
25 August
20 October
December 2022 – to be agreed

15   DATE OF NEXT MEETING

The date of the next meeting of the Committee on 28 April 2022 was **Noted.**

The meeting closed at 4.30pm

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 January 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	X	Partners in Care	X
• Improving health • Keeping you safe • Innovating our care		• Working in partnership • Listening and responding • Communicating well	
A Great Place to Work	X	Safe and Sustainable	X
• Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing		• Protecting our environment • In control • Well run	
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 risks and mitigations embedded.

The contents of the report are aligned to NHS Highlands governance structures and informed by the remobilisation plan 4 and Scottish Government targets. This will evolve as we develop our annual operating plan.

The report is split into 5 sections in line with our emerging strategy "Together We Care" (population, people, pathways, performance and progress). Detailed information on the targets including trends and benchmarking with similar boards is also provided.

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. Continuous engagement with the exec leads and non-executive board members who chair these committees will be key to continuous development of a revised format. To support this continuous review within the May 2022 version we aim to have:

- More detailed intelligence from public health to incorporate wider work including vaccination transformation metrics
- A section focusing on population and patient experience
- Elective care progression and trajectory to 100% of 19/20 capacity by September
- Expansion of adult social care intelligence
- Outpatients looking at community and acute where appropriate
- Argyll & Bute IJB in line with their internal governance mechanisms

.

2.1   Situation

The IPQR summarises the key areas across our system and is starting to incorporate wider data to describe the "story" of the target areas. Each area also has a commentary by the Executive Lead along with the key risks and mitigations.

Our aim is to have an IPQR for each of our Governance Committees and Programme Boards across NHS Highland to create visibility of our performance and quality as a whole system approach.

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 take place in the associated Programme Boards, Performance Recovery Board and governance committees. As we continue to revise the IPQR we will also consider other performance measures that the Exec Leads and Non-Executive's wish to have oversight of.

2.4   Proposed level of Assurance

This report proposes the following level of assurance in terms of the integrity of intelligence and the process:

Substantial	X	Moderate	
Limited		None	

3   Impact Analysis

3.1   Quality/ Patient Care

IPQR gives an integrated summary of our quality and patient care across the system. The impact on patient experience will be more fully described in May 2022 as we move to a revised format working closely with the Director of Nursing & AHPs and the Medical Director along with the Non-Executive Directors who chair the governance committees.

3.2   Workforce

IPQR gives a summary of our key performance indicators relating to staff governance across our system. Wider people & culture metrics are being developed as part of the culture programme/workforce board and this section will continue to be revised and improved working collaboratively with our Director of People and Culture.

3.3   Financial

The financial summary is now separate.

3.4   Risk Assessment/Management

This intelligence contained in the IPQR is managed operationally and overseen through the appropriate Governance Committees, and the Performance Recovery Board. It will form part of continual improvement by all sectors involved and allow consideration of the intelligence presented as a whole system. We will consider the risks that are presented within the IPQR as part of our review of the corporate risk register.

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. It has recently been shared at the Area Clinical Forum to develop clinical engagement.

3.9   Route to the Meeting

This intelligence (not necessarily in this format) has been considered by the governance committees and all Executive Leads have provided the context on their intelligence.

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 continually being reviewed to provide the Board with an IPQR that meets the needs of the organisation.

4.1   List of appendices
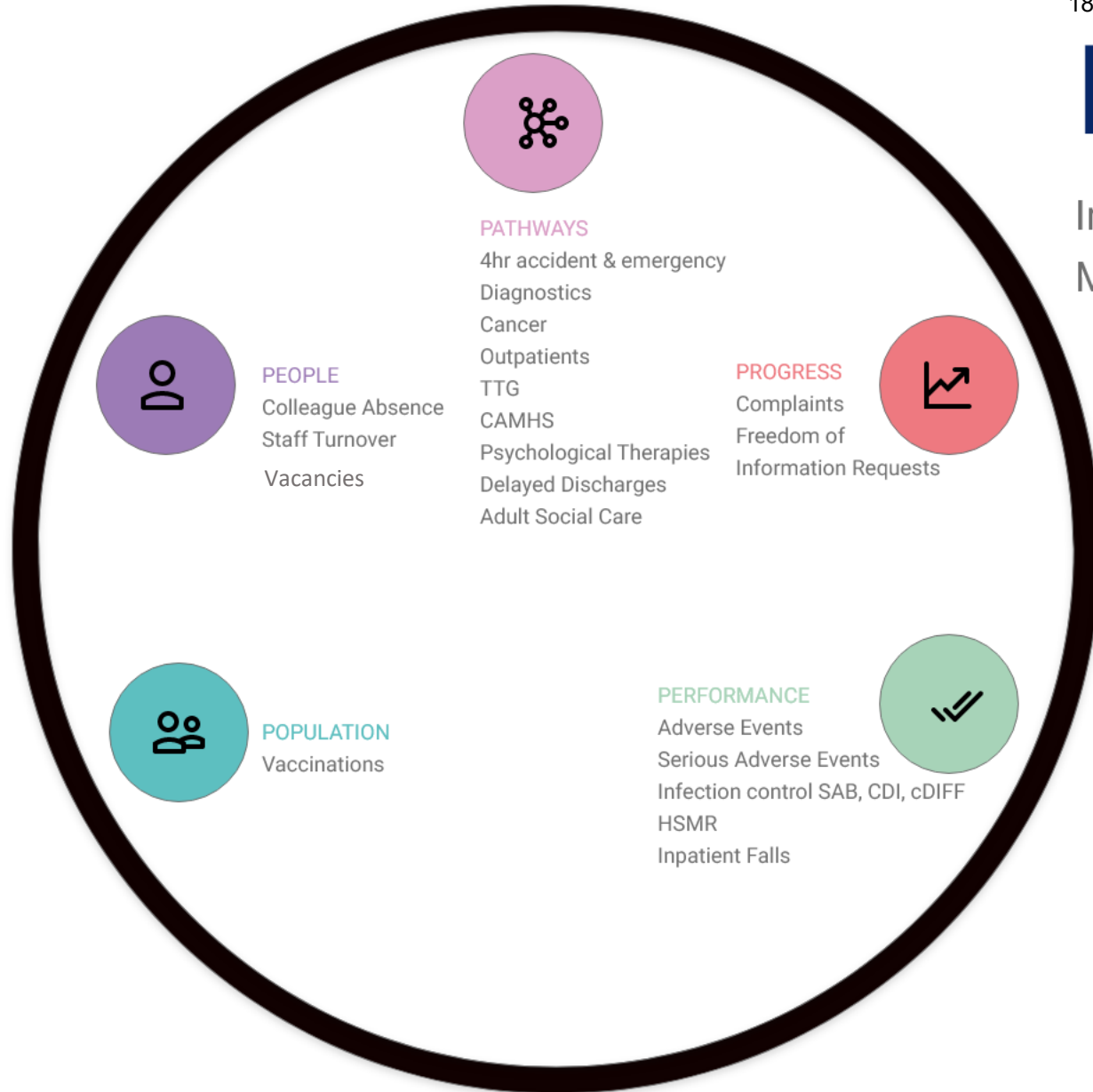
The following appendices are included with this report:

- Appendix – IPQR March 2022

NHS Highland

Integrated Performance & Quality Report Dashboard (IPQR)

March 2022 Update

The purpose of the IPQR is to give an overview of the whole system performance and quality within NHS Highland.

IPQR is evolving and in this month's version we have distinguished between NHS Highland and Argyll & Bute IJB.

PATHWAYS
4hr accident & emergency
Diagnostics
Cancer
Outpatients
TTG
CAMHS
Psychological Therapies
Delayed Discharges
Adult Social Care

PEOPLE
Colleague Absence
Staff Turnover
Vacancies

PROGRESS
Complaints
Freedom of Information Requests

POPULATION
Vaccinations

PERFORMANCE
Adverse Events
Serious Adverse Events
Infection control SAB, CDI, cDIFF
HSMR
Inpatient Falls

Together We Care
Building a brighter future for health and care
2022 - 2027

Building a brighter future for health and care
2022 - 2027

NHS Highland

Population

Vaccinations - 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
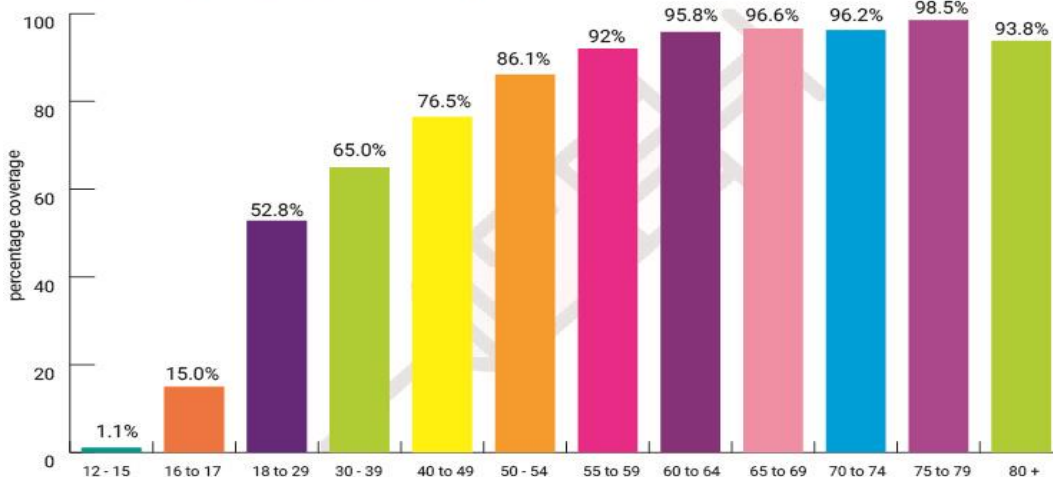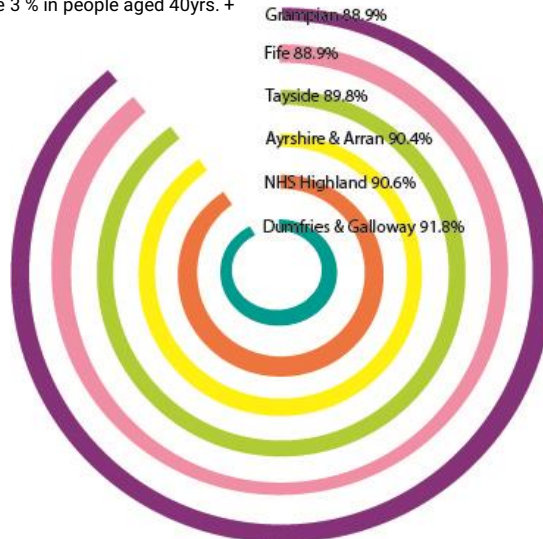
.

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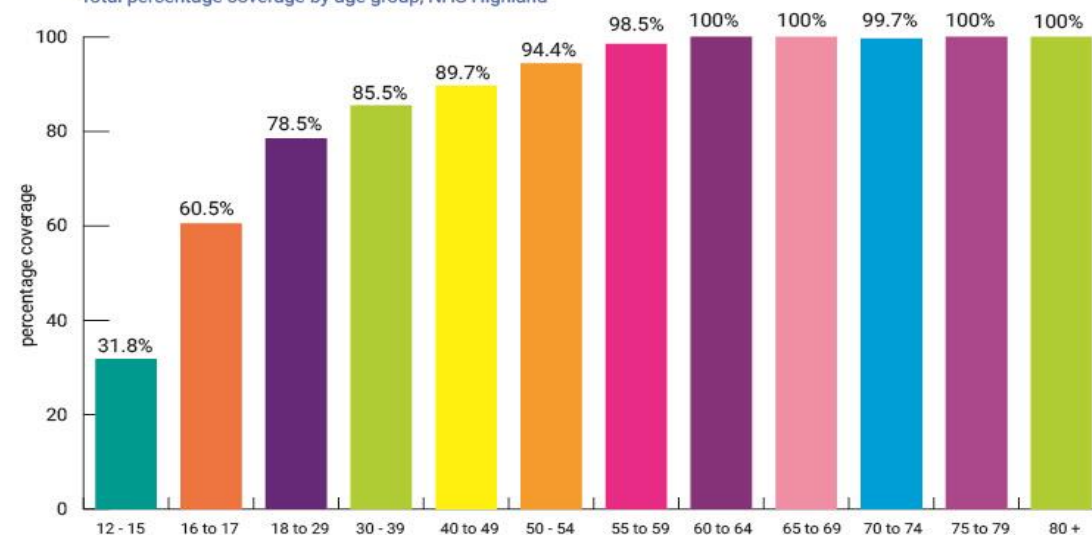Total percentage coverage by age group, NHS Highland

12 - 15	16 to 17	18 to 29	30 - 39	40 to 49	50 - 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 +
1.1%	15.0%	52.8%	65.0%	76.5%	86.1%	92%	95.8%	96.6%	96.2%	98.5%	93.8%

Booster or dose 3 % in people aged 40yrs. +

Grampian 88.9%
Fife 88.9%
Tayside 89.8%
Ayrshire & Arran 90.4%
NHS Highland 90.6%
Dumfries & Galloway 91.8%

Percentage of population who have recieved two doses, Covid 19 vaccine
Total percentage coverage by age group, NHS Highland

12 - 15	16 to 17	18 to 29	30 - 39	40 to 49	50 - 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 +
31.8%	60.5%	78.5%	85.5%	89.7%	94.4%	98.5%	100%	100%	99.7%	100%	100%

PHS LDP standards update 01.03.2022

No	Risk	Mitigation
1	Risk that tranche 2 delivery 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	Workforce analysis undertaken for dialogue with Scottish Government

Integrated Performance & Quality Report March 2022 Update
Pathways

4 Hour ED Access Target: 95% of patients to wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment

80.8%

70.8%

- 🟨 NHS Highland
- ⬛ NHS Scotland
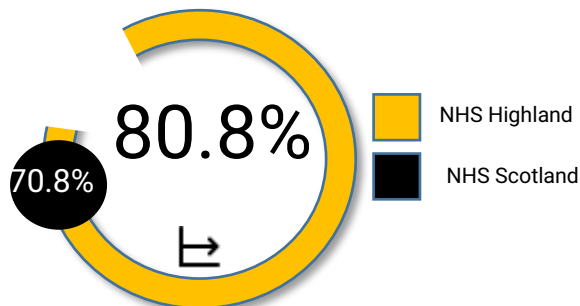
Measure 28.08.22	NHSH	NHSS
4 hour wait to treatment	80.8	70.8
ED conversion rate	21.8%	N/A
Total ED attendances	1,122	24,672

Report AE1005 (North Highland only) For A&B figure, see A&B section

Risk	Mitigation
Available medical inpatient capacity	RH is aiming to increase inpatient capacity and plans are being progressed to improve and streamline discharge processes.
Availability of transport	Holding capacity being explored outwith EDs at RGHs
EDs. reaching capacity	Capacity escalation plans in place. Whole system escalation plans being developed
Workforce capacity	ED business case completed, active recruitment

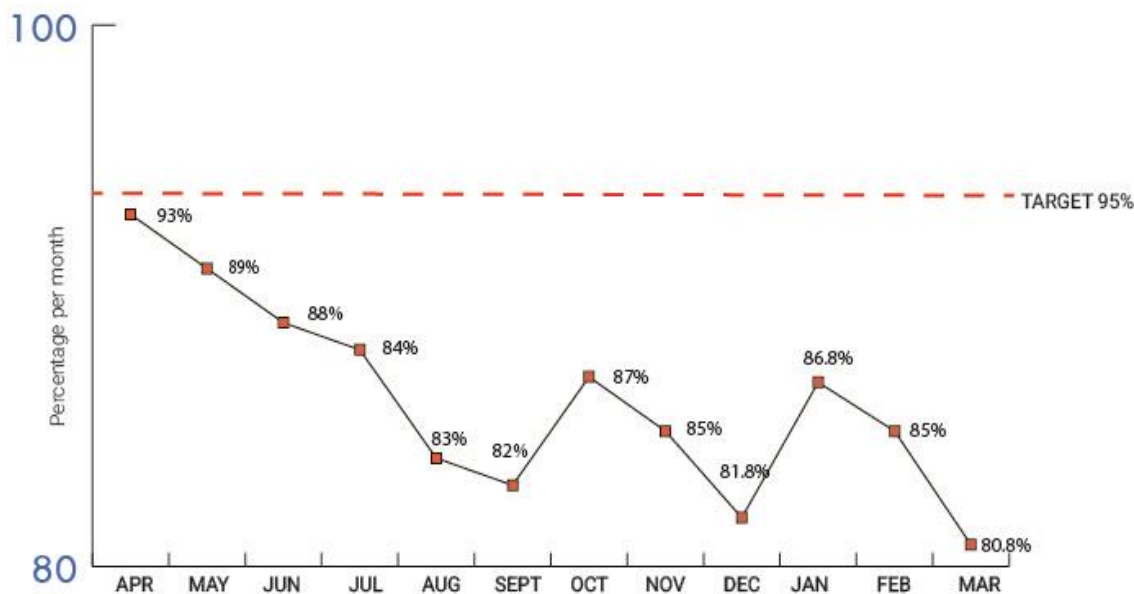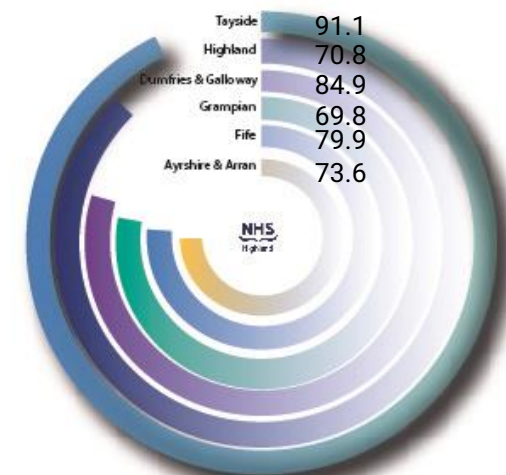**Context by Katherine Sutton**
Chief Officer Acute

NHS Highland ED performance continues to be several percentage points above the Scottish average. However performance has failed to return to pre-pandemic levels. The main reason for breach continues to be the wait for medical beds. Over the course of the winter there have been significant challenges in particular relating to the impact of the most recent waves of the COVID pandemic. This has reduced capacity to support flow particularly due to the significant impact on available staffing levels and the lost capacity due to infection control policy which has closed beds and required increased bed capacity to be devoted to cohorting COVID positive patients.

Ambulance waits have been significant at times across a number of locations whilst awaiting access to hospital services.

Percentage per month

100

TARGET 95%

93%
89%
88%
84%
83%
82%
87%
85%
81.8%
86.8%
85%
80.8%

80

APR MAY JUN JUL AUG SEPT OCT NOV DEC JAN FEB MAR

Board Level KPI report 28.02.2022 NHSS

Tayside	91.1
Highland	70.8
Dumfries & Galloway	84.9
Grampian	69.8
Fife	79.9
Ayrshire & Arran	73.6

NHS Highland

PHS LDP standards update 01.03.2022

Together We Care

Building a brighter future for health and care
2022 - 2027

Integrated Performance & Quality Report March 2022 Update
Pathways

Treatment Time Guarantee (TTG)No patient will wait longer than 12 weeks for inpatient or day case treatment

67.1% Current

69.4%

■ Scottish Average

P1 seen within 72 hrs: 25%
P2 seen within 4 weeks: 62.1%

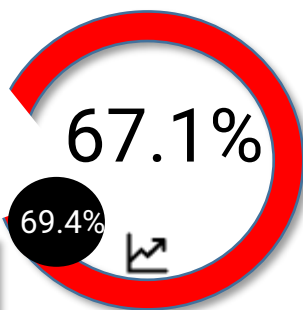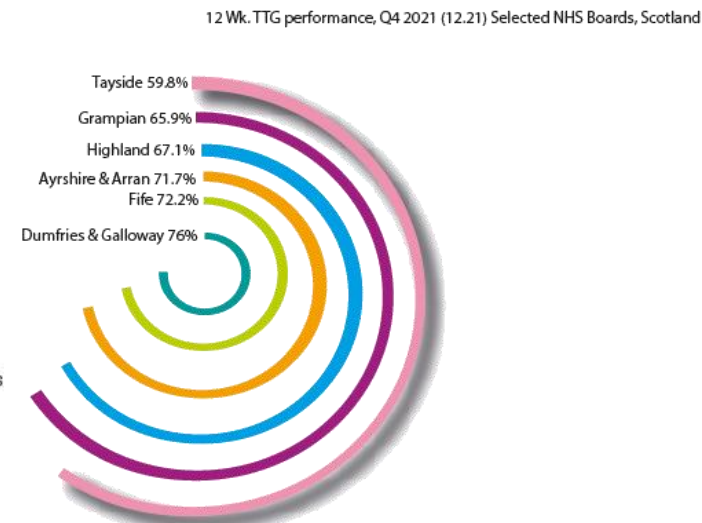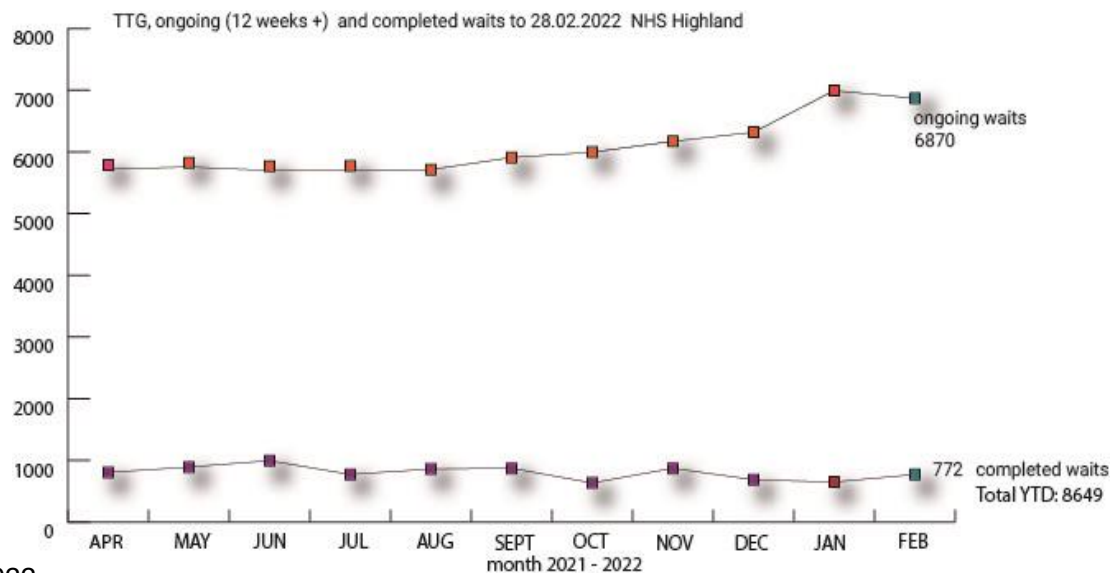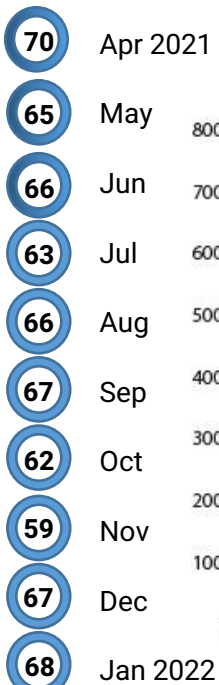|	Risk	Mitigation
1	Workforce capacity & resilience	Recruitment campaigns across a range of clinical specialties and across Nursing & Consultant Staff
2	System pressures and processes to facilitate patient journeys across the Health & Care system	Improved processes and capacity as per USC plan
3	Available 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

Context 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.

70	Apr 2021
65	May
66	Jun
63	Jul
66	Aug
67	Sep
62	Oct
59	Nov
67	Dec
68	Jan 2022

TTG, ongoing (12 weeks +) and completed waits to 28.02.2022 NHS Highland

ongoing waits 6870

772 completed waits
Total YTD: 8649

month 2021 - 2022

12 Wk. TTG performance, Q4 2021 (12.21) Selected NHS Boards, Scotland

Tayside 59.8%
Grampian 65.9%
Highland 67.1%
Ayrshire & Arran 71.7%
Fife 72.2%
Dumfries & Galloway 76%

PHS LDP standards update 01.03.2022

Integrated Performance & Quality Report March 2022 Update
Pathways
TTG activity NHS Highland to 14.03.2022

TTG Waiting List by Specialty 11.03.2022

breast surgery 32
gen. surgery 283
ENT 568
gen. surgery colorectal 173
gen. surgery upper GI 613
gen. surgery vascular 63
gynaecology 379
neurosurgery 0
opthalmology 266
opthalmology cataract 483
OMFS 112
orthodontics 0
orthopaedics 2902
paediatric surgery 55
plastic surgery 45
restorative dentistry 0
urology 412
anaesthetics 11
cardiology 72
chemical pathology 0
chiropody 0
clinical genetics 0
clinical neurophysiology 0
clinical oncology 1
community paediatrics 0
dermatology 0
diabetes 0
diatetics 0
electrocardiography 0
endocrinology 0
endocrinology & diabetes 0
endoscopy 2
gastroenterology 3
general medicine 6
haematology 6
medical oncology 0
medicine for the elderly 0
paediatrics 74
rehabilitation medicine 0
renal medicine 3
respiratory medicine 5
rheumatology 5
sleep apnoea 0
stoma 0
community dental 80
pain management 219
radiology 0
radiotherapy treatment 0

Total 6,968

Integrated Performance & Quality Report March 2022 Update
Pathways

No patient will wait longer than 12 weeks for a first outpatient appointment

43.9%

46.5%
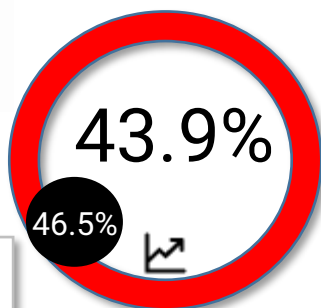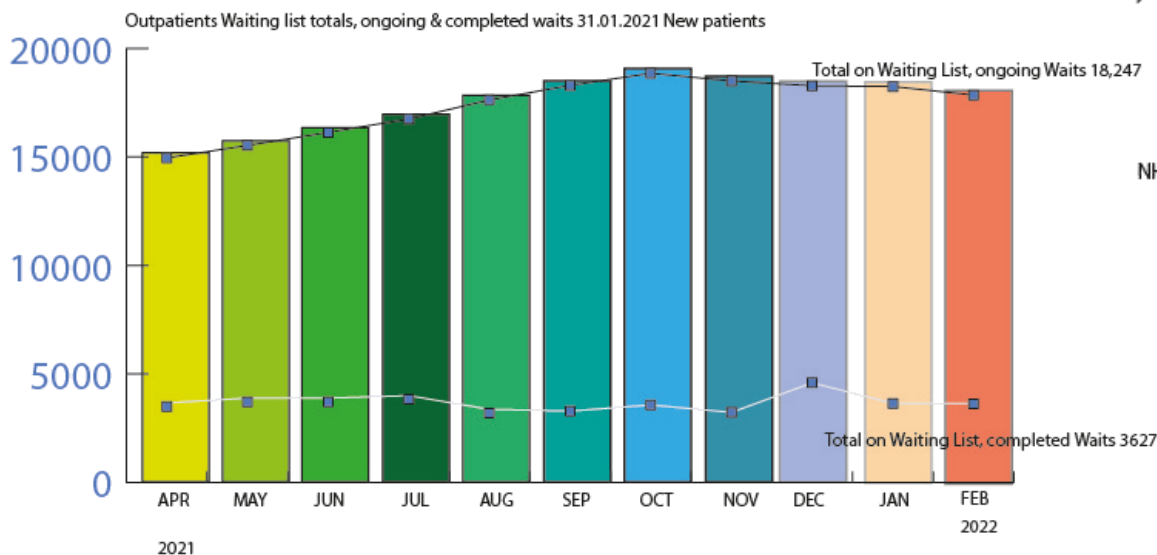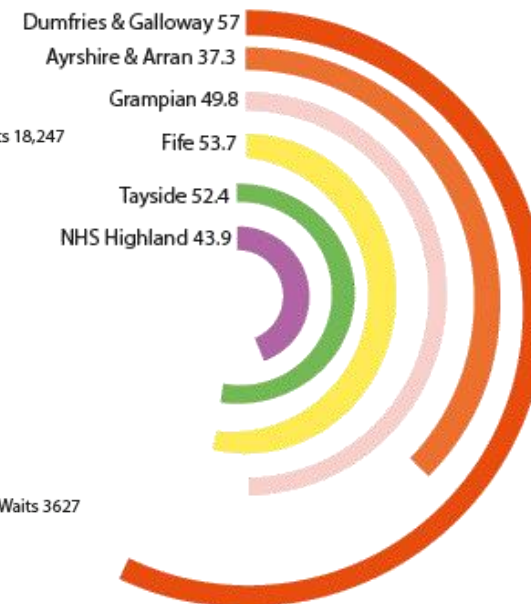
⬛ Scottish Average 31.01.22

Context by Katherine Sutton
Chief Officer Acute

Performance and capacity to deliver out-patient appointments has been challenging as a result of the pandemic and the impact on services. Remobilisation plans have been drafted that focus on increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Progress is overseen through the Scheduled Care Performance Recovery Board. Plans are being developed at speciality level with Clinical Leadership at the forefront. Templates are being reviewed with the aim of getting back to the pre-pandemic rate of offering new out-patient appointments.
Efficiency improvements as developed through the Financial Recovery Programme Board Out-Patients Cross Cutting Workstream are being applied across all speciality service areas. Additional capacity is being sourced to support in some service areas.

	Month
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 capacity is accessed via RMP funding and business case recruitment processes to additional staffing, private sector additional capacity, open return appointments, role and skills development within the service.
2	Physical space to deliver OP services	Utilisation of virtual consultations where possible
3	Post lockdown surge in demand	Link with GPs and public to promote early contact with acute services where appropriate
4	Currency of waiting list	Continuing waiting list validation

Outpatients Waiting list totals, ongoing & completed waits 31.01.2021 New patients

Total on Waiting List, ongoing Waits 18,247

Total on Waiting List, completed Waits 3627

APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB
2021 / 2022

12 Weeks to 1st OP appointment Q4 2021 (12.21) Selected NHS Boards, Scotland

- Dumfries & Galloway 57
- Ayrshire & Arran 37.3
- Grampian 49.8
- Fife 53.7
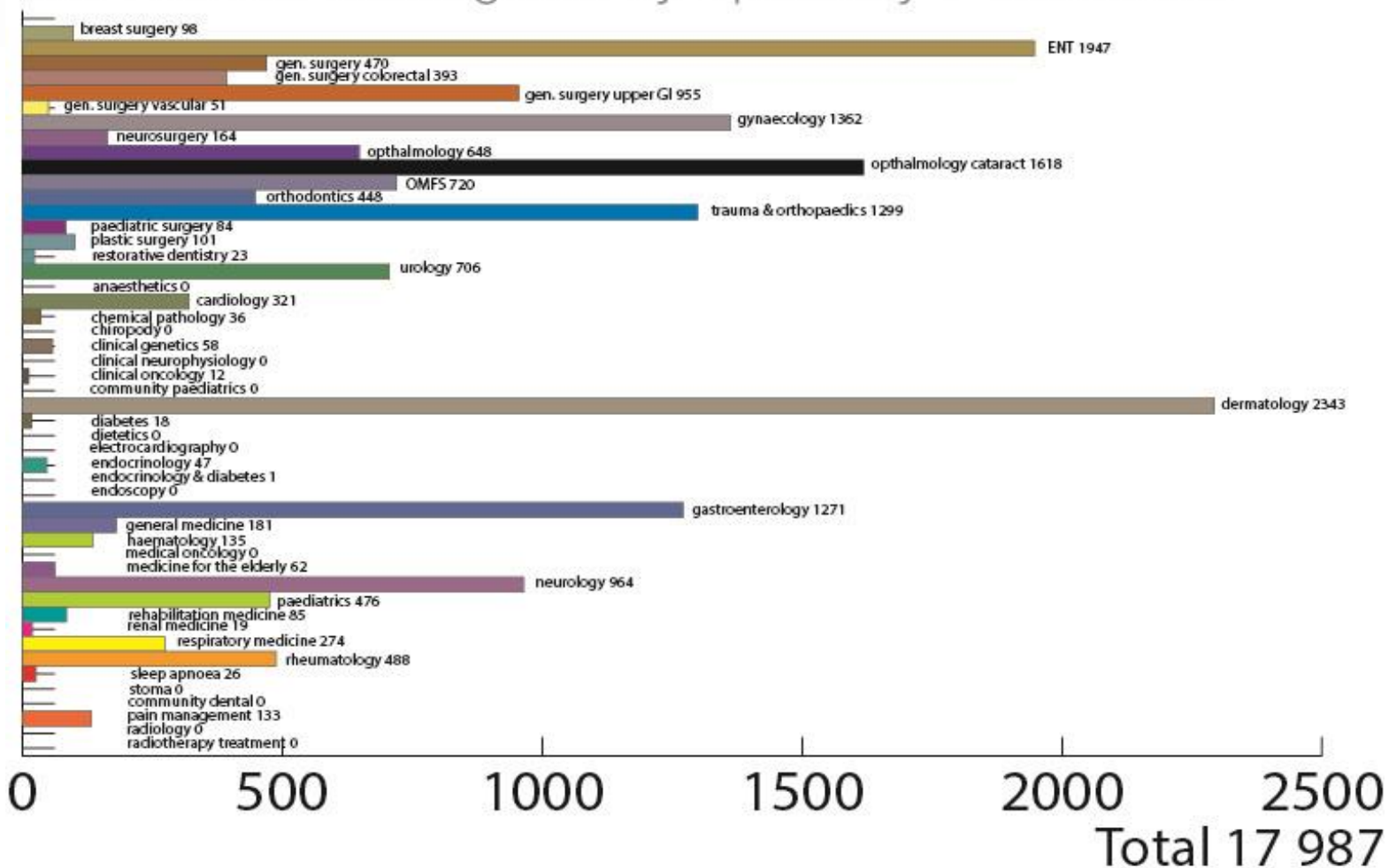- Tayside 52.4
- NHS Highland 43.9

Together We Care
Building a brighter future for health and care
2022 - 2027

Integrated Performance & Quality Report March 2022 Update
Pathways

Outpatient Waiting List, Ongoing waits totals by Specialty to 14.03.2022

Out Patient Waiting List by Specialty 11.03.2022

- breast surgery 98
- ENT 1947
- gen. surgery 470
- gen. surgery colorectal 393
- gen. surgery upper GI 955
- gen. surgery vascular 51
- gynaecology 1362
- neurosurgery 164
- opthalmology 648
- opthalmology cataract 1618
- OMFS 720
- orthodontics 448
- trauma & orthopaedics 1299
- paediatric surgery 84
- plastic surgery 101
- restorative dentistry 23
- urology 706
- anaesthetics 0
- cardiology 321
- chemical pathology 36
- chiropody 0
- clinical genetics 58
- clinical neurophysiology 0
- clinical oncology 12
- community paediatrics 0
- dermatology 2343
- diabetes 18
- dietetics 0
- electrocardiography 0
- endocrinology 47
- endocrinology & diabetes 1
- endoscopy 0
- gastroenterology 1271
- general medicine 181
- haematology 135
- medical oncology 0
- medicine for the elderly 62
- neurology 964
- paediatrics 476
- rehabilitation medicine 85
- renal medicine 19
- respiratory medicine 274
- rheumatology 488
- sleep apnoea 26
- stoma 0
- community dental 0
- pain management 133
- radiology 0
- radiotherapy treatment 0

Total 17 987

Integrated Performance & Quality Report March 2022 Update
Pathways

Cancer 31 day standard, 95% of all patients diagnosed with cancer to begin treatment within 31 days

Cancer 62 day standard, 95% of USC referrals to begin treatment within 62 days

Together We Care

Building a brighter future for health and care
2022 - 2027
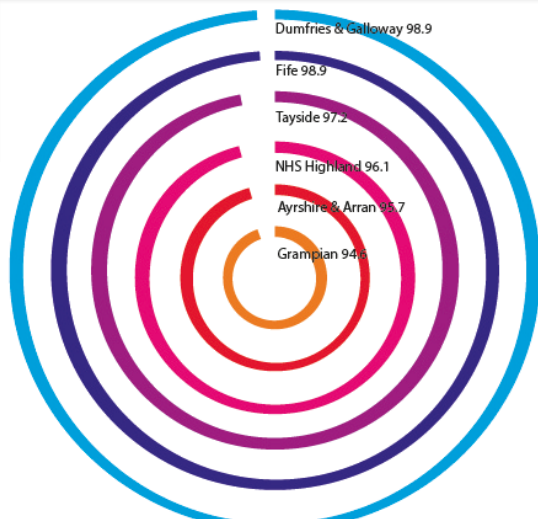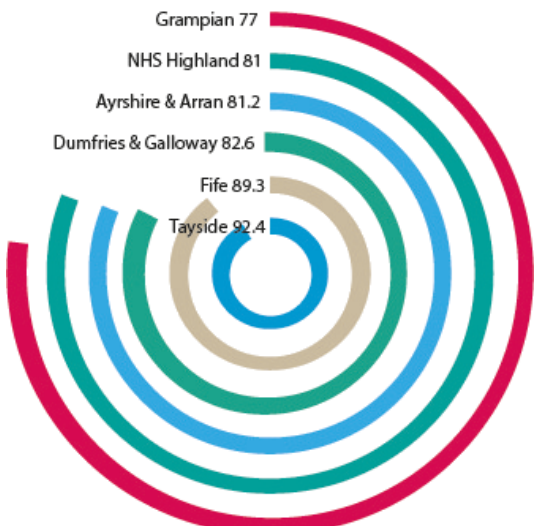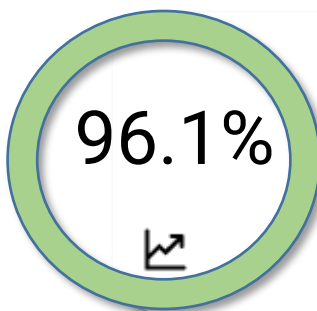
Context by Katherine Sutton
Chief Officer Acute

The current dip in performance of the 31 Day Standard is mainly due to staffing pressures within Breast Services as a result of gaps in Surgical and Pathology workforce and reduced theatre availability due to the pandemic impact in December. Performance against the 62 Day Standard reduced over the winter period as a result of pressures caused by the pandemic, reduced theatre and staff availability to provide treatment. Lack of Endoscopy, Imaging and Pathology staff has also impacted on performance. The February position has improved as a result of the improved Urology pathways. Performance continues above the Scottish average. Clinical prioritisation has been applied.

% compliance with 31 day standard, Q4 2021

- Dumfries & Galloway 98.9
- Fife 98.9
- Tayside 97.2
- NHS Highland 96.1
- Ayrshire & Arran 95.7
- Grampian 94.6

% compliance with 62 day standard, Q4 2021

- Grampian 77
- NHS Highland 81
- Ayrshire & Arran 81.2
- Dumfries & Galloway 82.6
- Fife 89.3
- Tayside 92.4

Risks & Mitigations

	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.	Recruitment continues for Endoscopists and Radiologists. Service development with introduction of technology to support teams with implementation. Engagement with SG over increased financial capacity for remobilisation
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.

Monthly 31 day performance

96.1%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
94.8	98.1	97	94	97.5	97.1	97	95	94	92.1	91.8

Monthly 62 day performance

81%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
58.1	62.2	72.8	76.5	85.1	79.1	87.1	69.2	81.3	74.4	80.2

Integrated Performance & Quality Report March 2022 Update
Pathways
Cancer 31 day standard, 95% of all patients diagnosed with cancer to begin treatment within 31 days
Cancer 62 day standard, 95% of USC referrals to begin treatment within 62 days
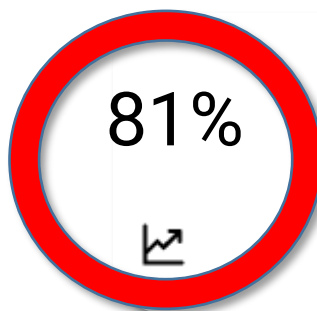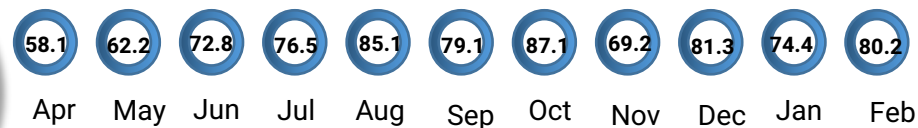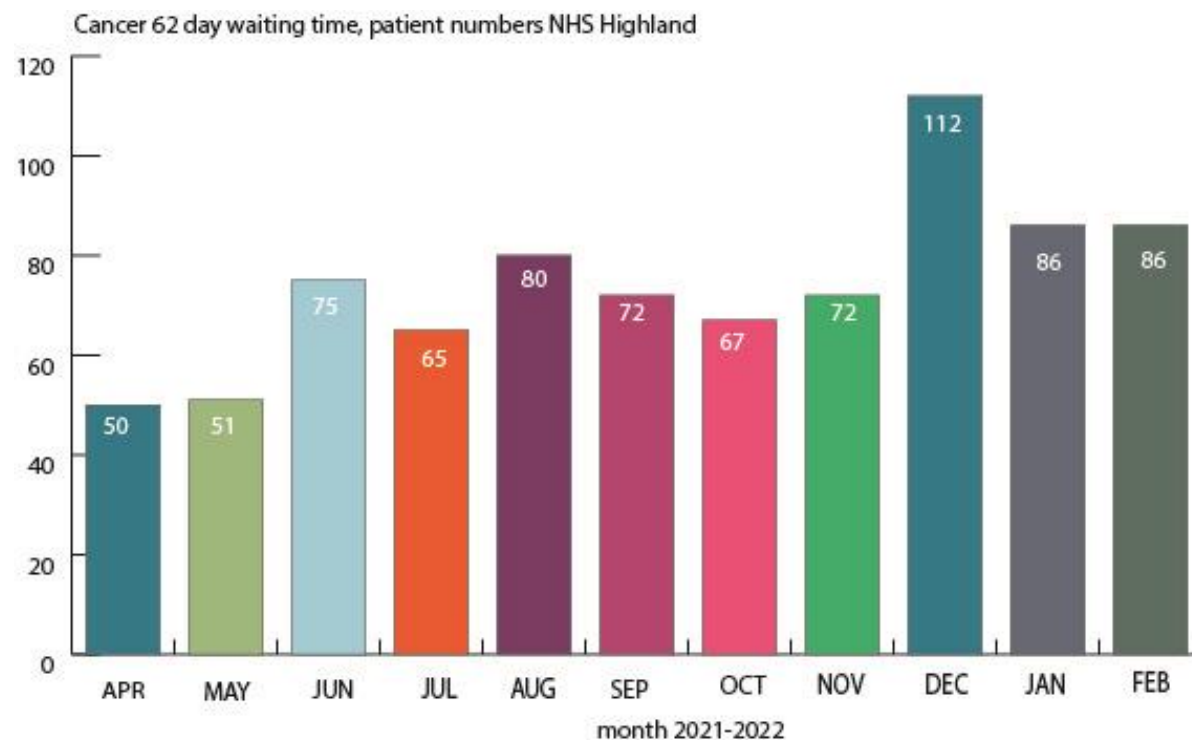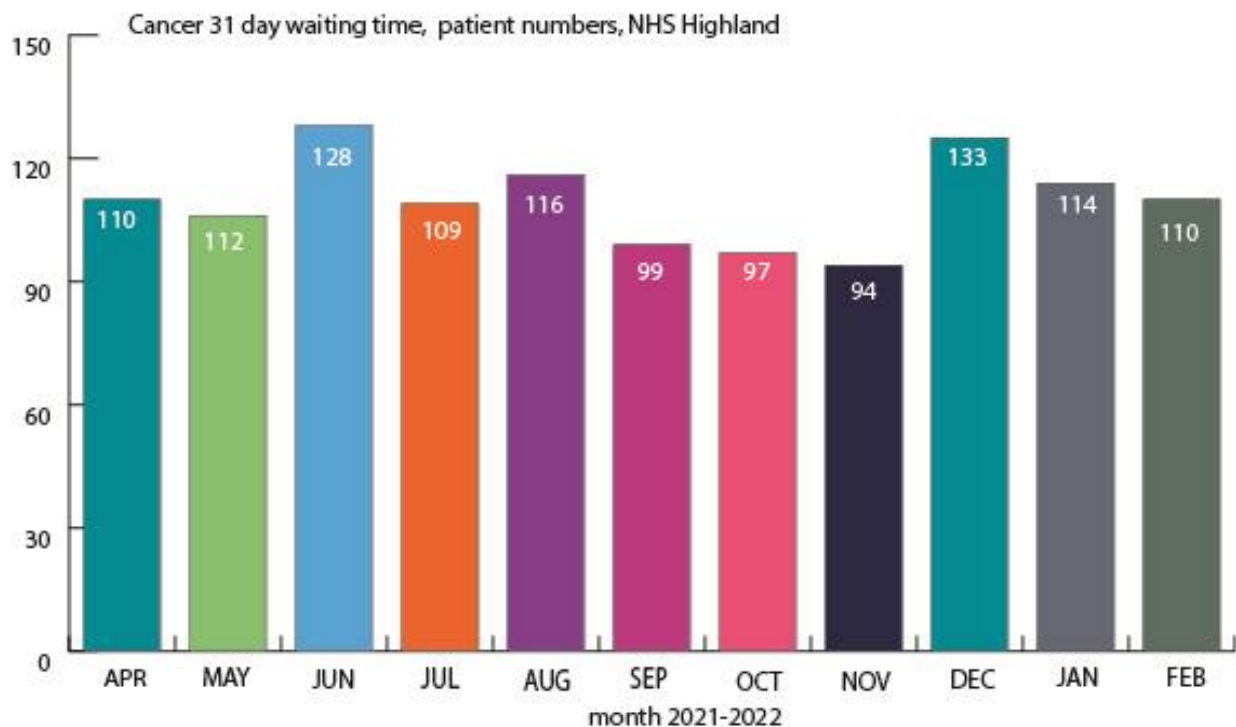

Cancer 31 day waiting time, patient numbers, NHS Highland

Month	Value
APR	110
MAY	112
JUN	128
JUL	109
AUG	116
SEP	99
OCT	97
NOV	94
DEC	133
JAN	114
FEB	110

month 2021-2022

Cancer 62 day waiting time, patient numbers NHS Highland

Month	Value
APR	50
MAY	51
JUN	75
JUL	65
AUG	80
SEP	72
OCT	67
NOV	72
DEC	112
JAN	86
FEB	86

month 2021-2022

*Percentage of totals as a line overlay in the next update

Integrated Performance & Quality Report March 2022 Update

Pathways

Diagnostics, Scopes

**Context 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 22.03.22	NUMBER OF PATIENTS SEEN	% OF TOTAL
Upper Endoscopy	227	57.61%
Lower Endoscopy	49	21.21%
Colonoscopy	136	41.98%
Cystoscopy	34	60.71%
CT Scan	752	96.78%
MRI Scan	614	64.90%
Barium Studies	24	96%
Non Obstetric Ultrasound	1109	38.44%
Total	**2945**	**52.53%**

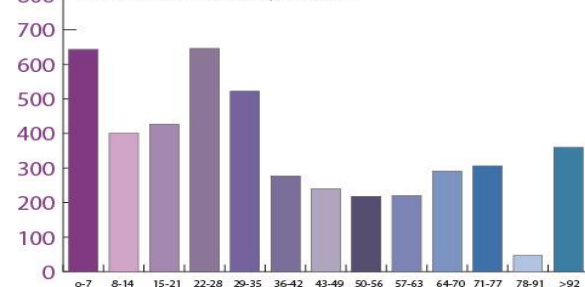|	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment continues for Endoscopists and Radiologists. Service development with introduction of technology to support teams with implementation.
2	Pressure build up with increasing demand through work to clear OP waiting lists	Whole system planning 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.

8 Key Diagnostics, total list size NHS Highland

Number of patients waiting over 42 days (6 weeks standard)
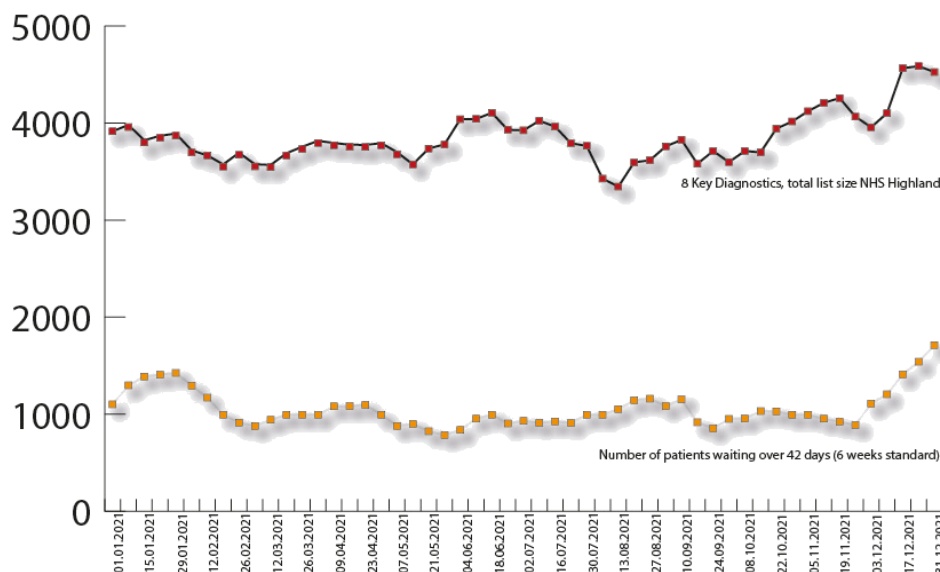
8 Key Diagnostics, numbers on list, 30.09.2021

- Tayside 11 716
- NHS Highland 3 624
- Dumfries & Galloway 2 372
- Ayrshire & Arran 11 785
- Grampian 11 785
- Fife 5 369
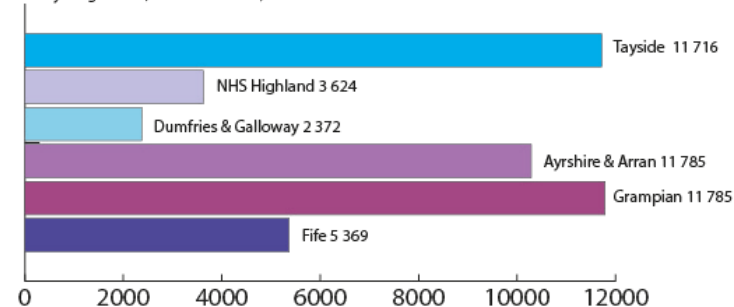
Source: Public Health Scotland

Diagnostics, ongoing waits (days) 31.12.2021

Integrated Performance & Quality Report March 2022 Update
Performance
Quality & Patient Safety, Adverse & Serious Adverse Events, Hospital Standardised Mortality Rate (HSMR)

**Context by
Dr. Boyd Peters
Medical Director**

Adverse Events and SAERs:

A slight rise in adverse events (incidents logged on datix) is linked to the increased clinical activity in 2021 including remobilisation, vaccination and Covid waves. None of the four acute sites are outliers on the standardised hospital mortality rate.

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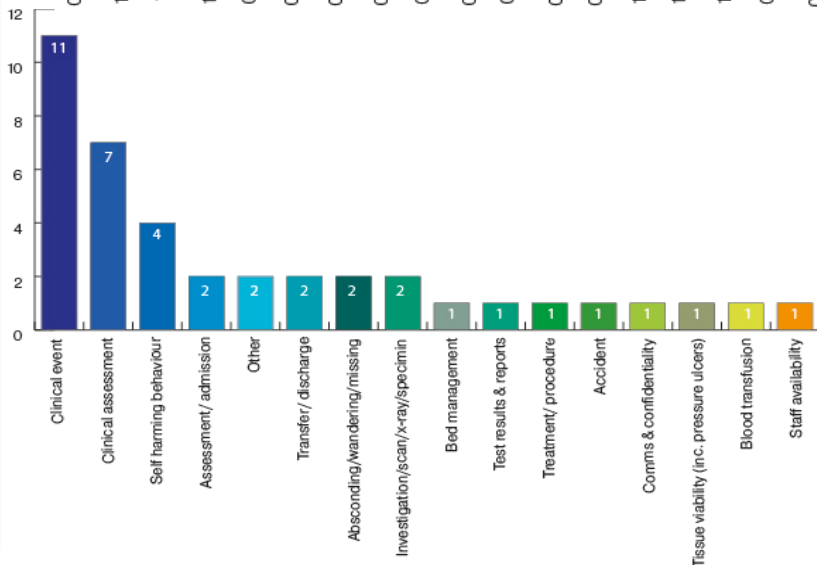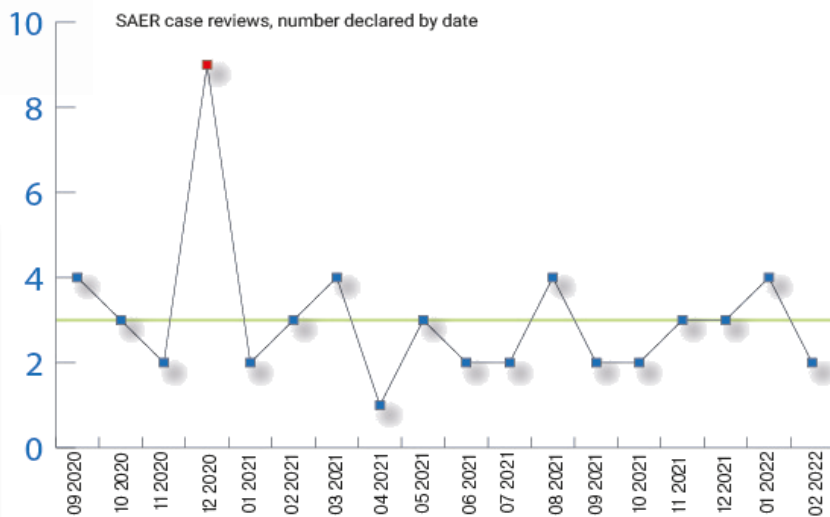
	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

Serious Adverse Event Reviews by month declared 2021-22, NHS Highland

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
1	3	2	2	4	2						
0	1	0	0	0	0						

YTD: Count (572) Open (63) Closed (509) Ave. working wks. (36.0)

Adverse Event Reviews by month declared 2021-22, NHS Highland

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
998	1111	1188	1119	1112	1096						

Hospital Standardised Mortality Rate (HSMR) Jan-Dec 2020

Location	Observed deaths	Predicted deaths	Patients	Crude rate	HSMR
NHSH	1,359	1,396	26,081	5.2%	0.97
Scotland	27,257	27,257	535,940	5.1%	1.00

Please note: If the HSMR value is less than 1.00, the number of deaths is fewer than predicted. If the value is greater than 1.00 the number of deaths is greater than predicted.

Integrated Performance & Quality Report March 2022 Update
Performance
Complaints & Freedom of Information Requests (FOIs)

**Context by
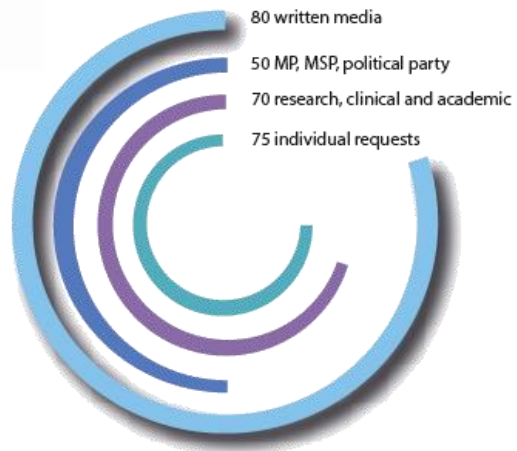Dr. Boyd Peters
Medical Director**

COMPLAINTS

Response times for clinical complaints have been affected by operational pressures (Covid waves and remobilisation efforts.) If 2022 sees a stabilisation of workload the improvement in response times will be a priority.

- 80 written media
- 50 MP, MSP, political party
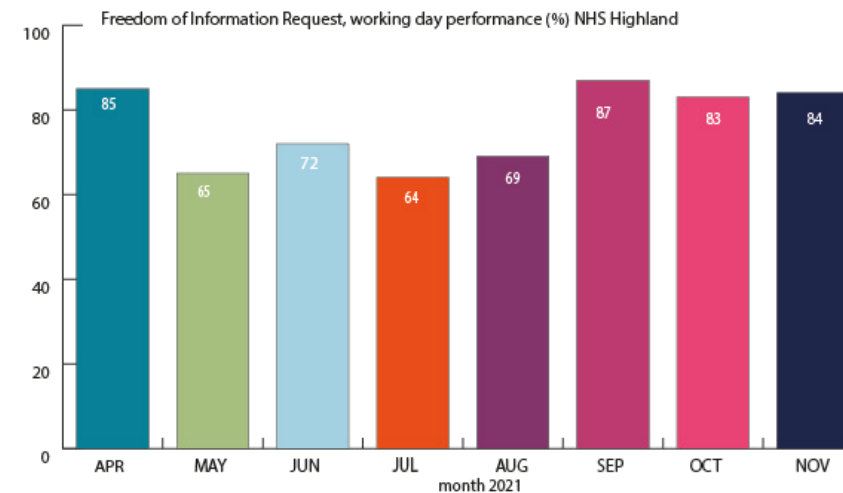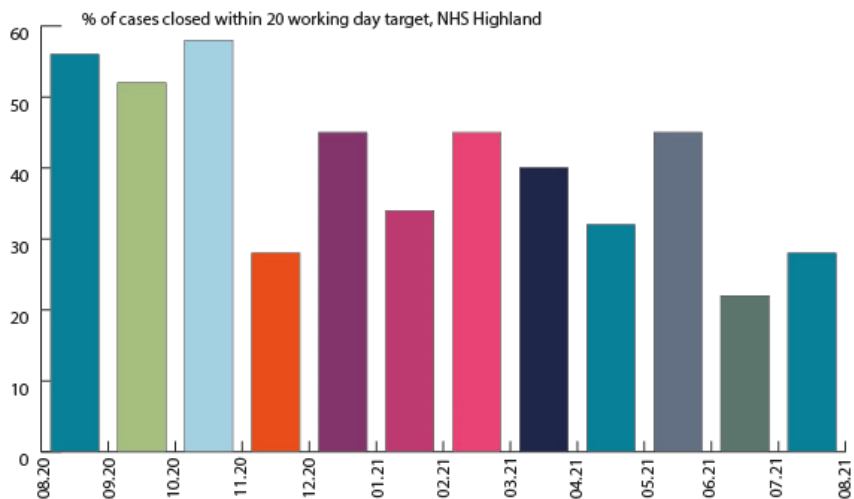- 70 research, clinical and academic
- 75 individual requests

Number of FOIs received and performance (%) 2021-22, NHS Highland

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Received	45	41	53	68	59							
Performance (%)	85	65	72	64	69							

Complaints Stage 2 closed within the working day target 2021-22, NHS Highland

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Closed	30%	40%	21%	29%	22%							

% of cases closed within 20 working day target, NHS Highland

Freedom of Information Request, working day performance (%) NHS Highland

Integrated Performance & Quality Report March 2022 Update
Population
Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population

Context by Heidi May
Director of Nursing & AHPs

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

Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) 3 month ave.						
SAB	Apr-Jun		Jul-Sep		Oct-Dec	
	HAI	CDI	HAI	CDI	HAI	CDI
NHS HIGHLAND	15.4	11.3	11.4	12.4		
SCOTLAND	18.7	10.9	18.3	9.6		
C. DIFF						
NHS HIGHLAND	24.6	7.5	18.5	7.4		
SCOTLAND	14.6	5.4	16.7	6.5		
E.COLI						
NHS HIGHLAND	30.7	40.0	24.2	29.7		
SCOTLAND	38.2	41.9	41.4	41.1		

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 Rates of Hospital Based Healthcare Associated Infection per 100,000 bed days, E Coli

Quarterly Rates of Hospital Based Healthcare Associated Infection per 100,000 bed days, SAB

Quarterly Rates of Hospital Based Healthcare Associated Infection per 100,000 bed days, C Diff

Integrated Performance & Quality Report March 2022 Update
Population
Inpatient slips, trips and falls

	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

Context by Heidi May
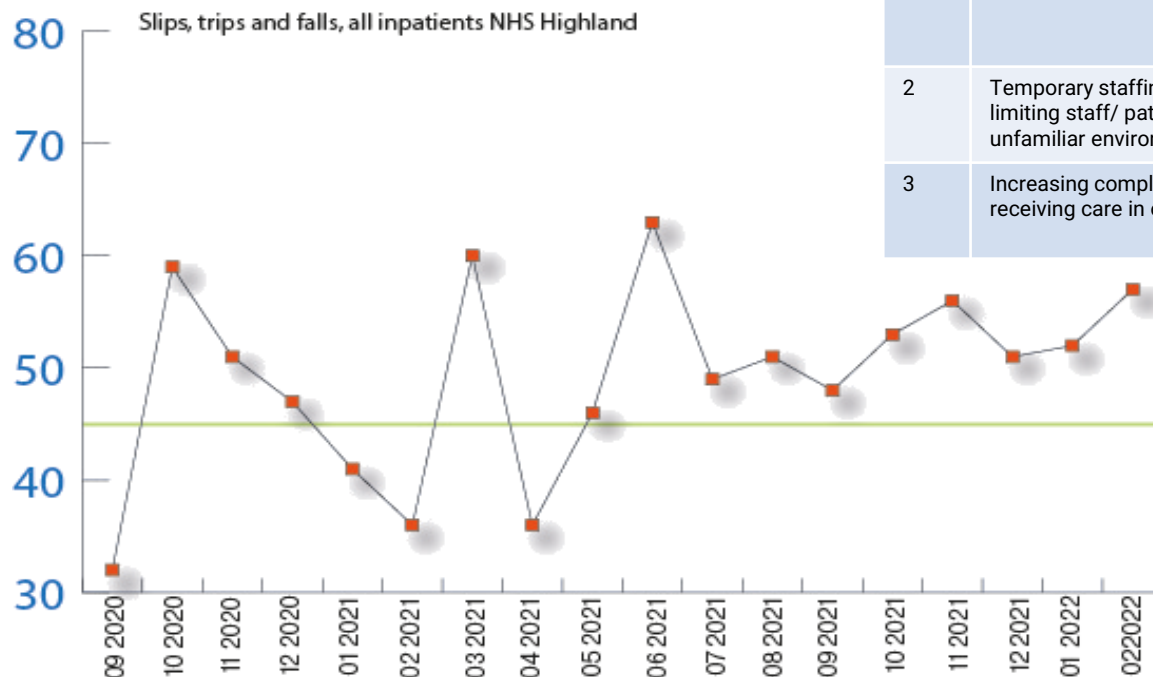**Director of Nursing & AHPs**

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 Committee. 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.

Slips, trips and falls, all inpatients NHS Highland

Integrated Performance & Quality Report March 2022 Update
Population
Tissue viability

Context by Heidi May
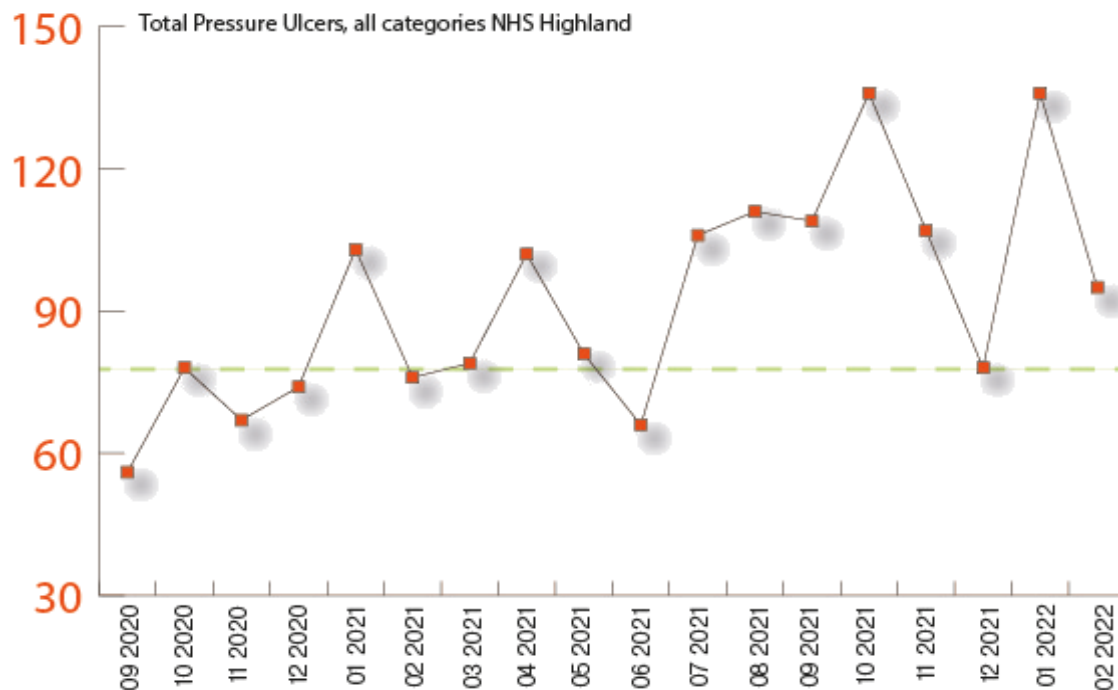### Director of Nursing & AHPs

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.

Total Pressure Ulcers, all categories NHS Highland

	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.

Total pressure ulcers recorded NHS Highland 2021-22, all categories; (1) Developed in Hospital (2) Developed in community (3) discovered on admission (4) known ulcer deteriorating

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
All	102	81	66	106	111	109	136	107	78	136	95	

Integrated Performance & Quality Report March 2022 Update
Pathways
Delayed Discharges (includes A&B of which there are 15 at Jan end)

	Risk	Mitigation
1	Long standing issue, limited change	Focussed plan and workstreams, greater understanding, whole system change.
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 and dedicated staff to support discharge planning. Capacity planning and flexible recruitment using CRT model
3	Patient experience, impact	Lead in place and workstreams

Context by Louise Bussell
Chief Officer, Community

Delayed discharges continue to be a significant challenge for the whole system in north Highland in particular. The ongoing impact of Covid is a particular issue for care at home and care home provision.There is a new Home is Best Programme board overseeing a number of workstreams aimed at shifting the balance of care from hospital to community. Detailed work identified improvements required in both acute and community to ensure that multi-disciplinary discharge planning commences on admission from hospital and the community actively pull people out of hospital to the right service. In addition, ongoing work is underway to develop capacity and flexibility across community care services.

Delayed Discharges, all causes NHS Highland 2021-2022

delayed discharges, all 120

complex Code 9 delays 16

Dumfries & Galloway 74
Ayrshire & Arran 116
Grampian 80
Fife 79
Tayside 139
NHS Highland 120

Source: PHS monthly delayed discharge census Feb. 2022

*Excludes A&B patients in GG&C see breakdown in A&B section

Integrated Performance & Quality Report March 2022 Update
Pathways

Psychological Therapies: 90% of patients to commence psychological therapy based treatment within 18 weeks of referral

76.5% Current

Source: NHS Scotland performance against LDP standards Q3 2021

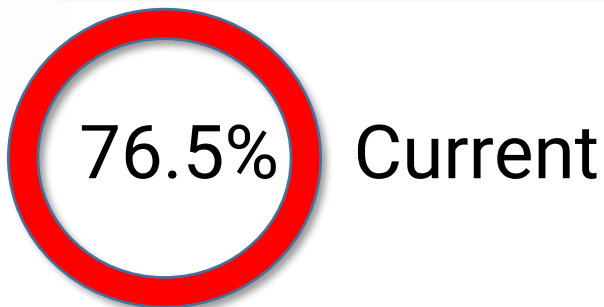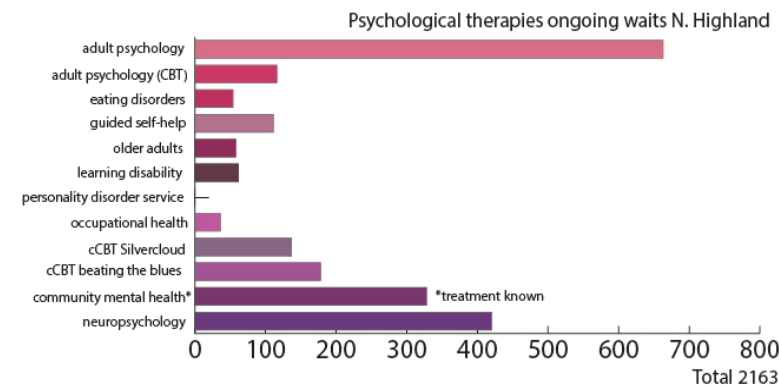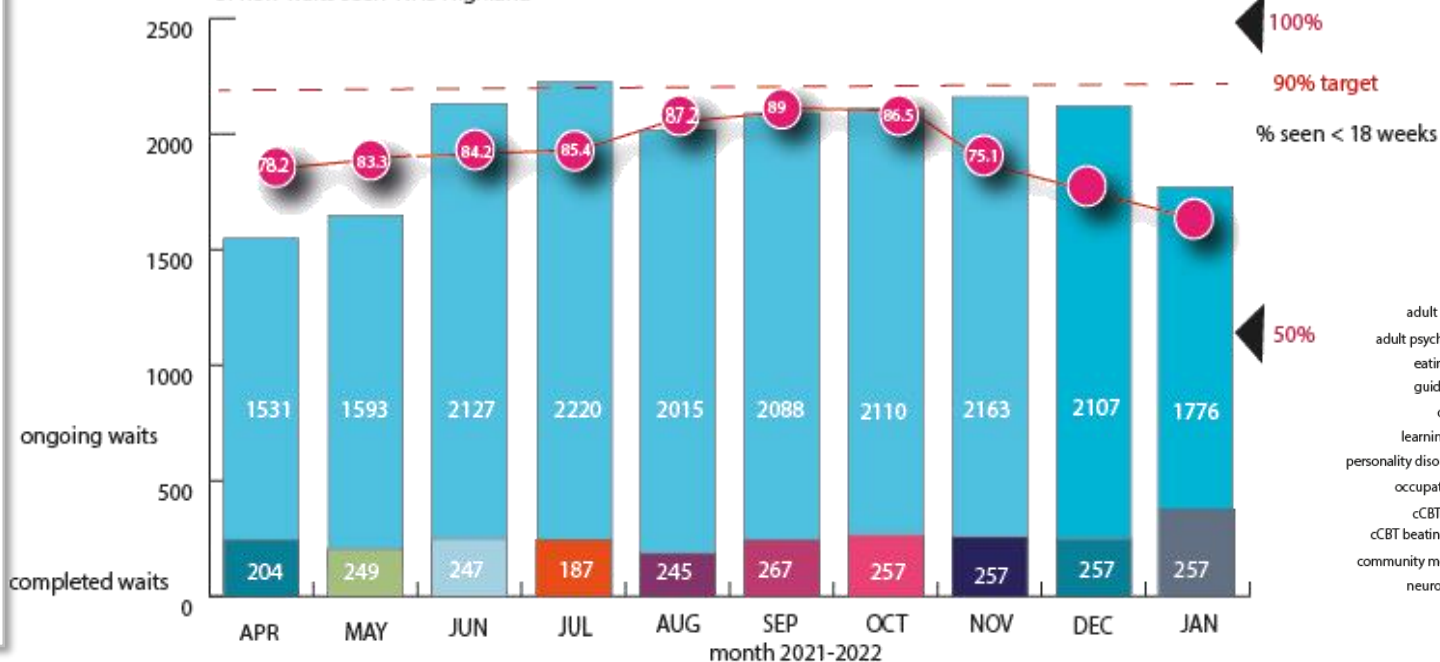|	Risk	Mitigation
1	significant waiting list, patient experience	Improvement plans for A&B and N Highland approved with close collaboration with SG. Link with another NHS Board for peer support.
2	Recruitment & retention	Recruitment taken place, with more underway to new roles. Director of Psychology now in place. Greater MDT working.
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, NHHSCP

Psychological therapies have a longstanding waiting list challenge related to imbalance of capacity and demand. There was a marked reduction in ongoing waits from November to January. This related to recording of CBT starters. This is positive but will level off.
The vast majority of the waits relate to adult services and primarily neurology waiting list. Until recently there has not been an established neurology service, however two posts have now been recruited to which will begin to impact on the waiting times for this service
In addition, the new Director of Psychology took up her post in February and has already developed a new plan which has been supported by the Mental Health Programme board and the Scottish Government.

PT 18 week waiting time, completed & ongoing waits (total waiting list), percentage of new waits seen NHS Highland

100%

90% target

% seen < 18 weeks

50%

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
% seen < 18 weeks	78.2	83.3	84.2	85.4	87.2	89	86.5	75.1		
ongoing waits	1531	1593	2127	2220	2015	2088	2110	2163	2107	1776
completed waits	204	249	247	187	245	267	257	257	257	257

month 2021-2022

Psychological therapies ongoing waits N. Highland

adult psychology
adult psychology (CBT)
eating disorders
guided self-help
older adults
learning disability
personality disorder service
occupational health
cCBT Silvercloud
cCBT beating the blues
community mental health*   *treatment known
neuropsychology

0 100 200 300 400 500 600 700 800

Total 2163

Together We Care

Building a brighter future for health and care 2022 - 2027

![Together We Care logo — Building a brighter future for health and care 2022-2027]

Integrated Performance & Quality Report March 2022 Update
Pathways
CAMHS 90% of young people to commence treatment for specialist   CAMHS services within 18 weeks of referral

84.7% Current

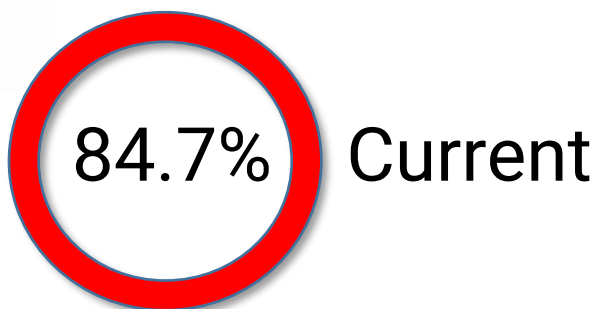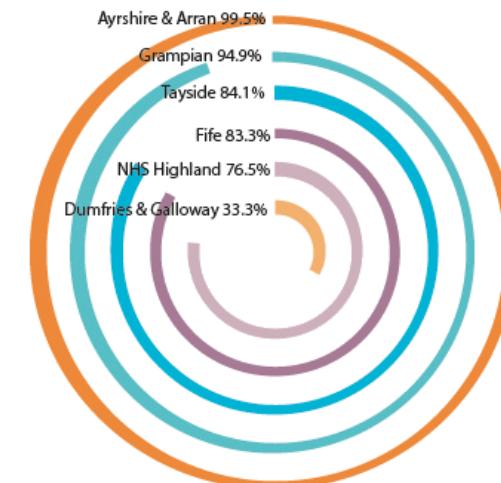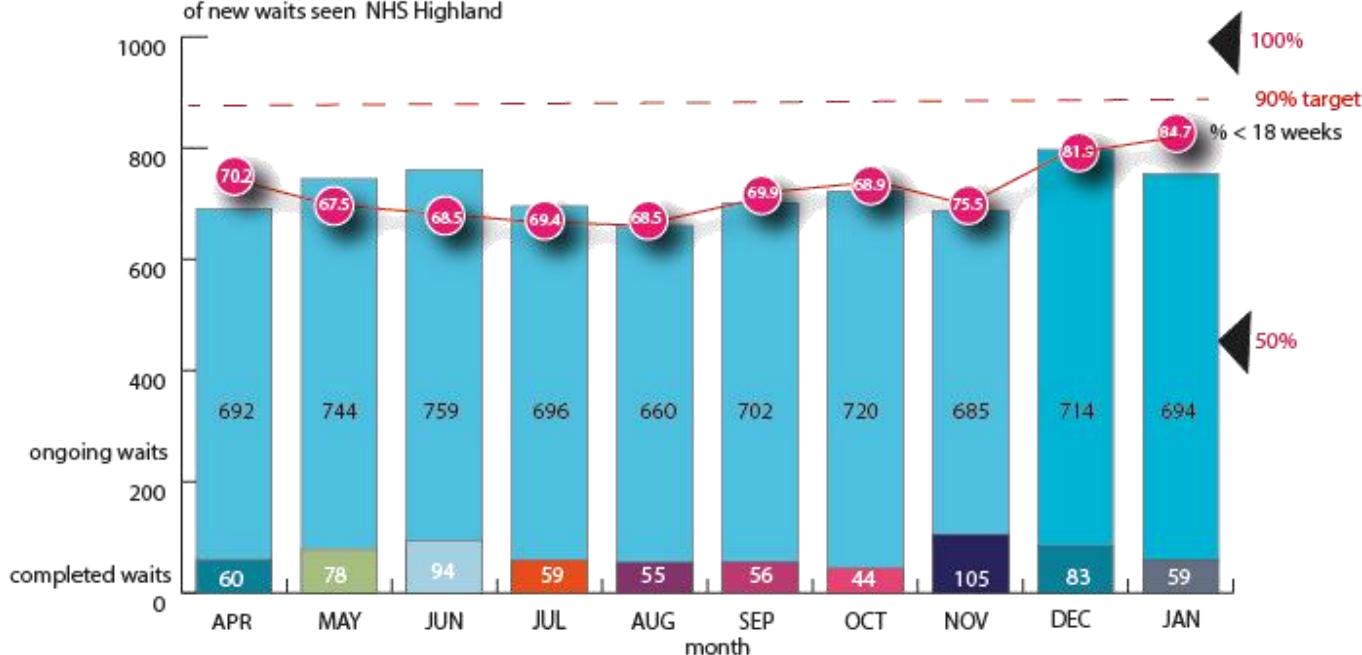|	Risk	Mitigation
1	significant waiting list, patient experience	Improvement plans now in place and being implemented
2	Recruitment & retention impacting on the ability to implement the plan and reduce waiting times	Recruitment under way/ new roles and links with and support from other Boards.
3	Need 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.

Context by Louise Bussell
Chief Officer, NHHSCP

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 is being addressed with a Clinical Director planned to commence in post from the beginning of June. Eating disorder referrals are increasing and links with the adult eating disorder service are aimed at increasing capacity to meet demand.

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.

CAMHS 18 week waiting time, completed & ongoing waits (total waiting list), percentage of new waits seen NHS Highland

Chart: percentage < 18 weeks by month: APR 70.2, MAY 67.5, JUN 68.5, JUL 69.4, AUG 68.5, SEP 69.9, OCT 68.9, NOV 75.5, DEC 81.9, JAN 84.7. 100%, 90% target, 50%.

ongoing waits: APR 692, MAY 744, JUN 759, JUL 696, AUG 660, SEP 702, OCT 720, NOV 685, DEC 714, JAN 694

completed waits: APR 60, MAY 78, JUN 94, JUL 59, AUG 55, SEP 56, OCT 44, NOV 105, DEC 83, JAN 59

Ayrshire & Arran 99.5%
Grampian 94.9%
Tayside 84.1%
Fife 83.3%
NHS Highland 76.5%
Dumfries & Galloway 33.3%

Integrated Performance & Quality Report March 2022 Update
Pathways
Adult Social Care

Context by Louise Bussell
Chief Officer, NHHSCP

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.

Current Client & Waiting list Totals, Care at Home Services

	Risk	Mitigation
1	Ongoing Covid pandemic	Proactive support for Sector/ contingency and capacity planning. Work with SG and CI colleagues.
2	Sustainable capacity across all areas.	New approaches including development of community led support, 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.
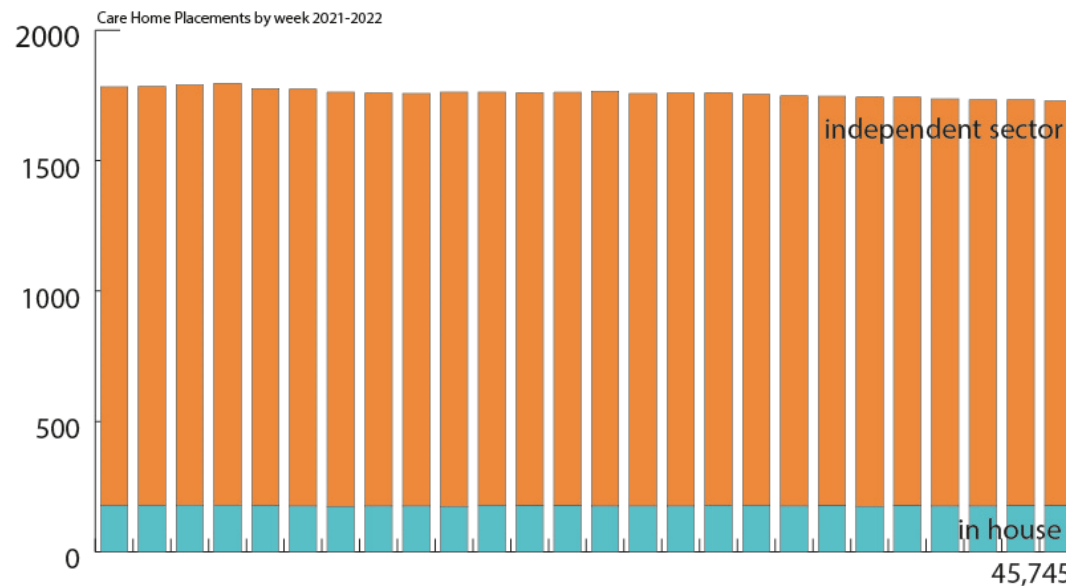
Care Home Placements by week 2021-2022

45,745

Integrated Performance & Quality Report March 2022 Update
People
Colleague absence and Turnover

Context by Fiona Hogg
Director of People & Culture

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

Our turnover has slightly increased in January and is on an upward trend, reflecting a buoyant job market and a high level of retirements as a result of our aging workforce. We're 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.

Colleague Absence Rates by month, NHS Highland

	DEC 2020	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 2022
Scottish average	4.8	4.6	4.2	4.6	5.0	5.2	5.5	5.6	5.8	5.7	5.7	6.4	6.2	5.4
NHS Highland	4.8	4.6	4.2	4.3	4.6	5.0	5.2	5.0	5.0	5.3	5.7	5.7	5.7	5.4

% of available hours
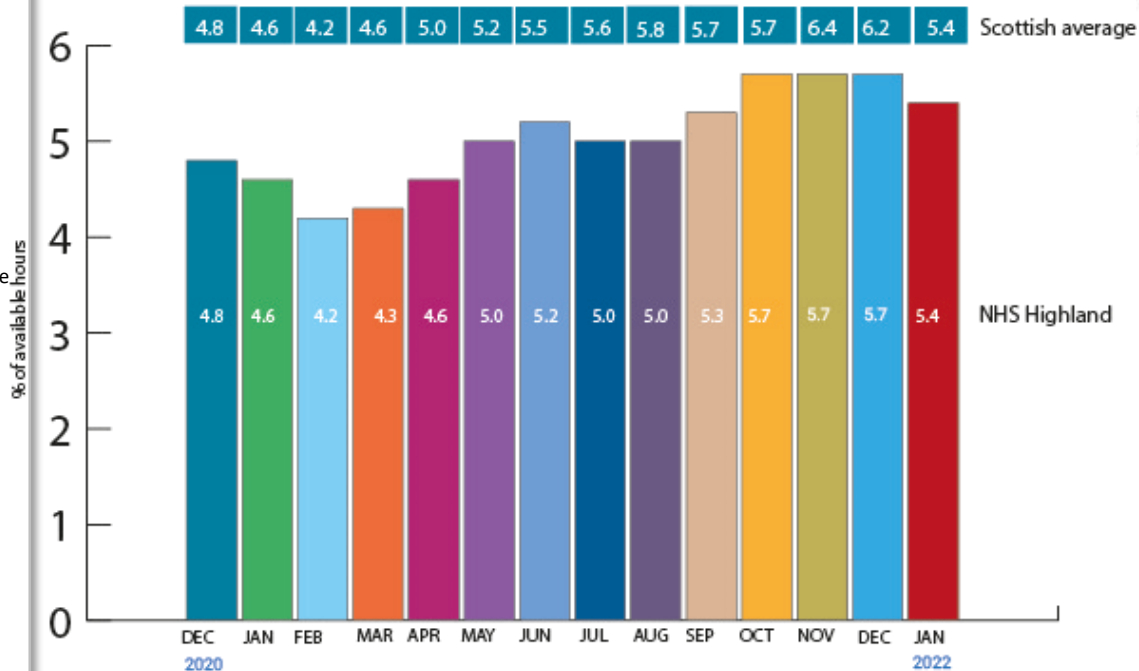
Staff Turnover by percentage, NHS Highland

DEC 2020	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 2022
8.03	8.08	7.95	7.91	8.31	8.50	8.79	9.26	9.63	9.82	10.12	10.21	10.36	10.42
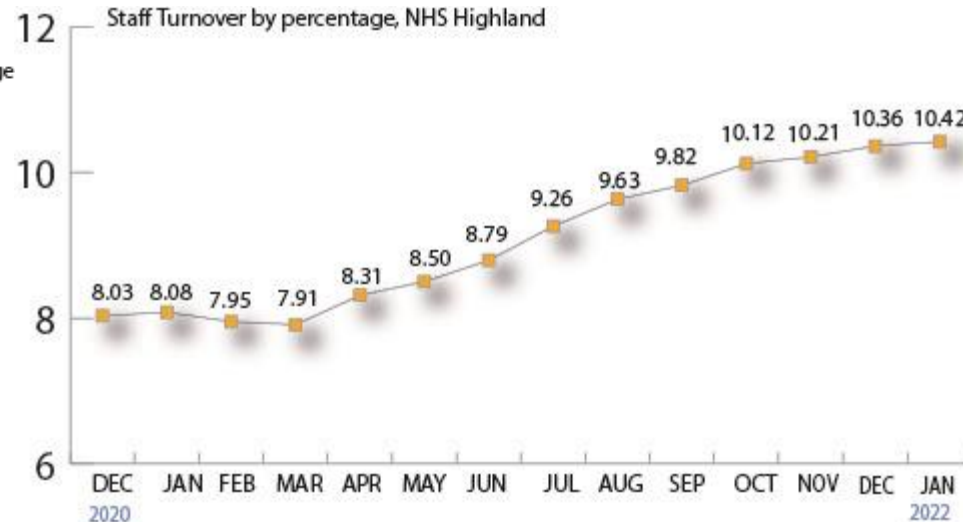
Integrated Performance & Quality Report March 2022 Update
People
Colleague Vacancies

Context by Fiona Hogg
Director of People & Culture

Our vacancies continue to increase as a result of leavers, newly funded posts and the building of the NTC, and we are reviewing our resource within the recruitment team to ensure that we have the capacity to manage this effectively.
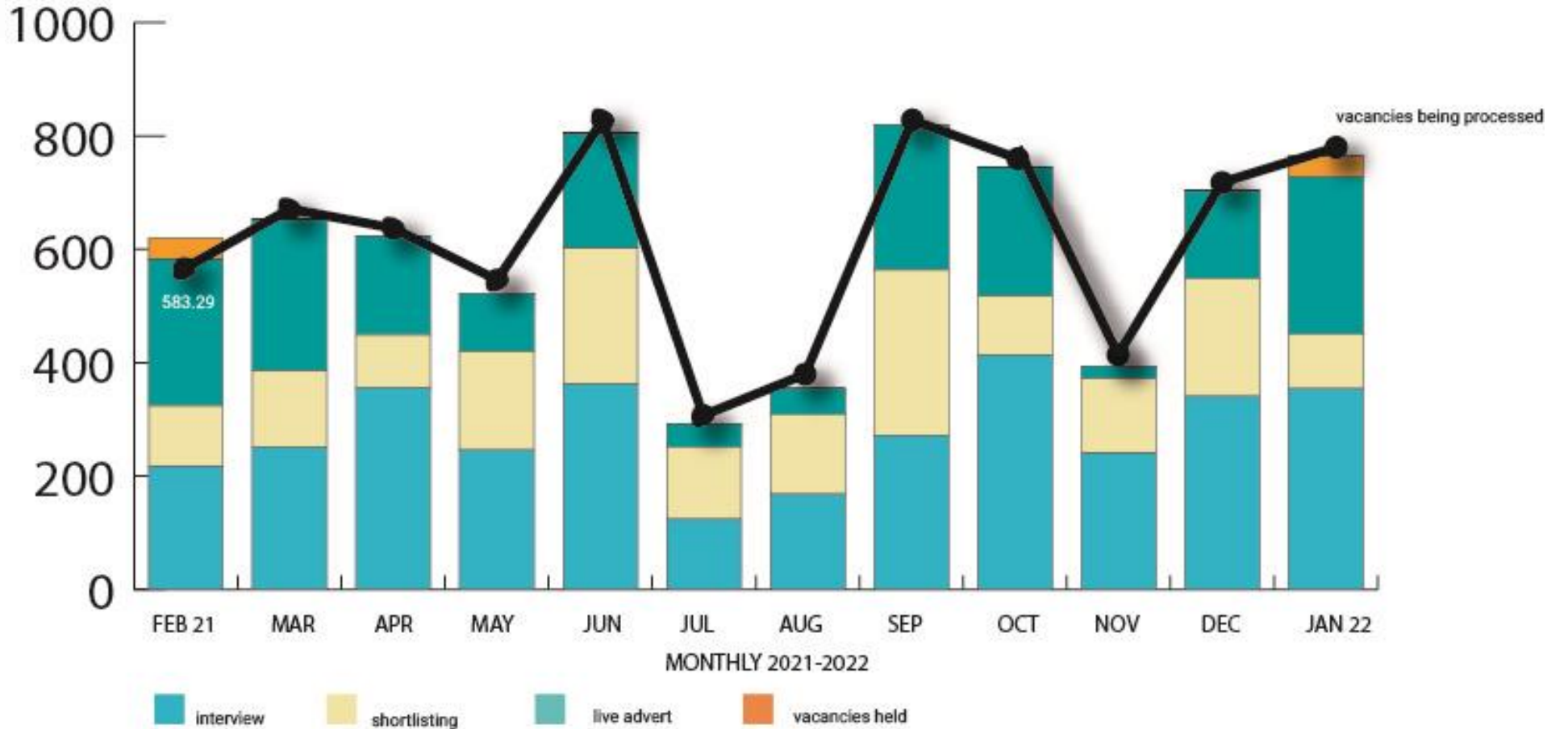
Figures may not be accurate for Nov 20 – Jan 21 due to transition from legacy system to Job Train
Figures after Jun 21 reflect on ongoing data cleansing process

Integrated Performance & Quality Report March 2022 Update
Argyll & Bute Summary
From HSCP Remobilisation Plan Tracker, IJB Board Papers. DD reports from weekly summary A&B

Context by Fiona Davies
Chief Officer Argyll & Bute

The Argyll & Bute Integration Joint Board (IJB) is the Governance Board of the Health and Social Care Partnership and has responsibility for the planning, resourcing and overseeing of the operational delivery of integrated services.

We utilise performance and quality data to provide assurance through our own governance mechanisms and scrutiny and assurance will be provided through our IJB Board on the 30th of March 2022.

The data displayed here is for information only.

Argyll & Bute delayed discharges at 17.03.2022

Dunoon, Cowal	1(3)
Bute, Rothesay	1(1)
Campbeltown	0(1)
Lorn & Islands	2(0)
Mull & Islands	1(0)
Mid Argyll (all wards)	5(0)
Mull & Iona	2(0)
Helensburgh & Lomond	0(8)
Total	**12(13) 25**

GG&C A&B patients in brackets

Argyll & Bute Care at Home at 17.03.2022

Waiting	98
Assessed	38
Unmet need	355.78 hrs.

Argyll & Bute Nov. 2021 Acute

TTG Inpatient & Day Case activity	38
Outpatient referrals	896
New OP	793
Return OP	1,631
Endoscopy	62
Radiology	528
31 day cancer	1
ED attendances (LIH)	598
Emergency admissions	165
USC referrals received	43

Argyll & Bute Nov. 2021 Adult Social Care

Adult referrals	686
UAA assessments	264
Adult Protection Referrals	42
New people in receipt of home care	33
New Care Home placements	17

Integrated Performance & Quality Report March 2022 Update
Argyll & Bute Summary
From HSCP Remobilisation Plan Tracker, IJB Board Papers. DD reports from weekly summary A&B

Argyll & Bute Children & Families Nov. 2021

Requests for assistance	306
Universal Child assessments	108
Children on CP Register	36

Argyll & Bute Nov. 2021 Community Health

Mental Health new episodes	41
Mental Health patient contacts	851
District Nursing new contacts	112
District Nursing patient contacts	4628
AHP new episodes	441
AHP patient contacts	3820

We will continue to work with Argyll & Bute IJB to improve the formatting of this data moving forward and learn from their intelligence.

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**	**17th March 2022 – 1.30pm** **Microsoft TEAMS**	

Present
Catriona Sinclair, Area Pharmaceutical Committee (Vice Chair)
Alan Miles, Area Medical Committee
Elspeth Caithness, Employee Director
Allyson Turnbull-Jukes, Director of Psychology
Frances Jamieson, Area Optometric Committee
Heidi May, Board Nurse Director
Ian Thomson, Adult Social Care and Social Work Advisory Committee
Linda Currie, Associate AHP Director, A & B
Willem Nel, Clinical Representative (West)

In Attendance
Ann Clark, Non Executive Director
Boyd Peters, Medical Director
David Park, Deputy Chief Executive
Ruth Daly, Board Secretary (Item 3)
Lorraine Cowie, Head of Strategy (Item 7)
Nathan Ware, Governance and Assurance Co-ordinator
Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

Catriona welcomed everyone to the meeting. Apologies were received from Helen Eunson, Eileen Anderson, Stephen McNally, Boyd Robertson, Jo Mcbain, Alex Javed, Catriona Dreghorn and Tim Allison.

.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 13th January 2022

The minute of the meeting held on the 13th January 2022 was **approved**.

3. Appointment of Vice Chairs

Ruth Daly explained that there had been a revision to the Terms of Reference which now permitted two vice chairs to be appointed. As two members had volunteered at the previous meeting it was now a case of this revision going to the next Board Meeting so that it could be ratified. Then the members could take up their posts.

Action – Ruth Daly to take Terms of Reference to the next Board Meeting and report back.

Representatives on other Committees

The Chair advised that representation was required at the following committees:

HHSCC

Cultural Group

Whistleblowing Standards Oversight Group.

A Miles stated that he was happy to be invited to these meetings and would be happy to attend if he could. It was agreed by the Committee after much discussion that having a pool of representatives who could take turns in attending the above meetings would be more helpful that the responsibility resting on just one person. Discussions were had around the dates of the above meetings and it was agreed that a list of dates being distributed may be helpful in aiding in the decision to attend said meetings.

The Committee agreed to have this item on the next Agenda under Matters Arising.

4.   **MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS**

4.1   **Area Dental Committee meeting held 2nd February 2022.**

There were no questions and the Committee accepted the minutes.

4.2   **Area Optometric Committee**

F Jamieson stated she was unsure when the next meeting would take place but was sure it was around April. There had not been a meeting for some time.

4.3   **Area Healthcare Sciences Forum**

There was no one in attendance who could update the Committee or feedback as Alex Javed was on annual leave.

4.4   **Area Nursing, Midwifery, and AHP Advisory Committee**

L Currie advised that a meeting had gone ahead that had focused on the Terms of Reference and the Constitution. They have struggled with numbers attending and the timing of the meeting being before the Board Meeting. The Constitution has been changed and needs to go to Leadership Committee for more feedback. The Constitution was circulated with the papers today. Planning the Agenda more carefully, inviting people in to speak and looking at themes at future meetings.

Discussion was had around the ratification of the Constitution and how this is done. Ruth Daly advised that she would look into this further and then feedback.

Action – Ruth Daly to check and to report back re the ratification of the Constitution for the NMHAP Committee.

E Caithness queried whether the Committee was looking for Staff side Representation as was noted in the last minutes and if it was something that was required she would be happy to take it forward. L Currie queried if Staff side representation was at every committee and she was advised no. L Currie clarified the discussion had been around considering staff side representation at the meetings.

4.5   Area Medical Committee held on the 8ᵗʰ February 2022

A Miles advised that the minutes of the meeting were still currently in draft format so had not been circulated yet. He went on to give a verbal update of the meeting:

- Non Opiate prescribing -There had been a concern raised previously that there had been an increase in prescribing since the pandemic, however data that has been released recently shows this is not the case.

- NHS and Private Care Interface – this appears to be a national issue with no particular group taking responsibility of this. Looking at each individual case as it comes up. At the GP Sub group last meeting this came up in respect of Gender Private Identity clinics and the problems that arise when patients seek further care. Not all of the doctors working in these clinics are necessarily GMC approved which hinders the GP in working out whether the clinic is reputable or not. He went on to explain that GPs do not necessarily have to prescribe however if the patient is suicidal then this puts them in a position where they have to consider the risk of prescribing against the risk to the patient if no prescription. GP Sub Group supported an SBAR from the sexual health clinic to get better staffing for both the Gender Clinic and the Menopause Clinic as well.

- Hospital Sub Membership – trying to increase attendance to this meeting and to get volunteers from the Hospital Sub to come to the Area Medical Committee. Usually get a full turn out from the GP Sub Committee and only one or two from the Hospital Sub. Committee is quorate but only just.

- Remobilisation – theatres are up at around 80 per cent capacity since the end of February but the Scottish Government are expecting further waves of Covid. There had been attempts at trying to get anti virals within community to try to avoid hospital admissions but the GPC have gone against this as GPs are already stretched at this time.

- Update of the Adult Health and Social Care meeting – all Board are to receive Scottish Government funding to allow them to break even. Looking at mental health guards and escorts which has been an issue for a very long time. There is a very narrow window of opportunity to get the sectioned patients transported to New Craigs. Discussion was also around the various care homes and them having to close temporarily due to Covid restrictions.

A Miles stated that one of the items he was asked to take from that meeting was whether the ACF would consider having some public facing waiting times information. Although it is a difficult area it was felt that giving the public some information around waiting times would help manage expectations. A Miles asked if it could be placed under AOCB or whether this could be added to the agenda for a future meeting.

The chair advised that it was a weighty topic and that it would be more helpful to put this on the agenda for a future meeting in order to have a full discussion. This should be an SBAR that is taken to a future meeting to discuss.

ACTION – A Miles to submit SBAR to next ACF meeting.

D Park stated that L Cowie was going to talk about the Remobilisation Plan and ways to move forward later on in the meeting. They were very conscious of how to send this message out from Secondary Care colleagues to Primary Care Colleagues and to the public. There needed to be an attempt at managing expectation and after the Remobilisation Plan is submitted it would be good to start work on this.

Discussions were had around the waiting times and the need to manage the

expectations of those on said waiting lists. B Peters highlighted how this could be used to address some of the issues of those waiting on the lists and how to be proactive in helping them address their expectations. Discussions were had around those who are on a waiting list that do not necessarily have to remain on a waiting list.

4.6 Adult Social Work and Social Care Advisory Committee meeting held on the 10th February 2022

I Thomson reported that it was a well attended meeting.

- Scottish Social Services Council (SSSC) registration policy. There have been more and more coming under the registration policy. Now the Care at Home workers are coming under this legislation, so they require to be registered and to maintain their registration. They require to have certain qualifications to achieve registration. They do not require to have qualifications to get on the register but once registered they have to undertake the qualifications within a certain time period.   This is seen as positive but also seen as challenging for many who are doing the actual job role. This may become a pressure in a shrinking workforce where some people may opt out of this and choose to leave rather than join the register. There is now a policy around this and some of it refers to supported improvement. There will need to be help for those who are not familiar with learning and support for those who do not have English as a first language.

- Care at Home -   has undergone an audit and some of the assessment processes were looked at and how Care at Home "dovetails" with other services. I Thomson reported that it was quite complex and at the moment Care at Home does not "dovetail" very well with other services. Lots of different professionals trying to access this service and there are complex pathways. This should probably change so that it is easier to access. There are various challenges between hospital and home and this has tended to be addressed by throwing all sorts of services between hospital and home and it does not work very well. The flow between hospital and home needs to increase and one of the groups that know more about this than anyone are the Care at Home Managers. Very often their opinions are not given enough weight and as a result those put in the gaps between hospital and home become obstacles instead. Its too complex, if there were more autonomous decision makers it may flow better.

I Thomson stated that it was a good discussion. A Clark stated that the Care at Home had just had an audit and asked if the group of staff being spoken about in the report are involved in the Management Actions arising from the Internal Audit. I Thomson advised that yes this was the case.

4.7 Psychological Services have had no further meetings. .

.

4.8 Area Pharmaceutical Committee

The last meeting took place on the 21st February but the meeting was not quorate.

.

5.   ASSET MANAGEMENT GROUP

5.1   Verbal Update
`
No one was present to give feedback on this item.

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

6.1   . Minute of Meeting 12th January 2022

I Thomson fed back that there had been a paper presented on Child and Mental Health Services from Sally Amor which had led to a good discussion around various streams of funding and how this could be used in a complimentary way to provide support for those who were under 16 years old. There was a need for the clinicians to come together to understand what the resource that was available was and how it would be planned.

A Clark stated that the agenda for the last meeting was a bit truncated due to a paper missing due to the writer catching Covid. The paper presented by Sally Amor was taking a public health look at some aspects of Children's Services. At the moment they are in talks with partners especially Highland Council as to how to refresh the reporting of Children's Services. The wider integrated Children's Service and those that are delegated to the Highland Council. Very interesting paper from Sally Amor about different aspects that are being looked at. There are a lot of additional monies coming into mental health services at this time. Investment has happened in schools, Action 15 monies, investment through the Primary Care Improvement Plan. There has been investment in psychological therapies and other mental illness provision. The discussion was around how to tie all of this together to make the best use of the investment.

H May stated that there had been huge investment in perinatal and infant mental health service locally. This is being led by Ian Stewart at Scottish Government and is to put in a new service or to expand and existing service. Huge financial investment to get this up and running.

A Clark stated that a lot of the strategy will have to be based around lower level support due to the ongoing challenges of recruiting within mental health services. Community and third sector contributions will go towards helping people's mental health. There was a mental health wellbeing fund that has just gone towards supporting services.

A Turnbull-Jukes introduced herself as the new Director for Psychology. She stated at the moment CAMHS sits within a different section. It is the adult mental health that she is responsible for. Recruitment is a big challenge and they are looking at innovative ways of delivering of services. They are looking at the links between Primary and Secondary care with a view to how to use the services of Clinical Psychologists in a different way. There is a need to be creative around posts and what they look like.

She stated that she also covers the professional leads for A & B and will update further in due course.

The Forum noted the circulated minutes and the feedback.

7.   DISCUSSION ITEMS

7.1   IPQR – Lorraine Cowie

L Cowie spoke to her presentation. The question being how do we get transparency and openness around our data.

- Public Health – Vaccinations
- Unscheduled Care
- Scheduled Care
- Mental Health
- North Highland HHSCP
- A & B

The above have been added to the IPQR. Current waiting times are included with a breakdown per speciality. Looking at how to expand the data that is available within mental health in relation to waiting times. Currently working on Adult Social Care and how to expand the data sets to give further break down of the services. Argyll and Bute are a separate section for noting within the report moving forward. L Cowie explained that this is a moving document and any feedback received is good in respect to how this information can be used in the various committees.

Also in the report is

- Context by Executive Leads
- NHS Highland Performance
- Risks and Mitigation
- Benchmarking (where available).

The Chair noted that the IPQR looks nothing like it did a year ago and it was now a far more user friendly document, and encouraged everyone to have a look at it who perhaps had not looked at it recently. The Chair noted how the document had evolved positively and was now easier to navigate and to digest.

B Peters stated that the IPQR was a document that was created to give a better picture of what was happening in relation to key areas, staff and governance. The idea of the IPQR is that no matter where you were in the organisation you could have a look at the document to see how the organisation was doing in any area. He went on to state that now within the document there is some benchmarking which allows comparison to NHS Highland with other Boards so we can see where we are in Scotland. B Peters expressed his concern that there were no audits being done in various parts of the organisation where they used to be done or that perhaps there are audits being done but they are not all being linked together and being lost. He stated that the IPQR is now beginning to tick boxes and is able to reveal what is going on within the organisation and also reveal the Board Governance Assurance that is required.

B Peters encouraged those who were Chairs of other Committees to take the document back to their various committees and have it as an agenda item for further discussion within these committees.

I Thomson explained that they had been trying to get multi agency audits within Adult Protection but with the data protection that is in place often this was challenging. Often this is not completed for fear of breaking rules that are no longer understood clearly

about what can be shared and what cannot be shared. I Thomson supported B Peters statement.

7.2 TOGETHER WE CARE STRATEGY – Lorraine Cowie

L Cowie spoke to her presentation and explained that the IPQR (item 7.1), the Together We Care Strategy (this item) and the Remobilisation/Annual Operating plan (item 7.3) were all interlinked and she would be addressing them all together.

- Array of competing priorities, no strategy as of yet and no professional or clinical leadership involvement with the Remobilisation Plan.
- Lot of services to do not feel they have ownership
- Need to get triangulation of Finance, Quality and Performance right in the system.
- Financial envelope is getting small so there is a need to think about efficiency.
- Recovery and transformation plan is key for the future

The building blocks are:
- Together We Care
- IPQR
- Annual Operating Plan/RMP4
- Scheduled Care Recovery

Together We Care – there has been a lot of work done, getting feedback from everyone. Some engagement gaps, struggling to get pregnant women and new parents, homeless people and men. Trying to find innovative solutions to engagement. There has been a lot of internet surveys been completed. Questionnaires have been sent out. Engagement has not been as successful as hoped for.

Next steps for the strategy development;
- Themes identified
- Translation into objectives
- Consultation
- Professional Committee agenda items
- July 2022 draft to Board
- Will form our corporate risk moving forward

I Thomson asked L Cowie if she was going to come up with a draft strategy and then have individuals and groups respond to it. L Cowie stated that everyone should be involved and that this time around there will be more focus placed on each part so that individuals and groups had a say. A Miles asked if the window to submit questionnaires had closed or was still open. L Cowie explained that the window was still open until the end of this month but if questionnaires were submitted after this time it was fine. At the moment she had no idea how many responses that GPs/Primary Care had submitted. It was noted that a reminder email to everyone would be a good idea and L Cowie agreed.

B Peters highlighted the challenge with sending emails and that with the sheer numbers of emails being sent that this may get lost within everything. He stated that it was invaluable for people to talk to other people and the more that people could work with this the more chance that a good response would be received back. L Cowie admitted that it had been a challenge to get the information out despite sending out leaflets and attending professional committees the response had not been as expected.
Discussions were had around the amount of emails that were received by everyone and L Cowie advised that a link on the intranet was also available.

7.3 REMOBILISATION/ANNUAL OPERATING PLAN – Lorraine Cowie

L Cowie spoke to her presentation:

Translating Strategy into Planning:

- Outcomes for people
- Annual Operating Plan Development
- 3 year timeline
- Alignment
- Multitude of Scottish Government considerations

The Strategy is developing alongside the Annual Operating Plan and both will be aligned together. The RMP did not have very good clinical engagement with it. It is important to have a "once for Highland" in the plan and have a single point of truth within it so that transparency around what we want to achieve is to the forefront moving forward.

It is complex, have lots of information to populate the operating plan and the strategy. It is going to be a "messy" landscape as everything has to tie together.

Annual Operating Plan Development:

- First draft of AOP to Board in May
- Final draft to Board in July
- Support from PMO to enable performance, quality and finance to come together
- Clinically led, managerially enabled
- Professional Committee involvement
- Service Planning Framework agreed
- National Treatment Plan needs integrated
- Prioritisation of recovery and building conditions for change
- CfSD is key to unlocking capacity in a number of areas
- Key areas of the strategy embedded.

Who will do this?

- Formal Board Governance
- Whole System Review
- PRB/FRB
- SLT and Program Boards
- Directorate Planning
- Service Planning

L Cowie asked the question "how do you want to be involved" and explained it would be good for her to come back to the committee and look to areas that perhaps were missing and how the gaps could be identified. Keen on a "balanced score card" approach, to

develop a picture of service that we are provided whilst being open and transparent. It is important that there is integration work that is done as this is being worked with. This will inform the AOP and its important that the integration work is captured within the service planning.

RMP4
- Current remobilisation plan will be "parked" in favour of the 3 year plan
- Quarterly updates are submitted to Scottish Government with detailed information on progress against each milestone is contained within the accompanying Delivery Plan Document.
- Done in conjunction with Heads of Services across NHS Highland and discussed as SLTs.
- Scottish Government have adopted a light touch
- A number of new deliverables have been added from areas.

L Cowie went on to explain that they are currently reviewing the Risk Deliverables

- Achieving infection targets – highlighted in IPQR but discussed at CTC
- Remobilisation of elective activity – recovery plan in development
- Appoint 2 Gastroenterologists – ongoing workforce issue
- Increasing functionality of care portal – digital care board reviewing

Areas with delay are broken down into 3 main sections:

- People – recruitment challenges or workforce pressures
- Pathways – waiting times or transformation
- Progress – eHealth and estates

L Cowie thanked the Chair for the time she was given to update the Committee. The Chair thanked L Cowie for her presentation and stated that it was reassuring that things could be measured and that there were processes in place to give a measure of reassurance.

A Miles stated that Primary Care were very keen to draw up a lack of measureables as there was a lack of data on how busy Primary Care are. Discussions were had around having this as a standard agenda item and the Chair agreed that as the next Committee meeting was due to be in May it was ideal timing. She stated that the Committee was keen to work with L Cowie so that the information could then feed back into the Advisory Committees.

I Thomson stated that although he sits on this committee he is not a clinician, he is a Social Worker and although data is a good thing to report, that ways of working are just as important. It was very complex what was being worked with but it needed to be remembered to find balance in it all. We do need to form good working relationships with each other as well as collecting the data. L Cowie agreed with I Thomson that relationships are key.

B Peters agreed that this was an opportunity and that hopefully now we were moving out of Covid. The challenge was the sheer amount of people who needed to be looked after in different ways whilst they are waiting to be seen. In social care and community care there are significant challenges. The AOP is not just the one plan albeit it may oversee other plans. This data is to inform where you are at and then monitor progress how to get to where you want to be. There needed to be investment and this may be a challenge with a small pot of money. There are challenging decisions to be made around where to spend and how much to spend. The risks had to be taken into consideration also.

He stated that the more clinicians and care givers can help steer the plan the more realistic it will be, clinicians and service providers are also key to this.

D Park stated in general people over the last 2 yrs had been in a reactive mode and in the plans that were being made there had to be a way to deal with the challenges and pressures that were now upon everyone. He agreed this was now a real opportunity to restructure and address issues. He stated that although funding may be limited it was still possible to change how things were done going forward.

A Clark gave a quick update on the strategy transformation and the budget position from the Adult Social Care point of view. The financial landscape facing Adult Social Care is quite different from the one that was. There is some non recurring monies that are available for additional investment in promoting new ways of working in the community. A Clark stated that she wanted to encourage people to come forward with ideas of how things can move forward. There will be lots of opportunities over the coming year of how this non recurring money can be invested. Discussions were had around the need to find new ways of working.

The Chair thanked L Cowie for her presentation and updates for the 3 items and once more stated that the Committee were keen to be involved and to work with L Cowie and her team.

8   Dates of Future Meetings

The Chair apologised for altering the date of this meeting but it was due to annual leave and as there was no vice chair to take over the meeting had to be moved.

5th May 2022
7th July 2022
1st September 2022
3rd November 2022

9   FUTURE AGENDA ITEMS – For Discussion

The Chair explained that one of the future agenda items was mental health and it was unclear who would speak about this with regard to strategy. She stated that perhaps by July A Turnbull-Jukes could come and speak on this to the Committee.

Clinical Advisory Group was brought up about the process of referrals and out of area referrals The Chair asked who would be appropriate to invite to the meeting.

The Chair would liaise with D MacFarlane in respect of OOH.

Sustainability – The Chair advised she was in touch with both Dr Andrew Dallas and Sharon Pflegar with regards to coming to talk to the Committee later on in the year.

Mental Health – The Chair stated she would speak further with A Turnbull-Jukes to speak about how this might look going forward.

Mental Wellbeing of Staff – this will be linked in with Fiona Hogg and the work that she is doing.

Cancer Diagnosis and Treatment Waiting Times - had Dr Nick Abbot talking about this at last years meeting and he indicated that he would return to talk about this this coming year.

Discussions were had around who to invite to speak with regard to out of area referrals and discussion was had around the no access to areas of referral by GPs. B Peters spoke about Safe Haven and how they overlook referrals that are out of the area and the pathways that are able to be accessed. Discussions were had around the difficulties of accessing care where there were no obvious pathways. After much discussion the Chair asked A Miles if this was an issue that could be taken up at the Area Medical Committee and he agreed.

A Miles stated that with regard to OOH, that Lorien Cameron-Ross would be the person to invite to talk. The Chair agreed.

10. ANY OTHER COMPETENT BUSINESS

B Peters stated that the Area Clinical Forum is the group mandated to be advisory to the Board. The Board may ask from the ACF to be taken to the Board, it's a two way conversation and it may be helpful to remember that the communication is two way.

11 DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 5th May 2022 via Teams.**

The meeting closed at 3.30pm