NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/ **NHS Highland na Gàidhealtachd**
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**30 July 2024 – 9.30am**

Present
Sarah Compton-Bishop, Board Chair
Alex Anderson, Non-Executive
Emily Austin, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elspeth Caithness, Employee Director
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Alasdair Christie, Non-Executive
Fiona Davies, Chief Executive
Albert Donald, Non-Executive, Whistleblowing Champion
Karen Leach, Non-Executive
Philip MacRae, Non-Executive (from 9.46am)
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Catriona Sinclair, Non-Executive
Steve Walsh, Non-Executive

In Attendance
Evan Beswick, Interim Chief Officer, Argyll & Bute Health & Social Care Partnership
Gaye Boyd, Deputy Director of People
Lorraine Cowie, Head of Strategy & Transformation
Pamela Cremin, Chief Officer, Highland Health & Social Care Partnership
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Nicola Schinaia, Public Health Consultant
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager

1.1 Welcome and Apologies for absence

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

Apologies for absence were received from Gaener Rodger and Dr Tim Allison with Nicola Schinaia deputising. It was noted that Philip MacRae would be late joining the meeting.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test.

1.3   Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 28 May 2024.

The Board **approved** the updates to the Action Plan noting the closure of Action 17 – Update to the Executive Summary in the Integrated Performance and Quality Report (IPQR) confirming all health, care and prevention outcomes are now included; and Action 19 – Update confirming the pre/post mitigation figures would be incorporated into the Corporate Risk Register.

1.4   Matters Arising

There were no matters arising.

2   Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on the following topics:

- Changes to the Lead Agency Model
- Delayed Discharge
- Vaccination
- Urgent Care in North Skye
- Chief Executive Board Visits
- Pam Dudek, previous Chief Executive, had been awarded an OBE for her services to NHS Scotland.
- Value in Practice Awards

During discussion the following points were raised:

- Board Members extended their condolences to the family of the late John Wilson whose long commitment and support for the Mull Helipad campaign had been recognised at the recent opening ceremony.
- Board Members noted the update relating to delayed discharges and asked what other challenges were being faced locally and nationally. The Chief Executive confirmed the availability of workforce to provide the necessary care presented significant challenges, coupled with compliance with the recently introduced safe staffing legislation. This was felt acutely in remote and rural areas and led to an increase in financial pressures due to the need to use supplementary staffing. Board members welcomed a future progress update on workforce challenges.
- The Chair recognised the external issues impacting on delayed discharges, such as independent care home closures, and asked what conversations had been taking place with partners and others nationally to consider patient experience and length of stay. The Chief Executive explained that patients in community hospitals not in delay had reduced to an average hospital stay of seven days. It was important to work with all partners to deliver services and improve the discharge process considering NHS Highland is only one part of a family of services that meet people's needs.
- The Chair welcomed the Chief Executive's commitment to visit many different sites across NHS Highland's challenging geographical area.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Audit Committee 18 June and 28 June 2024

The Vice Chair of Audit Committee noted the External Audit unmodified opinion on the Board accounts which demonstrated an improvement on NHS Highland's performance in the previous year.

b) Finance, Resources and Performance Committee 14 June and 5 July 2024

The Committee Chair highlighted the £29.5million brokerage cap received from Scottish Government and acknowledged that this was an improvement on projections earlier in the year. He also noted that concern was raised around the financial risk associated from Adult Social Care and Delegated Services, the committee agreed to add a Board risk to the Committee's risk register to articulate the concerns NHS Highland may not meet financial balance in this area given an opening deficit of £16million.

He added the financial pressures being faced were a challenge and it was confirmed in the 5 July meeting that there was an overspend of £17million which was expected to rise to £50million at year end.

c) Staff Governance Committee of 9 July 2024

The Committee Chair highlighted that only moderate assurance had been taken from the statutory/mandatory training report due to challenges enabling face-to-face training courses. The Committee had also noted that improvements to NHS Highlands vacancy recruitment timescales would take longer than anticipated and may require a change in approach.

The Committee took substantial assurance from the Workforce and Equalities Monitoring Annual Report and the Annual Whistleblowing Report which were on the Board agenda for this meeting. The Committee had also approved the revised Communications and Engagement Strategy.

d) Highland Health and Social Care Committee of 10 July 2024

The Committee Chair highlighted that the Committee had reviewed the Board's finance and transformation workstreams as well as having reviewed the draft financial position for 2024-25. He noted there were significant challenges surrounding the Board's financial situation and a significant portion of the meeting had been devoted to ensuring committee members were fully informed of this complex situation.

It was clear that delivery against operational budgets would remain a challenge and the Committee would monitor the high-level savings and transformation plans throughout the year. The Committee Chair commended the learning disability and primary care reports and acknowledged there had been no reduction in service demands facing adult protection which continued to add pressure to social work staff.

The Chair confirmed a substantive report on Vaccinations would be sought for the next meeting to identify progress made as part of the winter vaccination programme.

e) Clinical Governance Committee of 11 July 2024

The Vice Chair of Clinical Governance Committee spoke to the circulated minutes and drew attention to the in-depth discussions around NDAS and the Vaccination Service. She noted the Committee had been provided with limited assurance on both these workstreams, however work was underway to make improvements and a further report on progress would go to the next meeting.

f) Area Clinical Forum 4 July 2024

The Chair of the Area Clinical Forum noted they had discussed the joint Board Development session held in April which covered the quality framework, reflecting that this was well received by the group.

She added that the new Director of Psychology provided an update on the service and work that was underway to modernise Psychological Services, also noted that the Forum planned to cover the Annual Delivery Plan at the next Forum meeting.

g) Argyll and Bute Integrated Joint Board (IJB) 29 May 2024

The Vice Chair of the Argyll and Bute IJB highlighted that Argyll and Bute Council had appointed Dougie McFadzean as the new IJB Chair.

The IJB meeting in May had included discussion about slower recruitment times in NHS Highland compared to the Council and the frustration which this creates locally.

It was expected the IJB would produce a balanced budget this year, but he acknowledged this was in part due to the challenges recruiting the staff needed to fill existing vacancies. The IJB also discussed an

ongoing challenge whereby NHS Greater Glasgow and Clyde delivered a large portion of the Health and Social Care Partnership's services, and work was underway to open dialogue to identify how the IJB can be more involved.

He noted that governance was discussed, particularly around primary care services within Argyll and Bute with a further update to return to a future IJB meeting. The Chair of the Board added that primary care governance was complex due to the mixed landscape of directly managed and contracted services.

The Chief Executive confirmed that executive level discussions had been held to address service issues and a national planning group was established to focus on some of those issues. The Chief Executive for NHS Greater Glasgow and Clyde had announced her retirement and this presented an urgent opportunity to address the concerns already raised. The Nurse Director noted it was important to bear in mind there were alternative pathways into NHS Highland, and these were being actively explored.

The Board:

- **Confirmed** adequate assurance has been provided from Board governance committees, and
- **Noted** the Minutes and agreed actions from the Argyll and Bute Integration Joint Board.

4   Finance Assurance Report – Month 2 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 2. It was confirmed that the Board's original plan presented a budget gap of £112.491m which resulted in reductions / improvements of £84.091m based on a brokerage cap of £28.400m. NHS Highland's share of national monies to protect planned care performance amounted to £3.3m. For the period to end May 2024 (Month 2) an overspend of £17.364m was reported which was forecasted to increase to £50.682m by the end of the financial year. The current forecast assumed that cost reductions/ improvements identified through value and efficiency workstreams would be achieved and that support would be made to balance the Adult Social Care position at the end of the financial year. This forecast was £22.282m worse than the brokerage limit set by Scottish Government but in line with the opening plan.

The Board was invited to take limited assurance which reflected the current overspend and brokerage position.

The Director of Finance spoke to the circulated report and confirmed that the audited position for 2023-24 remained unchanged from the position reported at the Board meeting in July 2024 and it was positive to note that no changes were required.

During discussion the following points were raised:

- Board Members queried how realistic it was to expect a full year impact on savings at this stage in the financial year, particularly since alternative savings plans had not yet been implemented. The Director of Finance accepted that there would be limited effect during the current financial year. She confirmed that the additional savings would begin to contribute to the three per cent efficiency target in the current year and to longer term sustainability planning. The supplementary staffing targets were ambitious however there were several work streams focusing associated with achieving this target with some positive changes being evidenced already. This work would take time to make a significant impact and would consider other measures implemented by Scottish Government.
- The Chair asked what pathways were for prescribing new drugs and how the Board could be assured their use aligned with the Board's Strategy. The Director of Finance confirmed that the Area Drugs and Therapeutics Committee, on which both she and the Medical Director sat, had oversight of the discussions around new drugs and confirmed that appropriate business cases were required to introduce their use with existing services. She added that the Director of Pharmacy was reviewing the governance processes for new drugs. Significant work would be required nationally around prescribing and access into the market, and consideration should be made in relation to preventative measures to ensure value-based efficient prescribing was relevant to the patient.
- Board Members raised the question of continued affordability of free prescriptions and whether this impacted NHS Highland's financial position. The Medical Director noted that decisions around free prescriptions fell to Scottish Government and the Board was duty-bound to carry out government rulings. Free prescriptions for drugs such as paracetamol had minimal impact on the financial position

and much of the larger cost burden was due to the limited possibilities within the UK for drug manufacture resulting in a reliance on supply from Europe and other parts of the world.

- The Vice Chair raised concerns around the Adult Social Care position and sought clarity on whether NHS Highland would be clear on the required improvements needed halfway through the year. The Director of Finance confirmed a finance meeting between NHS Highland and the Highland Council was planned for 1 August 2024 to finalise the position and it was hoped that an improvement of between £2millon to £3million could be achieved. Once this discussion had taken place, NHS Highland would formally write to Highland Council and clarify the Children's Services position.
- Board Members sought clarity around the budget for backlog maintenance and whether additional funding was expected. The Director of Estates, Facilities and Capital Planning confirmed that Scottish Government would provide funding to address backlog maintenance, however the timing and exact amounts had yet to be confirmed.
- Board Members queried the overall approach to future Scottish Government allocations as some recruitment challenges were caused by the funding position being unclear. The Director of finance advised that around 80% of allocations were received at the end of Quarter 1, however assumptions had been made to reduce development and recruitment in many other areas until allocations were confirmed given the level of risk involved as some of those roles or outcomes would not be sustainable without the funding from Scottish Government being confirmed.

Having **examined** the draft Month 2 financial position for 2024/2025 and **considered** the implications, the Board **AGREED** to take **limited assurance** from the report.

The Board took a break at 10.45am and the meeting resumed at 11am

5   Integrated Performance and Quality Report (IPQR)

The Board received a report from the Deputy Chief Executive that detailed current Board performance and quality across the health and social care system. The Board was asked to take limited assurance due to current pressures faced by NHS Highland in Acute and Community care delivery, and to consider the level of performance across the system. As well as the usual reporting metrics, this month's report provided a spotlight on patient experience of Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental Assessment Service (NDAS).

The Deputy Chief Executive spoke to the circulated report and highlighted the following:

- NHS Highland was escalated on the Scottish Government Performance Management Framework for vaccinations and CAMHS. He confirmed that the Public Health Scotland peer review had been completed in May 2024 and the options appraisal work was well underway to identify potential improvements in vaccinations. He also noted that CAMHS waiting list performance had made sustained improvements.
- Treatment Time Guarantee (TTG) performance remained red however this was based on previously forecasted models where funding had not yet been received.
- Cancer performance at Day 31 and Day 62 remained stable although Day 62 performance was volatile and was the most difficult metric to meet.

During discussion the following points were raised:

- Board Members highlighted that appraisal completion rates were low at 28 percent and sought clarity around why this was the case. The Deputy Chief Executive advised that the focus this year was to ensure senior managers were complying with the appraisal process and subsequently rolled out to all staff. Inclusion of a subset of the reported figures would be considered for future iterations of the IPQR and it was noted that this matter was closely monitored at Staff Governance Committee.
- Board Members expressed concerns that incidences of falls were higher in Raigmore and Caithness General Hospitals in comparison to others The Nurse Director confirmed work was underway to implement a consistent approach to fall prevention with learning being taken from Belford Hospital where incidences of falls were low.
- The Board Whistleblowing Champion asked what factors were impacting on complaints performance and investigation quality, and whether this contributed to delayed responses. The Medical Director advised that the sign-off process sought to highlight emerging trends and training points. It was typically the complexity of some of the complaints that directly impacted on response times.

- Board Members highlighted that Alcohol Brief Interventions (ABIs) performance in Argyll and Bute had not improved during quarter four and asked what steps were proposed to improve performance. The Deputy Director of Public Health confirmed there had been some issues with capturing the relevant data however a new Chair of the Alcohol and Drugs Partnership was in post and this matter would be attended to as a priority.
- Board Members asked for further information on CAMHS engagement appointments and what the process was for children who did not qualify for assistance under CAMHS. The Chief Officer for Acute confirmed the CAMHS team try to ensure resources were used effectively and the right services across the partnership were signposted early in the process should CAMHS not be the correct route; this helped minimise the impact on both the service and a patient's time. A recruitment drive was underway for NDAS, as well as a review of the delivery model which involved national benchmarking and working closely with the clinical leadership team and Highland Council.
- The Chair asked for the timescales associated with the vaccination options appraisal and the Board's readiness for winter. The Chief Officer for Highland Health and Social Care Partnership advised there were 28 improvement actions to be completed by the end of October 2024. The vaccine improvement group held weekly meetings and there had been a 90% response rate to a questionnaire issued to GP practices. Analysis of the responses would take place over the next four weeks.
- Board Members asked if data had been collated around NDAS patients who had not completed the assessment process prior to reaching the age of 18 and highlighted the time lag in NDAS data included in the IPQR. The Deputy Chief Executive acknowledged the data appeared historic but that was due in part to the reporting cycle and confirmed that operational teams would have access to up-to-date information. The Chief Officer for Acute commented that work was underway, in conjunction with the Strategy and Transformation team, to review the NDAS waiting list and confirmed that the 'Getting It Right for Every Child' (GIRFEC) approach was core to the approach being taken.
- Board Members queried the Argyll and Bute acute pathways to NHS Greater Glasgow and Clyde and how assurance was taken on related performance data. The Chief Executive confirmed that assurance was provided where the treatment takes place and there was currently no system available to share that data. A national planning and delivery board had been established and was aware of these challenges. The Interim Chief Officer for Argyll and Bute confirmed he would raise this with NHS Greater Glasgow and Clyde.
- Board Members suggested development of the IPQR to incorporate the impact of performance levels with realistic and measurable timeframes of when trajectories would move closer to targets. The Deputy Chief Executive suggested aligning the trajectories with the Annual Delivery Plan (ADP) outcomes and considering how to demonstrate improvement trajectories.
- The Vice Chair welcomed the suggested developments to the IPQR. She also highlighted the need to be mindful of frugal governance in how the Board considered the IPQR, the contents of which were considered at the previous cycle of governance committees. She suggested a different approach might be helpful with more use being made of the Committee updates at the start of the Board meeting. This would allow the Board the opportunity to focus on areas of escalation or where difficult decisions needed to be made. She supported the suggestion that this be discussed in more detail in a Board Development session. The Chair agreed and added it was important the Board remained strategic in its overview and allow the governance structure to work as intended and acknowledged a discussion should take place to identify how the Board could consider its IPQR through the lens of the frugal governance approach.

Having considered the level of performance across the system, the Board:

- Took **limited assurance** from the report, and
- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.

6   Annual Delivery Plan

The Board received a report from the Deputy Chief Executive which confirmed that the Board's Annual Delivery Plan (ADP) for 2024-25 and Medium-Term Plan (MTP) 2026-27 had been submitted to Scottish Government in March 2024. The report summarised the main points of feedback received from Scottish Government which had been incorporated in the final version of the ADP. Plans for the monitoring, reporting and assurance of the ADP deliverables were also set out.

The Board was invited to take limited assurance due to the challenging financial situation and organisational capacity to meet the level of change required. It was also asked to approve the Annual

Delivery Plan for 2024/25 as detailed in the Code for Corporate Governance, and to note that governance of the ADP would sit with the FRP Committee with six monthly progress reports being brought to the Board from September 2024.

The Head of Strategy and Transformation spoke to the circulated report and noted:

- The ADP and MTP detailed the high-level actions for 2024-2025 and covered both Highland and Argyll and Bute. The Plans were both aligned to the ten NHS Scotland Recovery Drivers and to the guidance produced by Scottish Government in January 2024 alongside the NHS Highland financial plan.
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  The Interim Chief Officer for Argyll and Bute Health and Social Care Partnership noted the Argyll and Bute annual delivery plan actions were due to be reviewed as the current Joint Strategic plan was due to come to an end in 2025. Work had begun on the next iteration that was planned to cover the next five years. Once approved, the ADP would be used to ensure the required deliverables and trajectories in the IPQR were appropriately represented and aligned with the Board's strategic direction.

During discussion the following points were raised:

- Board Members queried the next steps for actions which had already missed the first quarter target. The Head of Strategy and Transformation confirmed that a tracker was in place and a report was due to be submitted to the Executive Directors Group (EDG) in the next few weeks to analyse the progress made.
- The Chair acknowledged the individual progress updates and asked how the Board would be assured of whole system progress. The Head of Strategy and Transformation agreed that, while individual components were reviewed by each respective area, it would be important a holistic review of all sections took place internally.
- The Vice Chair asked whether there had been any change in direction or reprioritisation of resources because of the feedback from Scottish Government. The Head of Strategy and Transformation confirmed there were some minor adjustments to areas such as cancer waiting times and the Women's Health Plan, however this did not alter the overall strategic intent.
- Board Members queried what targets NHS Highland was setting for itself, what the trajectories would be and where progress would be overseen. The Head of Strategy and Transformation acknowledged the IPQR currently focused on national targets and that NHS Highland needed to develop a collaborative approach to achieve the targets set out in the ADP for discussion in more detail through the Governance Committees.
- Board Members asked if there had been consideration made to an appropriate communication plan to keep staff up to date on progress. The Head of Strategy and Transformation confirmed that work was underway to develop a communication plan. The Deputy Chief Executive added that it was important to consider how best to disseminate such a complex document across the organisation as not all elements were of relevance to all colleagues.
- Board Members suggested the inclusion of Key Performance Indicators would be helpful, particularly noting a 'realistic' target and a 'stretch' target so demonstrate movement towards national targets. The Head of Strategy and Transformation confirmed that a more detailed progress tracker had been developed and further detail would be provided to the September Finance, Resources and Performance Committee meeting as part of the ADP update.
- The Chair suggested offline consideration be given to local choices and what the impact would be for local communities. She also queried how the Board would receive assurances on regional delivery. The Chief Executive noted that assurance on regional delivery was difficult and something she could raise with Scottish Government who had specifically asked Boards to follow existing guidance and focus on local service change. She added that delivery groups had been established to address local service delivery. Regional delivery would require to be coordinated appropriately with the right level of innovation and pathway redesign considered.

The Board:

- Took **limited assurance** from the report.
- **Approved** the Annual Delivery Plan for 2024/25.
- **Noted** that oversight of delivery of the Annual Delivery Plan would take place through the Finance, Resources and Performance Committee and that the Board would receive six monthly progress reports from September 2024.

The Board took a lunch break at 12.24pm and the meeting resumed at 12.55pm

7   National Care Service Bill Amendments

The Board received a report from the Director of People and Culture on amendments to the National Care Service Bill published by Scottish Government on 24th June 2024.

Speaking to the report, the Chief Executive confirmed that the Bill's amendments would remove the existing choice of integration models and replace them with National Care Service Local Boards. This would lead to a reform of existing Integration Joint Boards and removal of the Lead Agency model. The legislation affected Highland as it was the only local authority using the Lead Agency integration model. A report had been considered by The Highland Council on the Bill amendments prior to its summer recess, and further reports would be submitted to both the Council and the NHS Board as further details became clearer.

During discussion the following points were raised:

- Board Members queried why the report had no level of assurance. While the report was principally for information, Board members were content to take assurance that the Board's response to the consultation was in hand. The Chief Executive added that the report did not cover the full set of stage two amendments and that Children's Services would require to be revised through further amendments to the Bill.
- Board Members sought clarity on the feedback process and the Chief Executive confirmed she was one of the lead negotiators between COSLA, the NHS and Scottish Government and advised she would bring feedback as appropriate.The Chair added the Board's response to the consultation should include comment from both the lead agency and Integration Joint Board perspectives. The Chief Executive confirmed that a draft consultation response could be shared with Board members and discussed at the next development session.
- The Vice Chair, in her capacity as Chair of Staff Governance Committee, highlighted this was a worrying time for staff especially given the timeframes involved and what the potential implications on employment situation. Assurance on this matter had been added to the Staff Governance Committee Workplan and to ensure there would be appropriate staff engagement and transparency on the consequential impacts. The Chief Executive supported these comments
- Board Members asked why the Lead Agency model was chosen initially given all other Board's had chosen the alternative model. The Medical Director confirmed that NHS Highland was a pilot Board and chose the Lead Agency model as at the time it seemed it would provide a single organisation approach and simplify processes whilst allowing greater integration of service delivery.

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

- the Stage 2 amendments to the National Care Service Bill set out in Appendix 1 which would result in the introduction of a single model of integration and the consequent removal of the Lead Agency Model and;
- that further updates providing clarity on the legal, financial and governance implications would come forward to future meetings of the Board.

8   Corporate Risk Register

The Board received a report from the Board Medical Director with an overview of the NHS Highland Board risk register which provided awareness of risks that were being considered for closure and/or additional risks to be added. The Board was invited to take substantial assurance that the risks currently held were being actively managed through the appropriate Executive Leads and governance structures.

The Medical Director spoke to the circulated report and noted the following:

- The Finance, Resources and Performance Committee were in the process of reviewing some of the highlighted risks as they appeared to align more closely to level two risks rather than level one corporate risks and an update would be provided through the regular Board Corporate Risk Register item.

- The Clinical Governance Committee have added an additional risk which will be presented at the September committee meeting and subsequently added to the Board register in September.
- Risk 1255 Annual Delivery Plan 24-25 Delivery and Risk 1279 Financial Risk of delivering Adult Social Care services were added to the register both of which were impacted by the ongoing financial challenges facing NHS Highland.

Board Members asked if any further work was underway in relation to the cybersecurity risk given the recent major incident that had occurred in NHS Dumfries and Galloway.

The Deputy Chief Executive confirmed that he and the Head of eHealth were part of a discovery group that were reviewing the learning outcomes after the major incident and reassured Board Members that a similar attack would not penetrate the defences NHS Highland had in place, but it was marked as an active risk to minimise complacency given potential attackers often have large resources to support their attacks.

The Board:

- Took **substantial assurance** from the report.
- **Noted** the report provided confidence of compliance with legislation, policy and Board objectives; and
- **Examined** and **Considered** the evidence provided and agreed final decisions on the risks recommended to be closed and/or added.

9   Whistleblowing Annual Report

The Board received a report from the Director of People and Culture that summarised activity against nationally agreed Key Performance Indicators and provided an overview of the learning outcomes from cases concluded during the year. The report was produced as part of a requirement for every NHS board to produce quarterly reports and annual reports. The Board was invited to approve the annual report and take substantial assurance based on the content demonstrating compliance with reporting requirements under the standards.

The Deputy Director of People spoke to the circulated report and highlighted the following:

- There were a small number of formal cases raised over the course of the year, however there were 200 contacts received through the Guardian Service which may have supported lower case numbers.
- The Independent National Whistleblowing Officer (INWO) did not uphold any of the complaints raised however did identify improvements to NHS Highland's processes which were progressing through the whistleblowing and speaking up action plan. The Deputy Director of People also noted that following Board approval, the report would be submitted to INWO.
- It was noted that many of the cases were complex and meeting the 20-working day completion target as detailed in the whistleblowing standards remained a challenge; however, additional administration support for senior managers was planned for the autumn.

The Board Whistleblowing Champion acknowledged the case numbers remained low and reiterated the whistleblowing process was a journey to improvement that would continue for some time; however, he noted the overarching message was to raise awareness of the whistleblowing standards.

The Chair raised awareness of the other workstreams in place to help support staff such as the Speak Up programme and regular visits the Board Whistleblowing Champion undertakes.

The Board:

- **Approved** the Whistleblowing Annual Report.
- Took **substantial assurance** based on the content and format of the annual whistleblowing report which demonstrated compliance with our reporting requirements under the standards.

10   Workforce and Equalities Monitoring Annual Report

The Board received the Workforce and Equalities Monitoring Annual Report from the Director of People and Culture. The report was published to demonstrate NHS Highland had met the requirement as set out in the Public Sector Equality Duty to gather, use, and publish employee information. The information within the report considered the workforce position as of 31 December 2023 for the period 1 January – 31 December 2023. The Board was invited to take substantial assurance that the report demonstrated compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

The Deputy Director of People spoke to the circulated report and noted:

- The data would be used to consider how best to improve and promote equality throughout NHS Highland which would be incorporated into the appropriate workplans with actions being developed over the course of the year.
- The overall substantive headcount within NHS Highland increased by 354 staff, whilst a total of 2811 people joined the organisation in 2023.
- It was noted that using the data held in the 2022 census, NHS Highland employs a greater number of people from a variety of ethnic backgrounds compared to the region's population demographic.
- Work is underway to encourage staff to complete their ethnicity data to enable greater accuracy of reporting in future years, but it was highlighted a larger number of staff were selecting the prefer not to say option.

During discussion the following points were raised:

- Board Members sought clarity on how the data would be used to drive improvements, particularly where staff had chosen to select 'prefer not to say'. The Deputy Director of People acknowledged it was a challenge however an oversight group had been established to consider equality, diversity and inclusion across NHS Highland.
- Board Members highlighted the increase in staff aged over 65 and asked how NHS Highland would ensure those people were adequately supported alongside minimising the loss of experience-based talent as there was a move towards longer working lives. The Deputy Director of People confirmed there was work underway nationally around how older staff were supported including partial retirement and the 'retire and return' policy to facilitate a flexible approach to work.
- The Chief Executive added that it was important to note the challenges faced in workforce availability and the acute impact this had as depopulation was a much broader strategic threat for NHS Highland, and it would be essential to work with other partnership organisations to attract young people into health and social care careers.

The Board:

- Took **substantial assurance** from the report.
- **Noted** the content of the report which provided confidence of compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

11   Board Blueprint for Good Governance Improvement Plan - Update

The Board received a report from the Board Secretary, on behalf of the Board Chair which provided a progress update on the delivery of actions from the Board's Blueprint for Good Governance Improvement Plan agreed by the Board in July 2023. The Board was invited to take substantial assurance and note the informal oversight in the delivery of the improvement plan would continue to be undertaken by the Chairs Group, and Governance Committees for outstanding longer-term actions during the November 2024 cycle of meetings. A further report would be submitted to the Board in January 2025.

The Board Secretary spoke to the circulated report and noted:

- There were nine actions proposed for closure with the remaining eight identified as longer-term, organisation wide actions that would take longer to complete, however progress had been made and was noted in the appendix.

- Organisationally some work was still required around risk and providing the appropriate training in line with the Board risk appetite.
- Work was underway to address the culture action as the Culture Oversight Group had pursued a wide range of actions including the delivery of the leadership and culture framework alongside a leadership and development programme.
- It was noted the Quality Framework would extend beyond the lifetime of the improvement plan however a joint development session had taken place with the Area Clinical Forum to assist with this action.
- It was expected that all Boards would be asked to review themselves against the Blueprint around May 2025 and Scottish Government were considering how Boards would be reviewed externally.

The Chair added that whilst Scottish Government were considering how Boards would be externally reviewed it was important to note NHS Highland was a pathfinder for the process and discussions continued nationally with other Boards around the learning achieved as part of the process.

The Board:

- Took **substantial assurance** from the report.
- **Noted** that informal oversight of delivery of the improvement plan would continue to be undertaken by the Chairs Group and Governance Committees for outstanding and longer-term actions during the November 2024 cycle of meetings.
- **Noted** that a further progress update would be submitted to the Board in January 2025.

12   Governance Committees memberships

The Board received a report from the Board Secretary, on behalf of the Board Chair which outlined proposed changes to the Governance Committee memberships. The intention was to direct existing and emerging skills effectively across governance committees. The report outlined a two staged approach to the sequencing of the proposed changes. The Board was invited to agree changes to Committee Non-Executive memberships in preparation for vacancies that would occur during 2024 and 2025. The report also asked the Board to take substantial assurance from the information contained.

The Board:

- Took **substantial assurance** from the report.
- **Agreed** the changes to Committee memberships designed to take effect from 1 August and 1 October 2024.
- **Agreed** to appoint Gerry O'Brien as the Board's Environment and Sustainability Champion from 1 October 2024.
- **Agreed** to appoint Heledd Cooper as the Board's Counter Fraud Champion from 1 October 2024 for an interim period until a longer-term Audit Committee Chair is in place.
- **Agreed** that Sarah Compton Bishop replace Ann Clark on the Highland Community Planning Partnership Board with immediate effect.

13   Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 24 September 2024

The meeting closed at 1.55pm

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS** **Highland** **na Gàidhealtachd**
MINUTE of the **FINANCE, RESOURCES AND** **PEFORMANCE COMMITTEE** **TEAMs**	**09 August 2024 at 9.30 am**	

Present   Alexander Anderson, Chair
                      Graham Bell, Vice Chair
                      Rhiannon Boydell, Mid Ross District Manager
                      Louise Bussell, Board Nurse Director
                      Sarah Compton-Bishop, Board Chair
                      Heledd Cooper, Director of Finance
                      Garret Corner, Non-Executive Director
                      Fiona Davies, Chief Executive
                      Brian Johnstone, Senior Electrical Engineer
                      Gerard O'Brien, Non-Executive Director

In Attendance   Bryan McKellar, Whole System Transformation Manager
                      Brian Mitchell, Committee Administrator
                      Katherine Sutton, Chief Officer Acute
                      Elaine Ward, Deputy Director of Finance
                      Nathan Ware, Governance and Corporate Records Manager

1   STANDING ITEMS

1.1   Welcome and Apologies

Apologies were received from Committee members Dr B Peters and S Walsh.

Apologies were also received from non-members E Beswick, R Daly and P Cremin.

1.2   Declarations of Interest

There were no formal Declarations of Interest.

1.3   Minute of Meeting held on Friday, 5 July 2024, Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 5 July 2024 was **Approved.** The Committee further **Noted** the revised Rolling Action Plan and Committee Work Plan 2024/25.

1.4   Matters Arising

1.4.1   Integrated Performance Report

G O'Brien highlighted reporting aspects relating to variances within Outpatients and Treatment Time Guarantee data, against relevant ADP targets, and requested further consideration be given to this element for future reports.

After discussion, the Committee Agreed this matter be followed up with the Head of Strategy and Transformation in advance of the next meeting.

2   NHS Highland Financial Position (Month 3) 2024/25 and Value and Efficiency Update

Finance

The Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 3, advising the Year-to-Date (YTD) Revenue over spend amounted to £22.7m, with the forecast overspend set to increase to £49.7m as at 31 March 2025 assuming those cost reductions/improvements identified through value and efficiency workstreams would be achieved and further action would be taken to deliver a break even position for Adult Social Care. The circulated report further outlined the underlying data relating to Summary Funding and Expenditure, noting the relevant Key Risks and Mitigations. It was noted £134.337m of allocations had been received in Month 3; there had been a significant bundling of allocations that were being reconciled to previous years, and there had been no funding received in relation to the 2024/2025 pay award to date. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; the Cost Reduction/Improvement activity position; the value and efficiency Dashboard position as at 12 July 2024; Supplementary Staffing; Subjective Analysis; Subjective spend tracking in relation to drugs and prescribing, property costs, general/clinical non pay expenditure; and Capital Spend. The circulated report proposed the Committee take **Limited** Assurance, for the reason stated.

There was discussion of the following:

- Potential Barnett Consequential. Advised impact of any pay settlement reached in England had yet to be clarified in terms of resource for individual NHS Boards. Pay awards for Scottish staff had yet to be agreed.
- Allocation Discussions with Scottish Government. Advised allocations were set by Policy Teams and not centrally. Issues had been raised by number of NHS Boards and Scottish Government were aware of the concerns highlighted. Scottish Government colleagues had highlighted in discussion the central financial impact of NHS Boards not achieving break even positions. The overall efforts being made by NHS Highland, in a transparent manner, had been recognised. NHS Highland remained in line with its financial plans.

Value and Efficiency

The Director of Finance then provided a brief presentation of the Value and Efficiency Assurance Group Assurance Report dated 8 August 2024, advising updates were received on a bi-weekly basis. She went on to advise as to the range of individual workstream elements, indicating the associated Executive leadership arrangements, recent progress and immediate planning priorities. An oversight update was also provided on progress with Value and Efficiency savings as at 25 July 2024.

The following matters were discussed:

- Reported Position on Key Indicators. Advised each element of the Scottish Government 15 Box Grid was reflected in the work of the Value and Efficiency Assurance Group. Benchmark position data was available, indicating potential opportunities for progress, with identification of best practice and shared learning aspects also in place. Relevant Senior

Responsible Officers (SROs) had been provided with relevant detail and requested to incorporate within respective trajectories. Directors of Finance were to discuss, consider and share relevant best practice at their meeting the following week, with focus on communication, financial governance, and deep dive activity. Groups would be established to take forward focused areas of work or escalate these as required.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** to take **Limited** assurance.

3   Quarterly Update on Workstreams and 15 Box Grid Elements

There had been circulated a report outlining the NHS Highland position against the 15 Box Grid and current position as at Quarter 1, as provided to Scottish Government. The report also included the 15 Box Grid data pack, associated key Indicators and 15 Box Grid NHS Highland Quarter 1 self-assessment. It was stated the Scottish Government would provide a self-assessment form to complete each quarter, with NHS Boards asked to complete the form as a matter of good practice, and for Boards at level 2 or above, as a mandatory requirement. It was noted the Value & Efficiency Assurance Group (VEAG) had agreed the data would be shared with the workstream Senior Responsible Officers (SROs), with an improvement trajectory to be agreed as part of the workstream deliverables. This work was in progress. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Medical Locum Costs. Advised reference to direct engagement activity related to the system whereby relevant salary VAT costs can be removed via direct payment arrangements. NHSH had been engaged in that approach for a number of years and continued to explore further efficiency and productivity opportunities.
- Medical Locum Quality. Advised there was a recognition that permanently employed staff offered better quality more generally. Whilst there was a degree of reliance on national regulators and professional bodies when seeking to create the context for successful recruitment, NHS Boards had a local responsibility to ensure posts were attractive, interesting and offered areas of interest for potential permanent staff members, such as in relation to research activity. A creative approach was being taken. It was noted accommodation remained a potential barrier to permanent recruitment in Highland.

After discussion, the Committee:

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

4   Environment and Sustainability Update

The Senior Electrical Engineer advised the E&S Board subgroup Chairs had been attending regularly, along with members of NHS Assure, who had been providing national updates. Updates would be made to the membership list and Terms of Reference following discussions at the last meeting. NHSH had been developing E&S policies. NHSH had been utilising policies from other NHS Boards with the aim to having them finalised by the end of 2024. The E&S Board would review and consider this Policy before ratification and implementation.

The National Sustainability Auditing Tool (NSAT) was no longer mandatory for Scottish Government reporting. The E&S Board had been discussing whether to continue NSAT as an

internal auditing tool. The national review of NSAT questions had continued through a Short Life Working Group of the NESG. NHS Highland's E&S team would assess the new question sets after the review to determine their suitability for internal auditing.

To progress with the Net Carbon Zero Route map, NHSH met with Mott MacDonald to discuss GPSED funding for 2024/25, aiming to secure pre-capital funding for site surveys this financial year. It was advised that there had not been a decision made by Scottish Government around the funding stream, but it was anticipated that a decision would be reached soon. Discussion would be continued to decide the approach toward the decarbonisation of Raigmore Hospital.

The Public Bodies Report was due to be submitted by end of October 2024. The E&S team would collate the data required for the 2023/24 submission from relevant departments. NHS Highland had been working collaboratively with UHI to develop the Environment Management System (EMS) for NHS Highland. It was anticipated the EMS would be in place by the beginning of financial year 2025/26. It was noted that the E&S Team were in the process of hiring a Waste Manager. Interviews for the position were expected to take place soon.

In discussion,

- Members noted Knowledge Transfer Partnerships (KTPs) can be challenging to set up, but they offer long-term benefits once operational.
- Members noted The Highland National Treatment Centre (NTC) may perform more efficiently than its original design due to green features and staff practices. The Senior Electrical Engineer advised the energy use from the Highland NTC would be reviewed against estimated design figures. It was noted a further update on the review would be provided to the Committee.
- Members emphasised the importance of considering sustainability and environmental impact during organisational changes and questioned whether the organisation had been considering this. The Senior Electrical Engineer noted departments had been gradually incorporating E&S principles into their everyday practices, both directly and indirectly. The Director of Finance advised the organisation should be more proactive and suggested adding these considerations to the quality impact assessment. She also proposed a review process to evaluate the positive or negative impacts on sustainability, ensuring these factors are included in reports.
- The Senior Electrical Engineer highlighted the challenge of aligning hydrogen pricing with natural gas to encourage its adoption. He emphasised the need for subsidies, clear pricing, and balancing cost with sustainability for specific applications.

After discussion, the Committee:

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

5 Any Other Competent Business

The Chair took the opportunity to pay tribute to the dedication and contributory role played by A Clark, Non-Executive Director during her tenure as member of this Committee, noting she had demitted membership as part of a wider review of Governance Committee membership.

6 Remaining Meeting Schedule for 2024

The Committee **Noted** the remaining meeting schedule for 2024 as follows:

6 September
11 October

1 November
13 December

7   DATE OF NEXT MEETING

Friday 6 September 2024 at 9.30 am.

The meeting closed at 10.45 am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS Highland na Gàidhealtachd**
DRAFT MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**06 September 2024 at 9.30 am**	

Present Tim Allison, Director of Public Health
Alexander Anderson, Chair
Graham Bell, Vice Chair
Sarah Compton-Bishop, Board Chair
Heledd Cooper, Director of Finance
Garret Corner, Non-Executive Director
Fiona Davies, Chief Executive
Gerard O'Brien, Non-Executive Director
Boyd Peters, Medical Director

In Attendance Isla Barton, Director of Midwifery
Lorraine Cowie, Head of Strategy and Transformation
Pamela Cremin, Chief Officer Highland Health and Social Care Partnership
Dan Jenkins, Health Promotion Specialist (Item 4)
Brian Mitchell, Committee Administrator
David Park, Deputy Chief Executive
Katherine Sutton, Chief Officer Acute
Elaine Ward, Deputy Director of Finance

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from Committee member Steve Walsh, Richard MacDonald and Louise Bussell with Isla Barton deputising.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous meeting held on Friday, 09 August 2024, Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 9 August 2024 was **Approved.** The Committee further **Noted** the revised Rolling Action Plan and Committee Work Plan 2024/25.

2 NHS Highland Financial Position 2024/25 Report (Month 4) and Value and Efficiency Assurance Update

Finance

The Deputy Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 4, advising the Year-to-Date (YTD) Revenue over spend amounted to £31.499m, with the forecast overspend set to increase to £49.7m as at 31 March 2025 assuming those cost reductions/improvements identified through value and efficiency workstreams would be achieved and further action would be taken to deliver a break even position for Adult Social Care. The circulated report further outlined the underlying data relating to Summary Funding and Expenditure, noting the relevant Key Risks and Mitigations. It was noted £0.438m of allocations had been received in Month 4; there had been a significant bundling of allocations that were being reconciled to previous years, and there had been no funding received in relation to the 2024/2025 pay award to date. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; the Cost Reduction/Improvement activity position; the value and efficiency Dashboard position as of July 2024; Supplementary Staffing; Subjective Analysis; and Capital Spend. The circulated report proposed the Committee take **Limited** Assurance, for the reason stated.

There was discussion of the following:

- Challenges in Forecasting Savings. It was noted that there would be a more accurate forecast provided in Q2. Members highlighted the need for a recovery plan and proactive spending cuts. They acknowledged that most savings would be non-recurring, with other Health Boards having faced similar challenges. The importance of communicating these issues to the Scottish Government was highlighted.
- Adult Social Care (ASC). Significant progress had been made in urgent and unscheduled care work streams, reducing delays, and increasing capacity in care homes.
- ASC in the Financial Projections. Clarity was sought on how the progress made within ASC would be reflected within financial projections. It was advised that the Q2 forecast would highlight ASC progress and would aim to articulate the plan beyond just facts and figures.
- Reduction in ASC Funding. Concerns were raised about a £7 million funding reduction and its potential long-term impact. Clarification was provided that a formal challenge was pending a confirmation letter and would be addressed at the next chief executives' meeting if no response was received.
- Unfunded Services. It was advised that various services across the organization, initially funded by the government during COVID or through historic business cases without formal budgets, faced challenges in withdrawal or budget alignment as funding ended.
- Supplementary Staffing Reduction. Agency compliance against framework usage was highlighted. It was noted that additional activity that required planned supplementary staffing obscured reduction figures, which created challenges when relaying true improvements to the Scottish Government. Suggestions were made to create detailed analysis to understand impacts of actions taken. It was confirmed that 'agency spend' was offset against the substantive budget, and the premium cost was included within the initial finance plan, with the current cost profile aligning to this and progress on reducing costs being slower than hoped.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** to take **Limited** assurance.

3   **Capital Asset Management Update**

The Director of Finance spoke to the circulated Asset Management Update and reported that eHealth and Equipment Purchasing Advisory Group (EPAG) groups had provided assurance that spend was in place, despite a timing lag in costs. Both groups were on target, with spending expected to show in the next report. They were monitoring potential additional costs

from the ageing estates of acute hospitals, discussed during Q1 finance reviews. There continued to be close communication with the Scottish Government Capital Team, with whom the Director of Estates, Facilities and Capital Planning and the finance team meeting met monthly.

The following was discussed:

- IT Infrastructure. There was a discussion around the need to refocus budget away from estates and towards IT in preparation for the future demands on services. There was, however, acknowledgement that this year's eHealth programme was substantial and exceeded the accomplishments of other boards in this area.
- Assurance levels. There was some concern that the current assurance levels didn't reflect the standards being achieved in the context of the whole system being under pressure. While the level of assurance in this case with regards systems and processes and delivery of the capital plan was being offset by the level of risk due to capital funding availability, it was noted that the assurance level would otherwise be substantial. The Chief Executive Officer advised that a discussion would be had around assurance levels in general outwith this meeting.
- Capital Spending. In response to the query and the prospect of capital being received to complete the larger projects such as the National Treatment Centre, members were advised that there were ongoing conversations with Scottish Government to try and gain support. In response to the query around whether backlog maintenance budgets were likely to improve given that we only had around half of what was required, members were advised that this was currently unclear and would depend on the expenditure of Scottish Government's larger capital programmes as to the availability of any additional funding.

After discussion, the Committee:

- **Noted** the update.
- **Agreed** to take **Moderate** assurance.

4   Highland Charter for Climate, Nature and Health

D Jenkins, Health Promotion Specialist, provided a presentation and spoke to the circulated proposal for NHS Highland to become a signatory on the Highland Charter for Climate, Nature and Health which was a pledge to put climate, nature and health and the benefits of green and blue health at the centre of decision making. The presentation outlined the joint working between the Highland Green Health Partnership, led by NHS Highland; Highland Adapts; and Highland Environment Forum which recognised the strong links between climate, nature and health. Signing the charter was a commitment to take one action to *'keep Highland in good health for climate, nature and health'* and report back annually. The extensive reach of NHS Highland for influencing health across the region was highlighted and it was noted that we had already signed up to the NHS Scotland Climate Emergency Sustainability Strategy, which shared similar obligations. Also covered were the sustainability and preventative health initiatives already in place, for which governance was already in place and which would be further supported by signing the pledge. It was proposed this was an opportunity to publicly declare and reinforce momentum around sustainability, climate, nature and health agendas.

The following was discussed:

- Argyll and Bute. It was noted that several prevention initiatives were already well-progressed in Argyll and Bute which could retrospectively align with the current strategy. The importance of forming a unified approach with the Health and Social Care Partnership (HSCP) was highlighted.

- Partnership Organisations and Leadership. It was suggested it would be worth considering, in future, how our commitment to this charter could be aligned with our various partnership organisations, particularly considering our leadership role within the agreement.

- Health improvement. Members highlighted the contribution of the underpinning actions relating to this work to reducing inequalities and improving opportunities in health and how this work related to the Anchors plan should also be considered.

- Members considered this a worthy initiative with no immediate implications, financial or otherwise and were happy to endorse it for approval at the upcoming Board meeting, which was scheduled for 24 September and, helpfully for promotion, during Climate Week.

After discussion, the Committee:

- **Noted** the presentation and circulated report.
- **Agreed** to **endorse** the report.

5   Integrated Performance and Quality Report

The Head of Strategy and Transformation spoke to the Integrated Performance and Quality Report (IPQR) which had been combined with the Annual Delivery Plan (ADP) & Medium-Term Plan Overall Update and Q1 Position to provide a fuller context. While some areas had experienced a slight drop, overall performance remained stable. Aggressive ADP targets contributed to a significant number of indicators falling below target in the report. Some areas made good progress, but assessing assurance levels for the entire system was challenging due to pressures. Despite resource constraints, Integrated Service Planning and Planned Care were close to meeting their targets.

The following was discussed:

- Reporting challenges. There was a robust discussion around how well the reporting style reflects the actual position. It was noted that the current Red Amber Green (RAG) colour coding system did not adequately reflect the true progress that had been made within the service. It was stressed that while there was no green in the report, the overall position was positive. A particular challenge was highlighted in terms of the having the trajectory of the annual plan understood at every level and articulated within the IPQR. There was a need to balance operational reviews with strategic planning; prioritise actions; and seek team support to achieve key outcomes for 2024/25 amidst broader health and social care challenges. It was proposed that this committee explores a different way of examining the IPQR, potentially looking in more detail at 3 or 4 sections at a time. There was also a need to align Frugal Governance with priorities, and to enhance public communication.

- Acute Services. The Chief Officer for Acute Services provided further detail on operational updates, noting that Highland received a significant portion of the £30 million government funding. Due to limited capacity, additional services were procured through the private sector, with new capacity becoming operational recently. The Integrated Service Plan (ISP)

approach set baselines and additional activity targets for the financial year, though aligning these plans has been challenging. Despite delays in the Treatment Time Guarantee (TTG), particularly in ophthalmology, Highland was the best performing mainland board for TTG in Scotland. Efforts were ongoing to address these delays with new funding and recruitment. Feedback from regular meetings with Scottish Government colleagues was that they were satisfied with Highland's progress and plans for the year.

After discussion, the Committee:

- **Noted** the continued and sustained pressures facing both NHS and commissioned care services in delivering on performance and quality metrics aligned to the annual delivery plan.
- **Agreed** to take **limited assurance.**
- **Agreed** to **consider** the level of performance and quality across the system.
- **Agreed** to **consider** improved ways of looking at the IPQR within this committee.

6 Annual Delivery Plan & Medium-Term Plan Overall Update and Q1 Position

This was reported and discussed within item 5.

7 Risk Register – Refresh of Level 1 Risks

The Head of Strategy and Transformation spoke to the circulated report and confirmed there had been no new risks added to the register. She highlighted the following updates:

- Risk 712: The Director of Estates, Facilities and Capital Planning had confirmed NHS Highland sent a letter to the Fire and Rescue Service requesting de-escalation around the fire compartmentation risk and an update would go to the Health and Safety Committee prior to the risk being removed from the level one register.
- Risk 714: There had been consideration to remove this risk from the level one register however completion of backlog maintenance remained a challenge as the overall funding available to invest in current work would not reduce the backlog figure.

The Chair of the Board suggested further discussions take place around articulating the progress being made, particularly around adult social care risk as whilst progress had been made it isn't necessarily explicit within the report. She also highlighted the importance of reviewing associated mitigations to ensure they were having the desired effect.

After discussion, the Committee:

- **Noted** the circulated report.
- **Agreed** to take **substantial** assurance

8 Revised Committee Terms of Reference

The Deputy Chief Executive spoke to the circulated report and confirmed the changes noted would ensure the Finance, Resources and Performance Committee would have full oversight of all actions related to resilience.

The Committee:

- **Approved** the proposed changes to the Committee's Terms of Reference
- **Agreed** to take **substantial assurance**

- **Noted** the updated documents will be submitted to the NHS Board for approval on 24 September 2024

9 Any Other Competent Business

There was no AOCB.

10 Remaining Meeting Schedule for 2024

10.1 2024

11 October
1 November
13 December

The Committee Noted the remaining meeting schedule for 2024.

10.2 Provisional Schedule for 2025 – 2027

9.30am
2025/26
10 January 2025
07 February 2025
14 March 2025
04 April 2025
09 May 2025
11 July 2025
01 August 2025
12 September 2025
03 October 2025
14 November 2025
05 December 2025
09 January 2026
06 February 2026
13 March 2026

9.30am
2026/27
10 April 2026
08 May 2026
05 June 2026
10 July 2026
07 August 2026
11 September 2026
02 October 2026
13 November 2026
04 December 2026
08 January 2027
05 February 2027
12 March 2027

The Committee Agreed the proposed meeting schedule for 2025 - 2027.

11 DATE OF NEXT MEETING

Friday 11 October 2024 at 9.30 am.

The meeting closed at 11.23am

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS** **Highland**
HIGHLAND NHS BOARD		
DRAFT MINUTE of MEETING of the **STAFF GOVERNANCE COMMITTEE**	**03 September 2024 at 10.00 am**	

Present:

Ann Clark, Chair
Philip MacRae, Vice Chair
Bert Donald, Whistleblowing Champion
Claire Laurie, Staffside Representative
Dawn MacDonald, Staffside Representative
Elspeth Caithness, Employee Director
Steve Walsh, Non-Executive

In Attendance:

Gareth Adkins, Director of People and Culture
Gaye Boyd, Deputy Director of People, (from 11.05am)
Heledd Cooper, Director of Finance
Katherine Sutton, Chief Officer, Acute (from 11.16am)
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Ruth Daly, Board Secretary
Boyd Peters, Medical Director (Item 4)
Ruth Fry, Head of Communications and Engagement (item 5.6)
Karen Doonan, Committee Administrator

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from committee members K Dumigan and F Davies. Other apologies were received from Kate Patience-Quate with I Barton deputising.

1.2 Declarations of Interest

There were no declarations of interest.

2   ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 09 July 2024

The minutes were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

Action 126 - IPQR Report and SGC metrics: The Director of People and Culture confirmed a template had been sent out to all Directors noting that all Personal Development Plans (PDP's) should be completed for their direct reports and the next layer down by December 2024 and more detail would come back to committee in due course.

Action: Director of People and Culture to bring back a further update on the PDP action plan to January meeting.

> The Committee **noted** the update and **agreed** an update on the PDP action plan would come to the January Committee under Matters Arising.

2.3   COMMITTEE WORKPLAN

> The Committee **noted** the Workplan.

3   MATTERS ARISING

There were no matters arising.

4   Spotlight Session – Medical Directorate
Presentation by Dr Boyd Peters, Medical Director

The Medical Director spoke to the circulated presentation and highlighted the following:

- The Medical Professional Leadership team comprised of eight senior managers with six reporting directly to the Medical Director, the remaining two have professional accountability for their respective areas to the Medical Director.
- The Research, Development and Innovation department have a total budget of £4 million which is allocated separately to NHS Highland's main budget allocations.
- The Medical Director noted that he is also responsible for the Risk portfolio which involved appropriate monitoring of controlled documents and other corporate risk factors alongside the Nursing and Allied Health Profession Quality Framework.

The Chair sought clarity around how the Medical Director was ensuring the Staff Governance Monitoring Standards were being met such as Statutory/Mandatory training, absence rates and Personal Development Plan (PDP) completion and how he was using those metrics to develop the staff within his directorate. The Medical Director confirmed that many of those particular metrics are managed operationally by the respective Chief Officers, but he regularly discussed those areas to assist in driving improvement.

5   ITEMS FOR REVIEW AND ASSURANCE

5.1   Integrated Performance and Quality Report (IPQR) and Staff Governance Metrics
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and highlighted the following:

- The report format had been reviewed and will now focus on key people metrics within each of the divisional areas such as Corporate Services, Acute and Community Health and Social Care Partnership to provide committee a regular view of overall performance.
- Aggregated absence rates had come down to 6% from 7.39% in January 2024, the Director of People and Culture noted it was important to focus on the underlying rate as higher absence in January was a common theme across all health boards.
- An attendance management audit was underway which would cover recorded absence reasons and adherence to the attendance management policy, he confirmed that some focused work would take place in areas experiencing a higher-than-average level of absence.
- The time to fill metric continued to present challenges and the Head of People Services and Resourcing had begun work identifying the core issues. Initial investigation appeared to indicate challenges around the volume of applications managers had to deal with, particularly around shortlisting coupled with enabling a more efficient and effective pre-employment stage and what needs to be done differently to achieve this.
- The violence and aggression training module performance had dipped slightly but this was due to a change in approach as the course was now applicable to all staff rather

than just corporate employees, statutory/mandatory training compliance had levelled out at roughly 70% and further work was required to drive the necessary improvements.

- Appraisal completion had increased slightly to 30.3% and an improvement plan was in place organisationally to continue to drive successful completion.

During discussion the following points were covered:

- Committee Members sought clarity around the sharp increase in turnover within social care in the Community Directorate from May 2024 and asked whether there had been any particular cause. The Director of People and Culture agreed he would raise this with the Chief Officer.
- The Employee Director highlighted the overall sickness absence metrics hadn't moved close to the national 4% target and indicated Belford Hospital appeared as a significant outlier. She suggested the information around how that's being managed and what support was being provided to managers to address this be added to the local partnership forum agendas.
- The Director of People and Culture agreed and reassured members the data would be shared to all forums more consistently moving forward. He suggested caution was taken to comparing percentage rates at Belford to other areas as the staffing groups are smaller and not a direct comparison but emphasised ownership of the data at a local level to understand what can be done differently.
- The Chair asked whether the Executive Director's Group (EDG) had considered the new data sets. The Director of People and Culture confirmed the data was looked at through the performance review structure however work was still required to determine the required frequency and level of scrutiny.
- The Chair drew attention to the Argyll and Bute Older Adult and Hospital Services team who had a significantly higher appraisal completion rate of 35% and suggested it may be appropriate to identify any learning that could be shared organisationally to help other areas increase their completion rate.
- The Chair noted the report confirmed the statutory/mandatory training programme had completed its six-month monitoring period and asked if an update would come to committee. The Director of People and Culture confirmed a final report would come to committee in due course.

The Chair reiterated the importance of having the appropriate people present who could provide committee with assurance based on the granular level of detail highlighted in the IPQR reports and took the opportunity to remind committee members there would be a development session in October covering data and metrics.

> The Committee **noted** the content of the report and took **moderate assurance.**

5.2 Whistleblowing Q1 Report
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the report, this was the first report for this year and covered the period from 1 April until 30th June. The report would go to Board before going to the Independent Whistleblowing Officer (INWO).

From the report it was highlighted:

- One case was raised in respect of service sustainability issues including long waiting lists. The concerns raised were upheld as they were already well known to the Board so the response focused on reporting progress with the action plan that had already been put in place. This case was now closed as there had been no further contact with the complainant for a substantial time.
- Similar concerns raised around another service in respect of sustainability issues. Meeting was held with complainant (who had been involved in Board discussions to resolve the sustainability issues) to discuss why the concern was raised through the whistleblowing standards with it being noted that the complainant wished the concern to be in the "public domain". As the concern was already known to the Board it was

- agreed with the complainant that regular updates from their manager would resolve the issue.
- The above cases raised issues about whether taking cases forward under the Whistleblowing standards was in the 'public interest' when detailed examination of the circumstances had already been undertaken and action agreed.
- Two monitored referrals with one closed due to lack of communication from the complainant.
- Four cases were under investigation with two of them able to be closed since the report was produced.
- Challenges in respect of timeframes to complete investigations had continued but work was progressing on these.

D Macdonald raised concerns that two issues raised through whistleblowing were already known to the Board and queried communications between the Board and staff. S Walsh highlighted his concern around the phrase "already well known to the Board", citing that this gave the impression that the Board were dismissive of the issues raised. The Director of People and Culture agreed that the wording in the report was not helpful. He noted that many Boards across Scotland were challenged in the managing of risk in the current climate of service pressures and that more cases would likely be raised relating to service sustainability issues. Both cases illustrated the importance of keeping staff informed about how their concerns were being addressed. D Macdonald raised a concern in relation to staff feeling listened to citing examples of where staff had tried various routes to highlight concerns and felt that no action was being taken. Staff were using the whistleblowing route as a last resort. The Director of People and Culture agreed that it was important that staff raising concerns saw evidence of work being done to address said risk. The Director of People and Culture explained that a working group had been formed to agree the governance route of both now closed cases, possibly through Clinical Governance Committee. In addition under the Whistleblowing process, a six-month review would take place to ensure that work had been progressed through the action plan.

The Chair queried why an issue raised could be against the public interest. The Director of People and Culture indicated that the guidance was not wholly clear and agreed to circulate to the Committee the wording from the Standards.

B Donald highlighted the challenge of arguing against an issue being in the public interest as most staff were coming forward through whistleblowing as a last resort. The Chair queried the resource issues involved in investigating a complex case that was already known to the Board as issues would already have been raised through the various committees that report to the Board. It was agreed that it was a very complex situation, and it was noted that the Board holds a heightened level of risk due to the financial and staffing challenges facing the organisation. The Director of People and Culture stressed that it was not the concerns themselves that were deemed not in the public interest, it was whether undertaking an investigation would add any value. In both cases an investigation would add limited value.

Action: The Director of People and Culture to bring back a further update on the monitoring of actions within the action plan as part of the next quarterly report.

Action – The Director of People and Culture to circulate to committee the wording of the Whistleblowing Standards regarding public interest.

The Committee **noted** the content of the report and took **moderate** assurance it provided confidence and compliance with legislation, policy and Board objectives noting the ongoing challenges faced with timescales due to the complexity of cases and investigations.

5.3 Culture Oversight Group Update
Verbal update by Gareth Adkins, Director of People and Culture

The Director of People and Culture confirmed there was a Culture Oversight Group meeting planned for week commencing 9th September 2024 to discuss a review of the terms of reference. He noted there had been some quoracy issues resulting in some meetings being cancelled. The group had been in place for some time, the context had changed, and work was underway to determine the future of the group alongside how best to progress its core purpose, ensuring the membership is accurately focused on that.

The Chair suggested it may be more appropriate to consider whether the Area Partnership Forum's agenda could cover the topics covered within the Culture Oversight Group rather than the need for a separate group. The Director of People and Culture agreed and highlighted duplication of meetings was a concern that was currently being addressed.

> The Committee **noted** the verbal update.

Comfort Break 11.35 am – 11.45 am

5.4 Health and Care Staffing Act Q1 Report
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and explained the report is a tool to evidence compliance with the Act to Scottish Government, however he added that no Board is expected to be 100% compliant at this stage. He added that it was generally split into three areas:

- What are NHS Highland's workforce planning approaches that could demonstrate what is required to deliver care to the level of quality and safety expected.
- On a day-to-day basis, how is NHS Highland fulfilling those responsibilities and how are the associated risks being managed.
- How are the short, medium, and long-term risks being addressed such as the reliance on supplementary staffing or issues with short term absence.

The Director of People and Culture confirmed there were several working groups in place in the different operational areas and both Health and Social Care Partnerships and Acute were reviewing their self-assessment to understand how well they comply currently and what we need to strengthen as an organisation.

During discussion the following points were covered:

- The Chair commended the extensive amount of work completed to get to this stage and acknowledged this would continue as the act was fully implemented.
- Staffside sought clarity on the escalation process for staff concerns about safe staffing levels and staffside representation on groups implementing the Act. It was important that reporting of concerns led to visible action and that this was communicated clearly.
- The Director of People and Culture confirmed there was a programme board in place which had professional, managerial and staffside representation to help address those concerns but it was important to identify how the requirements of the Act would work in practice which would take time. He added that concerns around competency levels when staff are asked to work outside their usual area should be escalated through the acute subgroup. However normal processes should ensure that professional advice is taken on the safety of measures to deal with staffing shortages.
- The Chair sought clarity around who was responsible for producing and providing the quarterly reports to Board. The Director of People and Culture confirmed the professional responsibility sat with the Nurse Director and Medical Director, but he was the Executive Lead for the corporate aspect which included the production of quarterly reports.

- The Employee Director highlighted it wasn't clear what each operational area has in place at the moment and suggested it was important communication with staffside was clear and oversight was provided around how the mechanisms for implementation of the Act were being working in practice. The Director of People and Culture agreed and confirmed implementation would be a process over a number of years., It was important to demonstrate what should already be taking place operationally in local areas is effective and subsequently help staff identify where the gaps in our processes are and what improvements are required. .
- The Chair sought clarity around staff delivering services delegated under the integration scheme in the Highland Council area and whether NHS Highland would have some responsibility around this; she also sought clarity on what the terms 'safe care' meant in practicality.
- The Director of People and Culture confirmed under the act the quarterly reporting was a Board requirement and NHS Highland would report on the health component of the partnership agreement. The requirements in relation to Care Homes and Care at Home staff were more light touch and exactly what would be expected under the Lead Agency arrangement was still being worked through. He also confirmed that 'safe care' was a module that sat within the health rostering system which enables recording of daily staffing levels alongside the mitigated risks however he noted this was not being fully rolled out at this stage due to double data entry concerns, but work was underway to resolve this issue.
- Committee Members sought clarity on whether social care staff were aware of the information as it was important communication was clear and understood. The Director of People and Culture confirmed this was part of the programme board's remit and social care representatives from the councils were part of the membership, but ultimately additional communication would be delivered by those respective members locally.

> The Committee **reviewed** and **scrutinised** the content of the report and took **moderate** assurance.

5.5 Strategic Risk Review
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and confirmed that all mitigating actions were in place and on track. The one area that had not progressed as hoped was the review of Level 2 risks. The report referenced the following:

- Risk 632 – Culture across NHS Highland: Phase two of the refreshed leadership and culture programme was underway, focusing on learning system and proposals for cohort training. Compliance data for statutory/mandatory training was now available for each operational area and an appraisal/PDP improvement plan had been launched.
- Risk 706 – Workforce Availability: A review of the recruitment model was required due to minimal progress; employability work was progressing well, and integrated service planning had improved the approach to workforce planning with a second cycle planned this year to refine the process.
- Risk 1056 – Statutory/Mandatory Training Compliance: The compliance data was now available for each operational area and committee consideration.

During discussion the following points were covered:

- The Director of People and Culture acknowledged that progress had been slow around the level two corporate risks and further work was required to provide a comprehensive overview of the risks held at this level which would come to committee in due course.
- The Chair sought clarity around the understandable resourcing challenge faced reviewing level two risks and suggested some could be covered in spotlight sessions as another avenue which could be explored to resolve the issue, she also asked whether there were any key risks to highlight with the delay in addressing level two corporate risks.

- The Director of People and Culture confirmed the key area that required focus was Health and Safety and acknowledged some progress had been made. A workshop had been held in the August meeting to focus on key compliance risks. He gave further detail of the work particularly around lone working practices, the control measures in place and any potential gaps that need addressed to ensure colleagues are safe.
- The Director of People and Culture assured committee that the risk remained low around not progressing the level two risks overall as many areas formed part of the improvement plans in place.
- The Chair sought clarity around risk 706 and what improvements had been made to the integrated service planning process particularly around the refinements required this year. The Director of People and Culture confirmed that there had been improvements in the workforce planning data sets, especially around each integrated areas funded establishment compared to their current establishment enabling a better understanding of what their workforce is against the current demand on the service. He added that the next phase was to obtain more granular detail which would facilitate better ward-based planning tools around bed availability and what the recommended workforce required was to operate safely.

> The Committee **noted** the content of the report and took **moderate assurance** from the review and refresh of the people and culture strategic risks and the plan to review level two people and culture risk management.

5.6 Communications and Engagement 6 Monthly Update

The Director of People and Culture highlighted there was a refreshed communications and engagement strategy in place and the report reflected this strategy. The Head of Communications and Engagement spoke to the report, and it was highlighted:

- The format of the report had been refreshed using the Standard Assurance Framework with BRAG (Blue, Red, Amber, Green) colour coding. Two actions were red and awaiting further support from National Services Scotland which were the Intranet Hub and the VIVA pilot and progress had been paused at this stage. All other actions continued to progress well.
- It was identified that more learning was required across the organisation around communications and what can be delivered for campaigns to ensure things weren't communicated without an adequate understanding of what was involved and how the information had been received.
- One noted success had been the recruitment campaign in Argyll and Bute alongside the fall's prevention campaign, more work had been done to move away from one way communication with a further review of future campaigns. The Head of Communications and Engagement regularly interacted with Senior Leadership Teams to ensure evaluation would be built into campaigns moving forward.

During discussion the following points were covered:

- The Chair commended the emphasis on evaluation of campaign requests noting this helped with resourcing for campaigns. She queried the omission of National Care Service (NCS) information from the report and sought clarity on when this would be included. She also queried the use of social media platforms by the organisation and specifically asked whether the use of the X platform would continue.
- The Director of People and Culture explained that communications in respect of NCS were taking place as and when there were updates as there was still a lack of detail on the proposals. He added that some of the work which had been paused did pose a risk, such as the Intranet Hub which had been escalated to the Chief Executive. The issues posed were being raised nationally.
- It was noted that on the X platform many of the followers were inactive, therefore the audience reach had diminished. As the platform was not as robustly regulated some of the content was no longer in alignment with NHS values. However, it was regularly reviewed as it was recognised the platform was the quickest way to reach the public with "live" updates about any necessary changes to service delivery.

- The Head of Communications and Engagement added that Facebook remained the largest platform with the furthest reach for regular communication. Other platforms were regularly reviewed but had not been identified as a suitable alternative to the platforms used.
- S Walsh commended the Head of Communication and Engagement on the work done in the falls prevention campaign and requested to discuss this further offline citing there was potentially further work that could be done in partnership with High Life Highland.

Action: S Walsh to meet with the Head of Communications and Engagement offline to discuss joint communication ventures.

> The Committee **noted** the content of the report and took **moderate assurance**.

6   ITEMS FOR INFORMATION AND NOTING

6.1   Area Partnership Forum update of meeting held on 21 June 2024 and the Draft minutes of 16 August 2024.

The Committee **noted** the minutes.

6.2   Health and Safety Committee Minutes of meeting held on 26 June 2024

The Director of People and Culture spoke to the circulated minutes and noted the committee had undertaken a significant review around governance alongside its overall function. He confirmed there was an updated workplan and each of the working groups would now provide an annual report to provide the committee with the appropriate assurance.

The Strategy and Improvement Plan was in the process of being agreed and would form the basis of the strategic work the committee would oversee alongside regular updates with a planned launch date of the financial year 2025/26.

The Chair sought clarity around the status of the ligature improvement plan and asked whether this was being reviewed at the Health and Safety Committee. The Director of People and Culture confirmed there was an executive oversight group in place alongside formal reporting to committee; progress against the ligature improvement plan was ongoing but there had been some challenges around the scheduling of work etc. however he was confident the timescales the Health and Safety Executive are expecting would be met.

He added that a separate working group had been established for the recent incident in Argyll and Bute, but it would be premature to draw any conclusions at the moment however it was being addressed appropriately and ultimately it linked to the governance and assurance piece of work underway.

7.   Any other Competent Business

There was no AOCB.

7.1   Review / Summary of meeting for Chair to highlight to the Board

The Chair confirmed the Whistleblowing Report, and the Health and Care Staffing Act were items on the upcoming Board Meeting. She noted that the discussions relating to the IPQR would also be raised.

8.   Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 5 November 2024 at 10 am via Microsoft Teams.

9.   Future Meeting Schedule

The Committee **agreed** the meeting Schedule for 2025/26 and 2026/27.

10am
2025/26
14/01/2025
04/03/2025
06/05/2025
01/07/2025
02/09/2025
04/11/2025
13/01/2026
03/03/2026

10am
2026/27
05/05/2026
07/07/2026
01/09/2026
03/11/2026
12/01/2027
02/03/2027

Meeting Ended 12.27pm

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 04 September 2024 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Gerry O'Brien, Committee Chair, Non-Executive
Philip Macrae, Vice Chair and Non-Executive
Tim Allison, Director of Public Health
Cllr Christopher Birt, Highland Council
Ann Clark, Non-Executive Director and NHSH Board Vice Chair
Cllr Muriel Cockburn, Non-Executive
Claire Copeland, Deputy Medical Director (from 1.30pm)
Pam Cremin, Chief Officer
Cllr David Fraser, Highland Council (until 3.48pm)
Julie Gilmore, Assistant Nurse Director on behalf of Nurse Director
Joanne McCoy, Non-Executive
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Diane van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)
Elaine Ward, Deputy Director of Finance 3pm
Mhairi Wylie, Third Sector Representative

In Attendance:
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Louise Bussell, Nurse Director
Lorraine Cowie, Head of Strategy & Transformation, NHSH (item 3.4)
Teresa Green, Service Manager DARS (item 3.2)
Arlene Johnstone, Head of Service, Health and Social Care
Michelle Johnstone, Head of Service, Community Services
Stephen Chase, Committee Administrator

Apologies:
Julie Gilmore, Ruth Daly, Fiona Duncan, Fiona Malcolm, Jill Mitchell.

1   WELCOME AND DECLARATIONS OF INTEREST

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

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

The Chair noted that item 3.5 would be discussed in relation to the other relevant items as a thematic thread.

1.2   Assurance Report from Meeting held on 10 July 2024 and Work Plan

The draft minute from the meeting of the Committee held on 10 July 2024 was approved by the Committee as an accurate record following the addition of C Birt's apologies.

> **The Committee**
> – **APPROVED** the Assurance Report pending the amendment noted, and
> – **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

The Chair drew attention to the actions arising from the July meeting.

- An update on Learning Disability spend for 2023/24 and its expected movement into 2024/25 had been requested. The Assistant Director of Finance noted that her team were currently working on a larger piece of work around governance and approval routes and that more detail would be available for the November meeting. It was agreed that a response would be factored in to the Finance update during the meeting.
- An update on the number of health checks carried out for people living with a learning disability had been requested. The Head of Service noted that her team were working through the Learning Disability plan and the projection of the plan to the end of the current year. It was agreed that as soon as the information was available it would be circulated to the committee via the Committee Administrator.

2   FINANCE

2.1   Financial Position at Month 4 and the Financial Year Ahead

The Deputy Director of Finance presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 3 with further detail presented on the HHSCP position.

- At the end of month 3 an overspend of £22.659m had been reported with the overspend forecast to increase to £49.697m by the end of the financial year (assuming support to deliver a breakeven ASC position). The forecast is £21.296m worse than the brokerage limit set by Scottish Government but £0.904m better than the target agreed with the Board in May 2024.
- A year to date overspend of £6.973m was reported for the HHSCP and it was forecast to increase to £7.293m by financial year end (assuming ASC supported).
- Prescribing was emerging as a significant pressure with £3.200m overspend built into the forecast. Supplementary staffing costs were also continuing to drive an overspend position with £2.900m of pressure within the forecast.
- A forecast overspend of £16.802m is reported within ASC (adjusted within the overall Board report to assume breakeven with a funding source to be identified).
- A reliance on agency staff in NHS run care homes continued to present a financial risk.
- The 2024/2025 quantum was formally agreed at the start of month 4 and would be reflected in the next report iteration.
- Drugs and prescribing expenditure was overspent by £1.003m, but was included as a significant area within the Board's Value and Efficiency programme

During discussion, the following areas were addressed,

- The Head of Service confirmed that information was being consolidated arising from the audit report detailed in the reports for item 3.5 and the need to achieve financial balance for the Learning Disability spend. Work was underway to determine the relevant work streams in partnership with the independent sector due to the fact that most of the spend was commissioned rather than 'in house' work in contrast to the care home and care at home sector workstreams which were more focussed on 'in house' provision. Contract monitoring and a review of processes for the different care packages was underway with a focus on community support in addition to paid care. The Chief Officer confirmed that work was also underway to ensure that robust financial governance and service plans were better aligned as part of the response to the audit reports.

- Regarding facility costs, it was noted that capital costs for estates were covered by Highland Council, however there was some significant work required to bring estates such as Home Farm up to acceptable standards and day-to-day costs to be factored in to the partnership spend.

- It was clarified that brokerage was the standard means for audit purposes used by the partnership to achieve financial balance and that this was repayable in due course to Scottish Government. However, the impact of spend in excess of the brokerage cap was a concern for the period 2025-26 and beyond.

- It was noted that the deterioation in the month 4 position for Adult Social Care was due to factors such as an increase in the cost of some packages within Learning Disability and an increase in payments for Care At Home due to some provision returning 'in house' and no corresponding reduction in costs for external providers. The spend was being tracked to identify increases but it was thought that the increases were due in part to a move to 'in house' provision and sustainability payments to suppliers.

- It was confirmed that the quantum with Highland Council for NHSH was agreed at the start of month 4 and that therefore only the figures presented for month 4 reflected the quantum. It was felt that the agreement had improved the position slightly but not as much as had been expected.

- It was requested that, given the assumptions made around the Adult Social Care budget being able to achieve balance and the deterioation in the position, that more detail would be useful in terms of transparency of governance and managing the risk involved. The Chair noted that he would discuss with the Assistant Director of Finance and the Chief Officer a suitable way to address these issues for the next iteration of reporting. The Chief Officer noted the need for alignment with reporting requirements for the Finance, Resources and Performance Committee and Audit Committee. The Chair noted the current challenging financial position and the increasing challenges faced by the partnership and for future allocations from Scottish Government.

- Regarding supplementary staffing costs, the Chief Officer noted the challenges for recruitment for the sector and the region. A number of mitigating actions of governance had been implemented to ensure that agreed agencies were used by preference in order to manage the costs. Value and efficiency work had been carried out to ensure that bank staff were utilised ahead of agency staffing, which included adding nurses in training to the bank in order to make best use of the available people and also develop the workforce. The Head of Service for Learning Disability noted that a number of measures had been implemented to reduce the reliance on supplementary staffing such as changing observation practices within the hospital to require fewer staff and use them

more effectively. New Craigs staff had been holding daily meetings to consider and implement measures to work with existing hospital resources first before requesting additional agency staffing.

The Committee:
– **NOTED** from the report the financial position at month 3 and the associated mitigating actions, and
– **ACCEPTED** limited assurance.

3.1   PRIMARY CARE IMPROVEMENT PLAN

The Chief Officer provided and overview of the paper in place of the Head of Primary Care. The Deputy Medical Director added that an options appraisal for CTAC (Community Treatment and Care) had been taken to address the needs of General Practices, and that planning was at an early stage for the Primary Care strategy and the next phase of improvement work.

In discussion,
- A typographical error was noted in paragraph 22 of the report, and it was clarified that the reference to "non expert medical generalist workload" should refer to "expert medical generalist workload". This would be amended in the report and future iterations.
- CTAC was explained in brief for the committee by the Lead Doctor as work currently carried out by practise nurses and healthcare assistants in General Practises such as taking bloods phlebotomy thereby freeing up time for the GP to discuss, analyse and diagnose, and focus on areas of planning. It was felt within Highland that, especially outside of urban areas, that this work be kept within General Practices to reduce patient travel and use General Practices more like hubs for this activity. The Deputy Medical Director noted that conversations with Scottish Government around CTAC and the requirements of Highland's geographically dispersed population had been positive, and that a needs assessment would be carried out in collaboration with Public Health colleagues regarding population need. Further details would be brought to the committee as they develop.
- The Deputy Medical Director agreed to provide a fuller update in due course on the matter of sustainability of General Medical Services in line with a planned update for the Clinical Governance Committee.
- It was agreed that the Committee Administrator would circulate an email update to the committee on a glossary of useful acronyms.

The Committee:
– **NOTED** the report and recommendations.
– **ACCEPTED** moderate assurance from the report.

3.2   HIGHLAND DRUG & ALCOHOL RECOVERY SERVICE (DARS)

The Service Manager for DARS provided an overview of the report which outlined the continuing focus on delivering Medication Assisted Treatment Standards (MAT). Alcohol had

continued to be the prominent reason for referral into the DARS specialist service. This had occasionally led to competing priorities such as balancing the requirements of MAT alongside individuals also at high risk of harm due to alcohol dependency. It had been a challenging year with progress and Referral to Treatment (RTT) compliance variable due to a number of internal and external factors impacting on performance. To manage demand, the service had continued to evolve and develop new ways of working to enable a timely response to those most at risk. Relevant connections between the report and the Annual Development Plan (ADP) were noted with a particular emphasis on the wider approach to harm from alcohol and drugs and a need to look at a societal level.

During discussion, the following areas were explored,
- M Wylie noted that feedback from Third Sector services was that these services were now creating their own waiting lists due to the delays elsewhere in the system which had slowed down referral times and that they lacked appropriate resources to deal appropriately with the situation.
- It was clarified that naloxone kits were distributed in a targeted way to known users of opiates and those who requested support. There was an expiration date for usage which entailed an element of wastage however the targeted harm reduction approach was felt to outweigh the wastage.
- A soft marketing exercise had been carried out with Third Sector colleagues around the commissioned service for non-dependent use to address parity across the region. Financial support from Scottish Government had only recently been confirmed which had delayed some of this work but the tendering process was now underway with relevant associated timescales. The Lead Doctor noted the need for diagnostic clarity. The tendering process will score interested parties on certain criteria and their ability to provide a Highland-specific service.
- Regarding the opening of a new prison in Inverness, it was confirmed that a prison and healthcare working group was examining some of the challenges of increased need and preparing with a target operating model for prison healthcare.

The Committee:
− **NOTED** the report and recommendations.
− **ACCEPTED** moderate assurance from the report.

The Committee took a comfort break from 2.45pm to 2.55pm.

3.3 VACCINATION IMPROVEMENT PLAN

The Director of Public Health provided an overview of the report which noted that there had been three main approaches for improvement within Highland HSCP: 1.) Response to the escalation to level 2 of Scottish Government's performance framework; 2.) Peer review from Public Health Scotland for NHS Highland, acting as a 'critical friend'; and 3.) Development of a new delivery model within Highland HSCP with the potential for a more local service including the potential for general practice delivery. In addition to this, a serious adverse event review was carried out in connection with pertussis (whooping cough) and vaccination. Following recognition of the incident, an incident management team was established which

addressed immediate concerns and risks. This has now been stood down with continuing actions taken.

- A Public Health Scotland Peer Review took place during June and several Public Health Scotland staff including the head of vaccinations spent the week in Inverness. The review was undertaken as a 'critical friend', and comprised a review of documents and confidential discussion with staff and other stakeholders. The reviewers visited vaccination clinics in Inverness and Dornoch and PHS staff also supported pertussis incident management work.
- A Vaccination Improvement Group had been established reporting to the Executive Directors Group (EDG) tasked with developing and implementing an action plan to improve performance and quality and ensure a safe, effective and efficient vaccination service. Its remit includes implementation of the recommendations from the peer review, management of performance escalation from Scottish Government and oversight of the assessment of the best delivery models for Highland HSCP.
- Monthly performance meetings with Scottish Government were underway to consider an agreed set of performance metrics including childhood and adult vaccination uptake, access to tetanus vaccination, complaints and progress with consideration of new models of delivery. There are also separate monthly informal meetings with Scottish Government.
- Childhood vaccination rates had shown some improvement especially in terms of the reduction in delay between the time when the vaccine is due and when it is delivered.

The Chief Officer added that the Vaccination Improvement Group which she chairs had made significant progress with the 28 improvements that had been identified across the seven areas of governance and leadership around workforce, access and public experience of vaccine provision. There were significant digital and data issues identified in order to bring the work forward in addition to matters of finance and discussions around CTAC as mentioned above.

The Chair noted that the committee had hoped to have a discussion about the challenges faced by the improvement plan and the mitigating actions taken moving towards the winter period. The Chair expressed concern that the report did not provide a timeline for delivery.

During discussion, the following areas were considered,
- The Director of Public Health noted that there were two aspects to a lower-than-expected vaccination uptake which included national trends and local issues, the latter of which was the significant change from GP delivery to Board delivery in line with other health boards. It was noted that there had been a loss of confidence in the vaccinations system which would take a while to address satisfactorily. This was due in part to a sense of fatigue around the messaging for vaccinations, and the fact that there are side-effects to vaccinations that can sometimes be painful or impact a person for a day or more. Regarding local issues, it was felt that the planned options appraisal would be one way of correcting the trend but also by conducting a specific review of children who had not received the MMR vaccination in order to uncover the reasons why and offer alternative options for delivery. A qualitative workplan was in development to understand why some parents were not bringing their children for vaccination which was likely to reveal several factors including issues around ease of access requiring a more locally based delivery

system. It was felt that Scottish Government were perhaps more open now to considering mixed models of vaccination delivery and that this would help this process, although it was noted that these discussions were at an early stage.

- The Chief Officer added there was work to be done to align the relevant formal processes with local delivery based upon the district model and addressing the resources of local workforce and community needs. It was also noted that vaccination status is not always available for people who have recently moved to the area, especially regarding newborn children.
- It was commented by J McCoy that there was a loss of confidence around vaccines from people with long-term health conditions due to the associated wider impacts on day-to-day living such as the difficulty of visiting public places and receiving more than one vaccination at a time.
- The Director of Public Health noted that antibody therapies were available through the Flow Navigation Centre and that GPs, the NHS Inform site and the Board's contact pages would be able to assist with this.

The Chair in summarising, noted that it was unlikely that anything would be implemented from the options appraisal ahead of the next committee meeting in November due to the need for it to pass through the relevant governance routes before feedback is received from Scottish Government. The Chair noted that he would discuss with the Chief Officer bringing a substantial action-led report to the November meeting.

The Committee:
- **NOTED** the report,
- **AGREED** that a more substantive report be brought to the November meeting, and
- **ACCEPTED** limited assurance from the report.

3.4   IPQR for HHSCP

The Head of Strategy and Transformation spoke to the report and noted that some additional metrics and a narrative section had been added following discussion with the Chair and the Chief Officer to provide a more rounded picture of reporting for the committee. All relevant teams for the areas under consideration had provided reasoning for current performance with mitigating actions and expected impacts.

- The Head of Strategy and Transformation noted that an exercise was underway with the HHSCP to determine appropriate trajectories for performance for areas of community services similar for planned care.
- The Chief Officer noted with regard to the 90-day programme, that the System Capacity Group had been stood up to address governance oversight and to understand capacity across the system in terms of available beds with real-time information to assess trajectories for delayed discharge data and ensure that patients were in the right place at the right time in their hospital stay.
- A refocused structure for the delivery of urgent and unscheduled care in the 90-day programme had been seen by the Permanent Secretary and the Director of Adult Social Care from the Scottish Government. Meetings had also been held with the Minister for Social Care, Mental Health, Well-being and Sport, in addition to bespoke meetings with

cabinet representatives around self-directed support as part of a larger strategic piece of work.

- The Chief Officer noted that there would be no specific Winter Plan for the 2024-25 but instead the 90-day plan which presented a robust improvement programme to improve flow and increase capacity.

In discussion,
- It was noted that the 90-days would focus on use of services and how to better support redirection to appropriate services and to break down the elements of capacity and process in terms of KPIs or measurements of success.
- The Chair noted that it would be useful to have part of the IPQR focus on the 90-day plan due to the attention it will receive from Scottish Government.
- It was commented that the report was difficult to read for some due to the use of colours and the copying and pasting of some items of data which had blurred some content.
- The difficulty of achieving consistent data was noted in terms of some data being available only once a year in contrast to a more rolling data collection approach in other areas. Work was underway to better align the different areas of data recording and analysis.
- It was confirmed that the 90-day period would cover August through to the end of October.

The Committee:
– **NOTED** the report.
– **ACCEPTED** limited assurance from the report.

3.5 INTERNAL AUDIT REPORTS

The Adult Social Care Services i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems and Younger Adults Complex Care Governance Arrangements audit reports were considered by the NHSH Audit Committee in May 2024. The recommendations and associated management actions arising from the audits were due for completion by October 2024.

The purpose of the Adult Social Care Audit Report was to ensure NHSH delegated services (on behalf of the HHSCP) can deliver a service with a consistent and integrated approach involving both the Community and Acute services, and further, that NHSH has a sufficient understanding of what services are being delivered to individuals and that these remain the services required at a point in time.

The Younger Adults Complex Care Packages Governance Arrangements Audit Report was carried out in order to ensure appropriate arrangements are in place to develop, review, and approve packages for younger adults which are over a value of £100k. The review considered how these packages are reviewed and approved in the context of wider service delivery and the sustainability of the packages for the future.

The Chair noted that it was felt important to present the Internal Audit reports to the committee to understand the requested actions ahead of a September update to the Audit Committee.

The themes of the reports were considered in relation to the other committee items during the meeting.

The Committee:
– **NOTED** the report, and
– **ACCEPTED** moderate assurance.

3.6 HHSCP ANNUAL REPORT 2023/24

The Chief Officer introduced the report which was in draft format and provided an overview of performance at both HHSCP and Scotland level to address assessment of performance in relation to the 9 National Health and Wellbeing Outcomes, assessment of performance in relation to the integration delivery principles, comparison between the reporting year and pervious reporting years, up to a maximum of 5 years, Financial performance and Best Value, and included examples of key achievements during the year.

The Chief Officer noted that the report would be presented to the Executive Directors Group (EDG) and the report would return to the committee in a more robust revised format and invited feedback for the next iteration of the report.

The Committee:
– **NOTED** the report, and
– **ACCEPTED** substantial assurance.

3.7 Chief Officer's Report

The Chief Officer provided an overview of the report and drew the Committee's attention to the ongoing focus given to NHSH's service redesigns. A further meeting of the Sir Lewis Ritchie Steering Group had been held at the end of August on Skye, from which there had been some positive outcomes which would be addressed with the move of some of the service redesign into the District Planning Group. The district planning groups had been stood up in all districts using the Planning for People guidance to provide further engagement about service delivery and models of care as outlined in the partnership's Joint Strategic plan, and there had been more national communication around the Engaging with People Strategy. Members of the local community had attended the Sir Lewis Ritchie meeting with representatives from NHS24, the Scottish Ambulance Service and local councillors.

- Regarding the national focus on Discharge Without Delay. It was noted that the community urgent care response was very important to ensure that people were managed in the right place in order to make a smooth transition from urgent care into scheduled care and that the relevant points of contact were clear to patients and public.

- A wider piece of work concerning the Frailty Strategy led by the Deputy Medical Director was underway as part of the Primary Care strategy.
- The Winter Plan had been addressed by the Joint Monitoring Committee (JMC) during a recent development session and there would be a further consideration given to the plan at the JMC's meeting on 25 September.
- There had been progress with a significant piece of work around Enhanced Services with 9 new contracts in development and in an offer position. The next stage would be for the LMC (Local Medical Committee) to agree the contracts.
- An in person listening and learning collaboration event with the care home sector had been held with the title 'Homes making a difference' chaired by the Board's Nurse director and it was felt that there had been good attendance and engagement across the sector. The purpose of the event had been to enable more collaborative work concerning the challenges of capacity. Further details arising from the event would be brought to the committee in future.
- The NHSH Board held a development session for its members on the National Care Service. A fact sheet on the National Care Service was included with the Chief Officer report.

The Chair commented that the committee would discuss the National Care Service once plans from Scottish Government were clearer and at a more fixed stage during its progress through the Parliament.

The Committee:
– **NOTED** the report.

3.8 COMMITTEE MEETING DATES 2025-26 and 2026-27

The Committee was asked to agree the proposed meeting dates which will be submitted to the September Board Meeting for final approval.

2025-26	**2026-27**
15 January 2025	6 May 2026
5 March 2025	1 July 2026
7 May 2025	2 September 2026
2 July 2025	4 November 2026
3 September 2025	13 January 2027
5 November 2025	3 March 2027
14 January 2026	
4 March 2026	

(All Wednesdays at 1pm.)

The Committee:
– **AGREED** the dates.

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4   AOCB

There was none.

5   DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 6th November 2024** at **1pm** on a virtual basis.

The Meeting closed at 3.58 pm

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	**NHS** **Highland** na Gàidhealtachd
DRAFT MINUTE of MEETING of the **AREA CLINICAL FORUM**	**Thursday 16 August – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Alan Miles, Area Medical Committee (from 1.45)
Alex Javed, Area Healthcare Sciences Forum
Eileen Reed Richardson, NMAHP Advisory Committee
Frances Jamieson, Area Optometric Committee
Gillian Valentine, Associate Director of Midwifery
Helen Eunson, NMAHP Advisory Committee
Kara McNaught, Team Manager, Adult Social Care
Linda Currie, NMAHP Advisory Committee
Zahid Ahmed, Area Dental Committee (from 1.45pm)

In Attendance

Albert Donald, Non Executive Director
Garret Corner, Non Executive Director
Lorraine Cowie, Head of Strategy (Item 4.2)
Gareth Adkins, Director of People and Culture (Item 4.3)
Patricia Hannam, Pharmacist (Item 11.2)
Stephen McCabe, Clinical Director, North Highland HSCP (Item 11.2)
Karen Doonan, Committee Administrator (Minutes)

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from E Caithness, G Franklyn, A Turnbull-Dukes and B Peters.

1.1   DECLARATIONS OF INTEREST

There were no declarations of interest.

2.   DRAFT MINUTE OF MEETING HELD ON 4 July 2024

The minutes were taken as accurate and correct.

The Forum **approved** the minutes.

3.   MATTERS ARISING

People and Culture Portfolio Board - L Currie and H Eunson agreed to attend this committee as Area Clinical Forum (ACF) representatives.

4.   ITEMS FOR DISCUSSION

4.1   GP Wait Data – Lorraine Cowie, Head of Strategy

A full dashboard had now been created and a paper had gone to the Acute System Leadership Team (SLT). This item would be added to the October agenda for this forum.

Action: Committee Administrator to add to October Agenda.

The Forum **noted** the update.

4.2 **Annual Delivery Plan (ADP)** – Lorraine Cowie, Head of Strategy

L Cowie spoke to both the ADP and the medium-term plan, in a short presentation it was highlighted:

- ADP detailed all high level actions for 2024/25 for both North Highland and Argyll and Bute. The plan was fully aligned to guidance provided by Scottish Government, internal processes would appear as appendices.
- The plan was developed collaboratively with teams and services across the organisation, priorities and key challenges were identified.
- The Medium Term Plan identified areas where strategic design and change was required.
- Argyll & Bute were in the final year of their plan, they had identified actions which would be implemented through a phased approach and included in their new plan. A new Joint Strategic Plan (JSP) would be developed during 2024/25 and implemented 2025/26, priorities beyond 2024/25 had not been established. It was noted that the changed financial landscape may impact on the 2024/25 plans.
- Together We Care (TWC) was aligned with NHS Scotland Recovery Drivers and the key highlights for each Together We Care workstream were shared.
- Wider reporting into the Integrated Performance and Quality Report (IPQR) reflected all TWC themes. A paper had gone to the Clinical and Care Governance Committee ensuring alignment with quality. Formal reporting on the progress of ADP and Medium Term Plan would commence with a report going to the Finance, Resources and Performance Committee in September.
- Quarterly reporting to Scottish Government would recommence, the first report to be submitted in early September.
- Reporting within Argyll and Bute would continue with 6 monthly awareness into the IPQR.

F Jamieson requested more information around the inclusion of optometry into the IPQR. L Cowie gave the example of the ophthalmology pathway to illustrate how the service was supported, going on to explain how this was reported in the IPQR. F Jamieson invited L Cowie to present to the next Area Optometric Committee meeting to be held in October. As L Cowie was leaving NHS Highland to go to Scottish Government within the next 4 weeks, she declined the invitation personally but advised F Jamieson to contact the Strategy and Transformation team.

Action: F Jamieson to contact Strategy and Transformation Team inviting them to present to committee.

A Miles congratulated L Cowie on her new role within Scottish Government, and suggested the paper be discussed at a GP Sub Committee meeting. L Cowie outlined work that had been done in collating data on prescribing rates and benchmarking, she suggested the GP Wait Data would also be useful for discussion. It was agreed that L Cowie and A Miles meet offline to discuss this further prior to L Cowie's departure from NHS Highland.

Action: L Cowie to contact A Miles offline to discuss data further.

The Chair highlighted that much of the data collected in respect of pharmacy and dentistry had been secondary care focused and welcomed the collection of primary care data. The importance of having the involvement of the Area Pharmaceutical Committee, the Area Dental Committee, and the Area Optometric Committee was highlighted, and it was noted that their input as Independent Contractors would be invaluable. The example of patients attending Accident and Emergency and the importance of identifying between hospital care and community care was used when citing the work being done in Integrated Service Planning. Gathering data from different services would enable NHS Highland to deliver these services in a more efficient way.

The Performance Team had created a dashboard that was used by the Allied Health Professionals (AHPs) in Argyll and Bute. A group called Safe Quality Care had been set up which was looking at collecting audit quality data, it was hoped that collection of data would begin next year with data input into InPhase in due course.

The Chair queried how the forum could be more involved in the delivery and the changes outlined within the IPQ. It was noted that an ADP annual planning group would be set up to look at the IPQR in more detail to work in partnership and identify ways forward.

The Chair thanked L Cowie for her attendance at the Forum and the Advisory Groups and wished her success in her new role within Scottish Government.

The Forum **noted** the update.

4.3   **Confidential Contacts Options Appraisal Short Life Working Group –** Gareth Adkins, Director of People and Culture

G Adkins spoke to the paper circulated and within the paper it was noted:

- The Guardian Service was the current contracted service with the confidential contacts part of the service.
- Staff side had stated a formal position of being in support of the confidential contacts service being offered within a different model.
- The paper outlined an options appraisal, to remain with the Guardian Service, moving the service in house or having a network of various services offered.
- It was important to maintain the confidentiality of the service and have staff able to flag concerns whilst remaining in line with the Whistleblowing service offered.
- The service would sit within the corporate directorate but distinct from the people function.

G Adkins explained that the ask from the forum was to provide two representatives to sit on the Short Life Working Group (SLWG) going forward.

K McNaught queried the consultation process to date and the process by which staff side had reached their opinion. It was noted that there was no wide consultation process at this stage as the service was not being removed, the proposal was regarding how to continue to provide it. Management did not get involved in the process of how staff side reached their decision. It was noted that there would be different views about the service as feedback had been both positive and negative.

H Eunson queried the cost of a service noting that the current service was not funded and as it was a cost to the organisation asked if cost was a driver. G Adkins explained that whilst cost was a factor it was not a driver, it was important that any service offered gave value whilst maintaining quality. In discussion it was noted that there had been concerns raised around the Guardian Service and whether it met the needs of staff. In response to queries around the usage of the staff it was noted that around 200 staff had used the service with the service costing the organisation around £200,000.

As the organisation had a whistleblowing service already, maintaining confidentiality and independence was already in place with a small number of confidential contacts established. Moving the service in house would see the organisation expand what was already in place.

In discussion the outcomes of the referrals were touched upon with it being noted that these are noted but could not be discussed due to confidentiality. Work in the SLWG would start as soon as the members of the group were identified, the group would go through the process over the coming months.

Members of the forum interested were asked to contact the Chair directly. The paper would be circulated widely to give those absent an opportunity to join.

Action: Committee Administrator to circulate the paper to the wider forum.

The Forum **noted** the update.

4.4 **Dress Code Policy –** Catherine Stokoe, Infection Control Manager.

L Currie explained that the policy had gone to the Nursing, Midwifery and Allied Health Professionals Advisory Committee (NMAHP) for discussion. There was a need to share this policy widely to ensure that those the policy applied to were aware of the changes that had been made.

In discussion it was highlighted that wording in the policy was not correctly with A Miles citing that the policy did not apply to Independent Contractors and H Eunson also citing the errors regarding staff working in mental health.

L Currie stated that whilst she was happy to feedback comments to C Stokoe there was a need to be aware of policy reviews to prevent policies being ratified without proper consultation. To this end she had asked that relevant policies go to the NMAHP Advisory group to ensure wider consultation in the future.

Action: L Currie to feedback to C Stokoe

The Forum **noted** the Update

5 **MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS**

5.1 **Area Dental Committee meeting –** 31 July 2024 Meeting

Z Ahmed highlighted Cone Beam Computed Tomography (CBCT) within Secondary Care citing that this service was no longer available to NHS Highland patients as the medical equipment required to be replaced. This had caused an inequality for patients who cannot travel to or pay to have access to this service which was available in other Boards. He also highlighted the increased paediatric patient waiting list. The Chair asked for an SBAR to be submitted to the forum.

5.2 **Adult Social Work and Social Care Advisory Committee** – next meeting 5th September 2024

5.3 **Area Pharmaceutical Committee** – 12 August 2024 meeting

An update on a drone pilot within the Scottish Islands was discussed at the meeting. A member of committee was leading the work being done and updates would continue to be received by committee.

5.4   Area Medical Committee – 18 June 2024 meeting

As there was no draft minute for the August meeting available A Miles gave a short update of what had been discussed:

- There had been an update on the enhanced service contracts – nine contracts agreed between NHS Highland and the Local Medical Committee (LMC). Practices were generally happy with the revised terms of the contract with NHS Highland being the first Board in Scotland to offer a revised contract.
- Discussion was had around the sustainability of medical leadership within the organisation. A Miles would write a letter on behalf of GP Sub Committee to C Copeland to ensure that the Board is aware of the concern.

A Miles explained that he would be stepping down from the position of Chair of the GP Sub Committee due to other commitments and the process of electing a new Chair was now underway. It was noted that the Chair of GP Sub Committee would also hold the position of Chair of LMC, and this was a busy role to step into. He went on to stated that this would therefore be his last forum meeting. The Chair thanked A Miles for his contribution to this forum and wished him well in his new role.

5.5   Area Optometric Committee meeting – next meeting 28 October 2024

F Jamieson queried how the roll out of Care Portal for Pharmacy had gone with the Chair explaining that the roll out had been put on hold due to Governance issues. The levels of access to patient information by pharmacy was still being discussed in attempt to resolve any issues with it being noted that there was more than one Board involved in the project.

5.6   Area Nursing, Midwifery and AHP Advisory Committee – 25 July 2024

L Currie explained that the committee had had good discussions, they also had success with the inclusion of Allied Health Professionals (AHPs) in some of the testing of the tools for the Health and Care Staffing Act. Committee had discussed the Dress Code Policy and had established a good flow of information between committee, this forum and the NMAHP leadership committee. The Chief Nursing Officer had requested to meet the Chairs of all NMHAP advisory committees in a national meeting to be held in Edinburgh.

5.7   Psychological Services Meeting – **no meeting held.**

5.8   Area Health Care Sciences meeting – no meeting held.

The Forum **noted** the circulated committee minutes and feedback provided by the Chairs.

6   ASSET MANAGEMENT GROUP

No update

7   HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meeting held on
        10 July 2024
        Kara McNaught, Team Manager, Adult Social Care

K McNaught explained to the forum that the next meeting would be held on 4th Sept and asked if any members would like her to update specifically from the agenda which she would circulate to the forum.

Action: K McNaught to circulate agenda to the forum

The financial position of NHS Highland and in particular the challenges in providing support for adults with disabilities involving complex needs was highlighted. The Learning and Development Assurance Plan was presented to the committee which outlined some of the positive work being done in respect of adults with disabilities and annual health checks. Also discussed was the feedback from the Adult Support Inspection which highlighted the challenges involved with the increase in adults support and protection incidents within care homes which resulted in large scale investigations.

A Chief Officer Report was due to be presented to a future committee meeting, the audit covered delayed discharges with several actions which had identified areas for improvement. A development session had taken place which had focused on the challenges and pressures around delayed discharges. C Copeland had presented to committee on frailty and there had been a discussion on this and care home facilitation.

A Miles highlighted a pilot that had been run by the hospice in Inverness after the hospice had identified that one in three patients in Raigmore Hospital were in their last year of life. Patients were discharged home to die with support and the pilot established that it was 100 times more cost effective to discharge patients this way. There was no funding to continue this service from NHS Highland. K McNaught stated that the pilot was called Sunflower Home Care, the contract still existed with the hospice as the provider, but she was unsure of further details. It was noted that the pilot was 100 percent funded by Highland Hospice.

The Forum **noted** the circulated minutes.

8   Argyll and Bute IJB minutes

There were no queries raised.

9   Dates of Future Meetings

1.30pm
2025/26
09/01/2025
13/03/2025
01/05/2025
03/07/2025
04/09/2025
06/11/2025
08/01/2026
05/03/2026

1.30pm
2026/27
07/05/2026
02/07/2026
03/09/2026
05/11/2026
07/01/2027
11/03/2027

The Forum **agreed** the above dates.

10   FUTURE AGENDA ITEMS

The Chair highlighted that the Chief Executive had expressed interest in attending the forum however diary commitments had prevented this. It was hoped that she may be able to attend the next forum meeting.

Leadership and Culture Framework update - October meeting
GP Wait Data – October meeting

National Care Service – this was currently out to consultation but would come to a future meeting.

Members of the forum were encouraged to contact the Chair directly with suggestions for future agenda items.

11. ANY OTHER COMPETENT BUSINESS

11.1 NHS Highland Annual Review 19 November 2024

The Chair advised that this was a hybrid meeting which was to be held in Lochgilphead. Further information would be circulated in due course.

11.2 **Update on NHS Highland's Position regarding Weight Management Medication**, Patricia Hannam, Pharmacist

A Miles outlined the demand experienced by GPs in respect of the weight loss medication citing that as no pathway had been defined it was not possible for the medication to be prescribed. It was noted that there was no capacity within primary care to prescribe nor to oversee patients requiring this medication.

S McCabe highlighted the costs involved to Boards highlighting the importance of recognising that patients would be on this medication for life. Obesity was a disease that could not be controlled by lifestyle alterations on their own. It was noted that as a multi-disciplinary approach was called for the pathway would be complex. In discussion it was noted the challenges of patients going to private clinics to obtain this medication was causing further national challenges including supply.

The Chair queried the ask of the forum today with S McCabe clarifying that it was to support and accept the SBAR. Further discussion covered the costs involved in both treating obesity and the savings that could be made in providing a solution for many obese patients. It was noted that this was an international problem with obesity increasing within the general population worldwide. L Currie suggested that a group be set up with members with the expertise required to identify how the work could be moved forward and this was agreed by the forum.

The Forum agreed with the SBAR in principle and suggested S McCabe to come back to committee when more work had been completed.

P Hannam explained that the SBAR had gone to the Executive Directors Group (EDG) with a suggestion to take it to this forum for further guidance. She was unclear how to take this forward as there was no pathway in place. The Chair stated that the forum whilst supporting the SBAR submitted, could give no further guidance on the next steps.

P Hannam expressed her frustration in finding the correct route for the SBAR with the Chair suggesting taking the SBAR to B Peters, Medical Director as setting up a pathway would involve making clinical decisions which were out with the remit of the forum.

Action: P Hannam to send SBAR to B Peters for further discussion/action

The forum **agreed** the SBAR in principle.

12   **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 31 October at **1.30pm on Teams.**

The meeting closed at 3.35pm

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**24 September 2024**
Title:	**Finance Report – Month 4 2024/2025**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1   Purpose

This is presented to the NHS Highland Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

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

Effective

This report relates to the following Strategic Outcome(s)

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

2   Report summary

2.1   Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 4 (July) 2024/2025.

2.2   Background

NHS Highland submitted a financial plan to Scottish Government for the 2024/2025 financial year in March 2023. This plan presented an initial budget gap of £112.491m. With a brokerage cap of £28.400m this meant cost reductions/ improvements of

£84.091m were required. The Board received feedback on the draft Financial Plan 2024-27 on the 4 April 2024 which recognised that "the development of the implementation plans to support the above savings options is still ongoing" and therefore the plan was still considered to be draft at this point. The feedback also acknowledged "the significant progress that has been made in identifying savings options and establishing the appropriate oversight and governance arrangements".

Since the submission and feedback from the draft Financial Plan confirmation has been received that the cost of CAR-T, included within the pressures, will be funded nationally.

There has also been a notification of an additional allocation of £50m nationally on a recurring basis, specifically to protect planned care performance. The NHS Highland share on an NRAC basis is £3.3 million. This funding will enable NHS Highland to maintain the current planned care performance whilst reducing the distance from the brokerage limit in 2024/25.

Additionally, Argyll & Bute IJB has confirmed its ability to deliver financial balance through the use of reserves.

A paper was taken to the NHS Highland Board on 28 February recommending that the Board agree a proposed budget with a £22.204m gap from the brokerage limit of £28.400m – this was agreed and will be reflected in monitoring reports presented to the Finance, Resources & Performance Committee and the NHS Highland Board.

2.3 Assessment

For the period to end July 2024 (Month 4) an overspend of £31.499m is reported with this forecast to increase to £49.697m by the end of the financial year. The current forecast assumes that those cost reductions/ improvements identified through value and efficiency workstreams will be achieved and that further action will be taken to deliver a breakeven ASC position. This forecast is £21.296m worse than the brokerage limit set by Scottish Government.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

It is only possible to give limited assurance at this time due to the gap from Scottish Government expectations.

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2024/2025 and beyond and are continuing to provide additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland continues to be escalated at level 3 in respect of finance.

3.4 Risk Assessment/Management

There is a risk associated with the delivery of the Value & Efficiency programme. The Board are developing further plans to generate cost reductions/ improvements.

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
- Efficiency Transformation Group
- Monthly 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
- FRPC

4   Recommendation

Discussion – Examine and consider the implications of the matter.

4.1   List of appendices

The following appendices are included with this report:

No appendices accompany this report

Finance Report – 2024/2025 Month 4 (July 2024)

NHS Highland

Actual v Planned Financial Performance

Legend: Brokerage Cap | Target | Forecast - V&E savings achieved | Actual & Forecast at Month 4
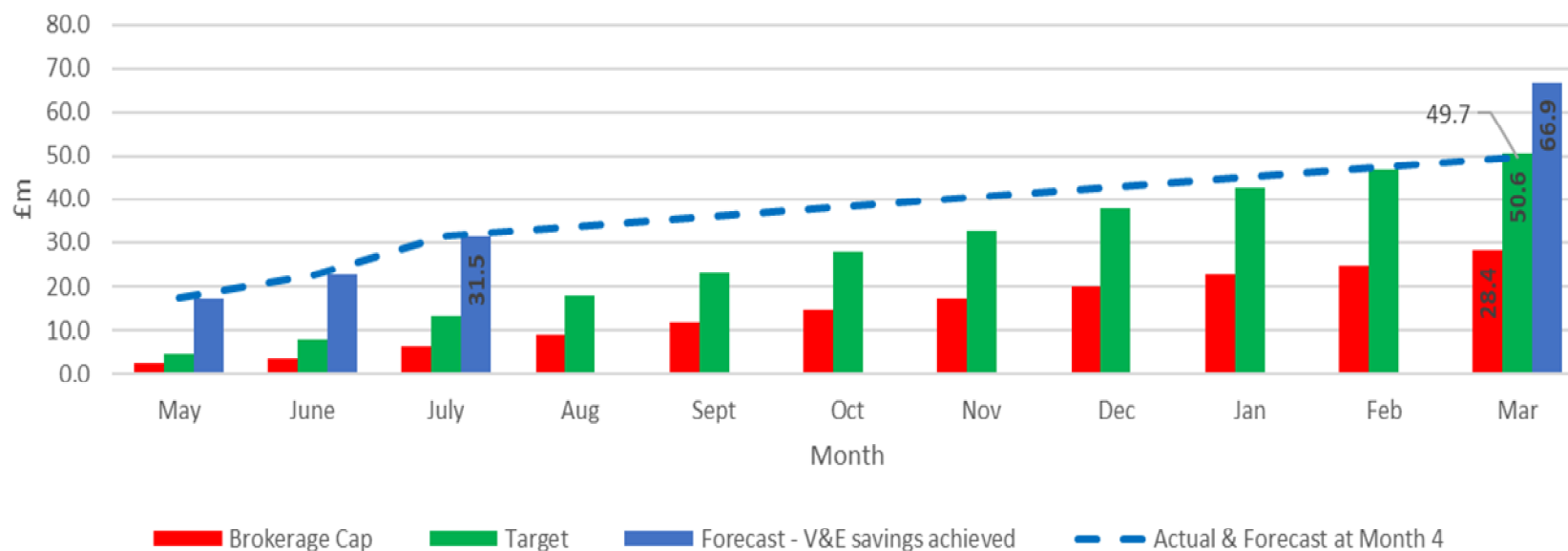
Target	YTD £m	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	31.5	49.7
Delivery against Brokerage Cap DEFICIT/ SURPLUS	25.2	21.3
Deliver against Target agreed with Board YTD DEFICIT/ SURPLUS	18.5	0.9

- Forecast year end deficit £49.7m – assuming additional action is taken to deliver breakeven ASC position
- £21.3m adrift from brokerage limit
- £0.900m better than target agreed with Board May 2024

MONTH 4 2024/2025 – JULY 2024

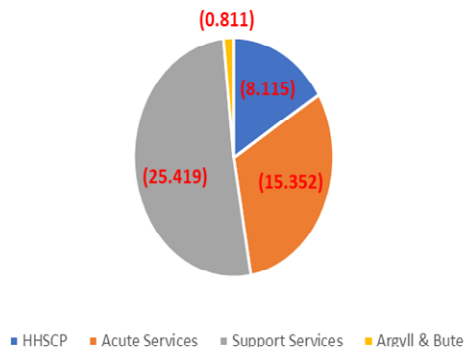| Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,194.258	**Total Funding**	374.414	374.414	-	1,194.258	-
	Expenditure					
460.549	HHSCP	151.826	161.657	(9.831)	480.089	(19.540)
	ASC Position to Breakeven				(11.425)	11.425
460.549	Revised HHSCP	151.826	161.657	(9.831)	468.664	(8.115)
307.275	Acute Services	101.016	107.116	(6.100)	322.627	(15.352)
166.607	Support Services	35.743	50.886	(15.142)	192.026	(25.419)
934.432	**Sub Total**	**288.584**	**319.658**	**(31.074)**	**983.317**	**(48.886)**
259.827	Argyll & Bute	85.830	86.255	(0.425)	260.638	(0.811)
1,194.258	**Total Expenditure**	**374.414**	**405.913**	**(31.499)**	**1,243.955**	**(49.697)**

Forecast Deficit by Operational Area

(0.811)
(8.115)
(25.419)   (15.352)

■ HHSCP   ■ Acute Services   ■ Support Services   ■ Argyll & Bute

MONTH 4 2024/2025 SUMMARY

- Overspend of £31.499m reported at end of Month 4
- Overspend forecast to increase to £49.697m by the end of the financial year – assuming further action will deliver a breakeven ASC position
- At this point it is forecast that only those cost reductions/ improvements identified through value and efficiency workstreams will be achieved
- Forecast is £21.296m worse than the brokerage limit set by Scottish Government but £0.904m better than the target agreed with the Board in May 2024

57

MONTH 4 2024/2025 – JULY 2024

KEY RISKS

- Adult Social Care – no plan in place to deliver breakeven

- Supplementary staffing – potential that spend could increase over winter period

- Prescribing & drugs costs – increases in both volume and cost

- Adult Social Care pressures – suppliers continuing to face sustainability challenges

- Health & Care staffing

- Ability to delivery Value & Efficiency Cost Reduction/ Improvement Targets

- AfC non pay impact – funding package may not cover all costs

- Availability of capital funding for backlog maintenance

- SLA Uplift

MITIGATIONS

- Adult Social Care funding from SG confirmed as higher than anticipated

- Development of robust governance structures around agency nursing utilisation

- Additional New Medicines funding

MONTH 4 2024/2025 – JULY 2024

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	857.900
Baseline Funding GMS	5.291
FHS GMS Allocation	73.949
Supplemental Allocations	50.255
Non Core Funding	-
Total Confirmed SGHSCD Funding	**987.395**
Anticipated funding	
Non Core allocations	75.912
Core allocations	4.233
Total Anticipated Allocations	80.145
Total SGHSCD RRL Funding	**1,067.540**
Integrated Care Funding	
Adult Services Quantum from THC	137.701
Childrens Services Quantum to THC	(10.983)
Total Integrated care	126.718
Total NHS Highland Funding	**1,194.258**

FUNDING

- £0.438m of allocations received in Month 4
- No funding received for pay award at this time

MONTH 4 2024/2025 – JULY 2024

NHS Highland

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
264.772	NH Communities	88.171	89.611	(1.440)	273.499	(8.727)
53.651	Mental Health Services	18.283	19.115	(0.832)	58.267	(4.616)
157.242	Primary Care	52.498	53.659	(1.161)	160.023	(2.781)
(15.115)	ASC Other includes ASC Income	(7.127)	(0.728)	(6.398)	(11.700)	(3.416)
460.549	**Total HHSCP**	**151.826**	**161.657**	**(9.831)**	**480.089**	**(19.540)**
	HHSCP					
285.629	Health	95.599	98.067	(2.468)	293.859	(8.230)
174.920	Social Care	56.227	63.590	(7.363)	186.230	(11.310)
460.549	**Total HHSCP**	**151.826**	**161.657**	**(9.831)**	**480.089**	**(19.540)**
	Delivering ASC Position to Breakeven				(11.425)	11.425
460.549	**Revised Total HHSCP**	**151.826**	**161.657**	**(9.831)**	**468.664**	**(8.115)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	530	2,055
Agency (Nursing)	262	1,055
Bank	775	3,416
Agency (exclu Med & Nurs)	128	555
Total	**1,695**	**7,081**

HHSCP

- Year to date overspend of £9.831m reported
- Forecast that this will increase to £8.115m by financial year end – assuming further action will be taken to deliver a breakeven ASC position
- Prescribing already emerging as a pressure with £3.400m overspend built into forecast.
- Assuming delivery of £5.710m of V&E cost reductions/ improvements in forecast – high risk
- Supplementary staffing costs continue to drive an overspend position – £2.900m pressure within the forecast
- £1.500m has been built into the forecast in respect of out of area placements
- Costs escalating within ASC

MONTH 4 2024/2025 – ADULT SOCIAL CARE

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Outturn £000's	YE Variance £000's
Total Older People - Residential/Non Residential Care	59.996	19.896	19.408	0.489	58.618	1.379
Total Older People - Care at Home	36.717	12.208	13.173	(0.965)	38.969	(2.252)
Total People with a Learning Disability	49.926	16.680	17.281	(0.601)	56.410	(6.484)
Total People with a Mental Illness	10.340	3.450	3.178	0.272	10.164	0.176
Total People with a Physical Disability	9.331	3.120	3.226	(0.106)	9.977	(0.646)
Total Other Community Care	13.185	4.396	4.831	(0.435)	13.968	(0.783)
Total Support Services	(4.576)	(3.524)	1.836	(5.360)	(3.275)	(1.301)
Care Home Support/Sustainability Payments	0.000	0.000	0.656	(0.656)	1.399	(1.399)
Total Adult Social Care Services	**174.920**	**56.227**	**63.590**	**(7.363)**	**186.230**	**(11.310)**

Care Home	Month 4 Bank £000's	Month 4 Agency £000's	Total YTD £000's
Ach an Eas	20	-	74
An Acarsaid	13	-	42
Bayview House	22		74
Caladh Sona	-	-	6
Dail Mhor House			-
Grant House	15	-	65
Home Farm	8	76	402
Invernevis	17	-	47
Lochbroom	13	-	70
Mackintosh Centre	-		2
Mains House	18	49	224
Melvich	6	-	21
Pulteney	25	-	101
Seaforth	24		89
Strathburn	1	2	55
Telford	4		9
Wade Centre	6	-	34
Total	**192**	**127**	**1,315**

ADULT SOCIAL CARE

- A forecast overspend of £11.310m is reported. At this stage it is assumed that additional activity will enable delivery of a breakeven position at FYE.   £11.425m of additional cost reductions/ improvements will be required when ASC related property costs are included
- Assuming delivery of V&E target of £5.710m
- £1.315m of supplementary staffing costs within in-house care homes are included within the year to date position

ASC Financial Plan Movement

	PLAN	REVISED
Quantum	131.729	137.695
NHS Highland/ SG	32.114	32.114
SG Funding £12/hr & Personal/ Nursing Care	10.321	10.820
SDS	-	0.007
TOTAL	**174.164**	**180.636**
EXPENDITURE ESTIMATE	190.416	190.416
GAP	(16.252)	(9.780)
REDUCTION TO QUANTUM	7.000	7.000
ADJUSTED GAP	**(23.252)**	**(16.780)**

ADULT SOCIAL CARE

- The opening quantum has now been agreed with Highland Council. The funding position has improved by £6.472m
- At the end of month 4 further actions totalling £11.425m are required to enable delivery of a breakeven position
- Delivery of breakeven is considered high risk with significant operational pressures currently being experienced system wide.

MONTH 4 2024/2025 – JULY 2024

NHS Highland

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
83.234	Medical Division	27.639	31.142	(3.504)	92.874	(9.640)
21.717	Cancer Services	7.144	7.845	(0.701)	23.378	(1.662)
70.313	Surgical Specialties	23.486	24.659	(1.173)	72.996	(2.683)
37.085	Woman and Child	12.202	12.410	(0.208)	36.966	0.119
44.584	Clinical Support Division	14.678	14.811	(0.133)	44.584	-
(5.626)	Raigmore Senior Mgt & Central Cost	(2.616)	(2.463)	(0.153)	(4.900)	(0.726)
25.605	NTC Highland	8.333	7.893	0.440	24.654	0.952
276.912	**Sub Total - Raigmore**	**90.866**	**96.298**	**(5.432)**	**290.552**	**(13.640)**
14.655	Belford	4.894	5.108	(0.215)	15.227	(0.572)
15.708	CGH	5.256	5.710	(0.454)	16.847	(1.139)
307.275	**Total for Acute**	**101.016**	**107.116**	**(6.100)**	**322.627**	**(15.352)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	894	3,613
Agency (Nursing)	462	1,260
Bank	632	2,621
Agency (exclu Med & Nurs)	88	502
Total	**2,076**	**7,996**

ACUTE

- £6.100m ytd overspend reported with this forecast to increase to £15.352m by the end of the financial year
- Deterioration due to reallocation of cost reduction/ improvement target from Support Services. Further adjusts will be made as schemes develop
- Main drivers for overspend position continues to be supplementary staffing costs and increased drug costs
- The cost of patients within the wrong care setting is estimated at £2.182m ytd.
- £4.774m of pressure within the forecast in respect of unfunded services/ costs

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MONTH 4 2024/2025 – JULY 2024

NHS Highland

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m	Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
	Support Services						**Locum**	-	15
(36.278)	Central Services	(11.289)	4.689	(15.979)	(10.423)	(25.855)	**Agency (Nursing)**	-	4
56.872	Central Reserves	-	-	-	54.820	2.053	**Bank**	297	688
47.456	Corporate Services	15.170	13.930	1.240	46.928	0.528	**Agency (exclu Med & Nurs)**	43	164
55.281	Estates Facilities & Capital Planning	17.504	17.532	(0.028)	55.811	(0.530)			
15.606	eHealth	5.136	5.191	(0.055)	15.839	(0.233)	**Total**	**340**	**871**
27.670	Tertiary	9.223	9.543	(0.320)	29.052	(1.382)			
166.607	**Total**	**35.743**	**50.886**	**(15.142)**	**192.026**	**(25.419)**			

SUPPORT SERVICES

- YTD overspend of £15.142m reported with this forecast to increase to £25.419m by the end of the financial year – this area carries the risk associated with not achieving the cost reduction/ improvement target.
- Continuing vacancies within a number of teams within Corporate Services are driving both the year to date and forecast position. However, at this time there are pressures within the vaccination service due to a reduced funding envelope and an element in respect of international recruitment with specific funding no longer available in 2024/2025.
- Estates are seeing pressures within soft FM pay related costs and building lease costs. The most significant pressure is within provisions with increases significantly in excess of inflation playing through. These pressures are being mitigate by vacancies within linen and decontamination services
- Previously identified pressures relating to the SLA uplift and specific issues relating to forensic psychiatry, TAVI and rheumatology drugs continue to account for the overspend within Tertiary

MONTH 4 2024/2025 – JULY 2024

NHS Highland

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
125.926	Hospital & Community Services	42.284	42.288	(0.004)	126.069	(0.143)
39.188	Acute & Complex Care	13.282	14.038	(0.756)	41.082	(1.894)
10.109	Children & Families	3.398	3.412	(0.015)	10.109	-
40.285	Primary Care inc NCL	13.177	13.020	0.157	40.355	(0.070)
24.722	Prescribing	8.123	8.428	(0.305)	25.022	(0.300)
10.886	Estates	3.554	3.648	(0.093)	11.136	(0.250)
5.964	Management Services	1.530	1.517	0.013	6.005	(0.041)
2.748	Central/Public health	0.482	(0.096)	0.578	0.861	1.887
259.827	**Total Argyll & Bute**	**85.830**	**86.255**	**(0.425)**	**260.638**	**(0.811)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	534	2,178
Agency (Nursing)	177	864
Bank	235	989
Agency (exclu Med & Nu	102	271
Total	**1,048**	**4,302**

ARGYLL & BUTE

- YTD overspend of £0.425m reported
- An overspend of £0.811m – a deterioration of £0.283m from the M3 position due to unexpected out of area placements
- The use of supplementary staffing continues to adversely impact on the financial position.
- Slippage against the cost reduction/ improvement programme is also contributing to the overspend
- Significant vacances and slippage within reserves are mitigating existing cost pressures
- The YTD position is masking slippage on cost reductions/ improvements of £0.413m

NHS Highland

Cost Reduction/ Improvement Target (£m)

Segment	Value
NH Value & Efficiency	21.711
A&B Value & Efficiency	6.217
ASC Value & Efficiency	5.710
ASC Transformation	17.542
A&B Choices	2.717
Financial Flexibility	7.500

Board agreed plan	
	Target £000s
Opening Gap	**112.001**
Closing the Gap	
NH Value & Efficiency	21.711
A&B Value & Efficiency	6.217
ASC Value & Efficiency	5.710
ASC Transformation	17.542
A&B Choices	2.717
Financial Flexibility	7.500
GAP after improvement activity	50.604
GAP from Brokerage limit	**22.204**

COST REDUCTON/ IMPROVEMENT

- At the NHS Highland Board Meeting on 28 May the Board agreed to a proposed budget with a £22.204m gap from the brokerage cap
- Current forecasts suggest that year end out-turn will be £0.907m better that previously presented
- It should be noted that there is a high risk around delivery of this position as plans continue to be developed to support delivery of V&E targets
- In addition there is an assumption that further activity will enable delivery of a breakeven position within ASC

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Planned Value of 24-25 Efficiency of **£16.220m,** is the value of the schemes currently listed on the Savings Tracker and is part of the total savings goal for the NH and A&B of **£51.180m**:

Target:	**£51.180m**
Currently achieved:	£7,329m
Forecast still to be delivered:	£7,042m
GAP (incl forecast):	**£36.810m**

Reduction Programmes	2024-25 Original Target (£'000)	V&A Plan				
		2024-25 Current Target/Plan (£'000)	2024-25 Plan Achieved (£'000)	2024-25 Plan Forecasted (£'000)	Total Achieved & Forecasted	GAP
Value & Efficiency - North Highland	21,711	4,850	2,201	957	3,157	-18,554
Value & Efficiency - Argyll & Bute	6,217	5,670	4,978	535	5,513	-704
Total Value & Efficiency	27,928	10,520	7,179	1,492	8,670	-19,258
Value & Efficiency - ASC	23,252	5,700	150	5,550	5,700	-17,552
Total Value & Efficiency incl ASC	51,180	16,220	7,329	7,042	14,370	-36,810

NHS Highland

	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	7,081	7,681	(600)
Estates & Facilities	579	488	91
E Health	6	7.19	(1)
Corporate	278	386	(108)
Central	7	(57)	64
Acute	7,996	9,996	(2,000)
Tertiary	0	1	-
Argyll & Bute	4,302	4,093	209
TOTAL	**20,250**	**22,595**	**(2,344)**

SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at end of Month 4 is £2.344m lower than at the same point in 2023/2024.
- There is an overspend of £3.063m on pay related costs at the end of Month 3

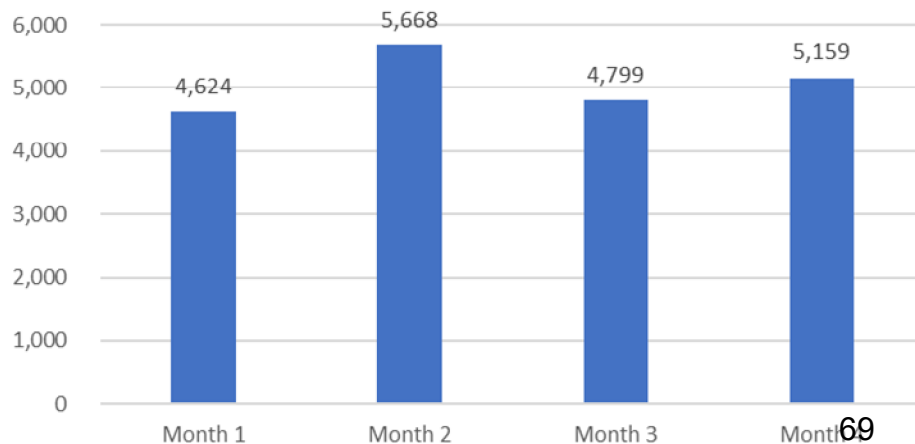| Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
119.220	Medical & Dental	38.801	42.143	(3.343)
6.636	Medical & Dental Support	2.183	2.784	(0.601)
211.714	Nursing & Midwifery	69.372	70.964	(1.593)
40.203	Allied Health Professionals	13.272	12.568	0.704
16.938	Healthcare Sciences	5.388	5.411	(0.023)
21.090	Other Therapeutic	6.910	7.203	(0.293)
44.937	Support Services	14.966	14.657	0.310
82.065	Admin & Clerical	26.554	26.423	0.131
3.478	Senior Managers	1.169	0.964	0.204
58.257	Social Care	19.261	18.119	1.142
(7.848)	Vacancy factor/pay savings	(0.921)	(0.731)	(0.189)
596.689	**Total Pay**	**196.954**	**200.505**	**(3.551)**

Supplementary Staffing Apr 24 - Mar 25

68
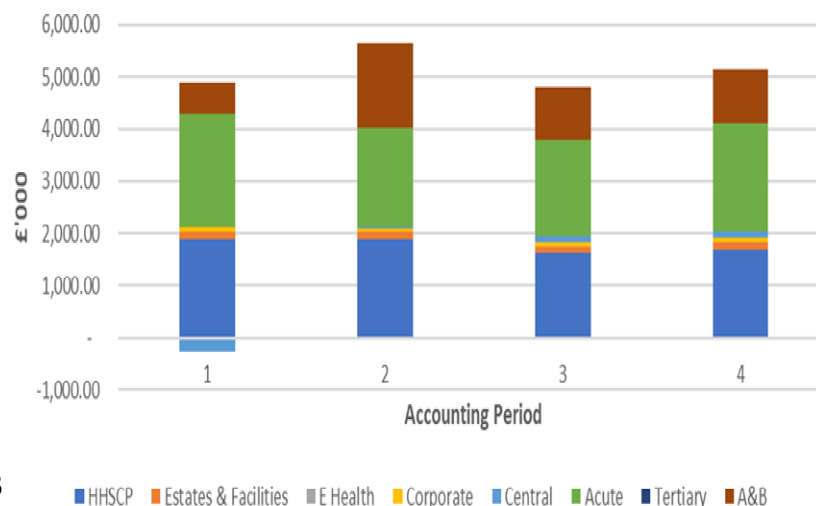
MONTH 4 2024/2025 – JULY 2024

Supplementary Staffing - Monthy Run Rate
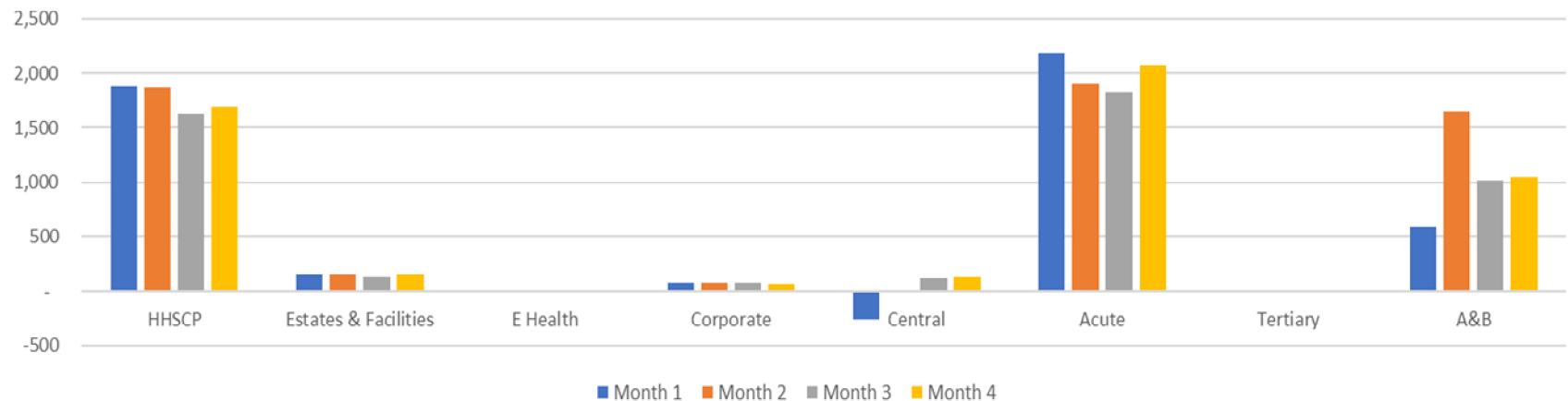
Supplementary Staffing Total Spend 2023/2024

- Month 4 spend is £0.369m higher than month 3
- Slight increase in all operational areas

MONTH 4 2024/2025 – JULY2024

NHS Highland

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
596.689	Pay	196.954	200.505	(3.551)
128.969	Drugs and prescribing	42.835	43.885	(1.050)
62.536	Property Costs	20.156	20.589	(0.433)
41.814	General Non Pay	13.351	14.371	(1.020)
52.631	Clinical Non pay	17.208	20.651	(3.443)
140.733	Health care - SLA and out of area	49.822	51.262	(1.440)
133.669	Social Care ISC	44.766	47.437	(2.671)
111.753	FHS	38.437	37.229	1.208

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Drugs and prescribing			
50.205	**Hospital drugs**	**16.930**	**16.707**	**0.223**
78.764	**Prescribing**	**25.906**	**27.178**	**(1.273)**
128.969	**Total**	**42.835**	**43.885**	**(1.050)**

SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories
- Supplementary staffing costs are driving the overspend within Pay
- Drugs and prescribing expenditure is currently overspent by £1.050m – currently an underspend of £0.223m on hospital drugs which is cancelled out by an overspend in community prescribing of £1.273m

MONTH 4 2024/2025 – JULY 2024

NHS Highland

BUDGET	SCHEME	JOB CODE	ACTUALS	VARIANCE
	HISTORIC COSTS			
	LOCHABER REDESIGN	HCNH0555	40	
	CAITHNESS REDESIGN	HCNH0462	4	
	NATIONAL TREATMENT CENTRE	HCNH0402	371	
	RAIGMORE MATERNITY REDESIGN	HCNH0561	95	
	BACKLOG MAINTAINENCE		75	
	TOTAL		**577**	**577**
	FORMULARY ALLOCATION			
1,819	**EPAG**	HCNH0254	73	**1,746**
	eHEALTH			
38	REPLACEMENT SITE SERVERS (4)	HCNH0620		
240	REPLACEMENT SAN	HCNH0621	1	
288	UPGRADE BACKUP SOLUTION	HCNH0622		
132	SERVER REPLACEMENT	HCNH0383	56	
300	FIBRE REPLACEMENT - RAIGMORE	HCNH0623		
60	FIBRE REPLACEMENT - LORN & ISLES	HCNH0624		
38	MULTITONE UPGRADE	HCNH0625		
110	FIREWALLS - LORN & ISLES	HCNH0626		
1,207	**TOTAL**		**57**	**1,150**
	ESTATES			
	RADIOPHARMACY SUITE VENTILATION REPLACEMENT	HCNH0599	2	
	NUCLEAR MEDICINE VENTILATION AHU REPLACEMENT		0	
	MORTUARY VENTILATION AHU REPLACEMENT		0	
	RAIGMORE FIRE COMPARTMENTATION	HCNH0166	113	
	ROSS MEMORIAL FIRE COMPARTMENTATION	HCNH0177	0	
	BELFORD DISTRIBUTION BOARDS REPLACEMENT		0	
	ASSYNT HEALTH CENTRE - REPLACEMENT OIL LINE			
	COWAL HOSPITAL REWIRING			
	A&B HOSPITAL WATER SUPPLY			
2,504	**TOTAL**		**115**	**2,389**
417	CONTINGENCY	HCNH0464	24	393
500	ERPCC LIFE CYCLE ADDITIONS	HCMD0004	138	362
500	MID ARGYLL PFI	HCAB0009	135	365
	OTHER	HCNH0001	0	0
6,947	**FORMULA TOTAL**		**1,119**	**5,828**
	PROJECT SPECIFIC FUNDING			
TBC	ACT ACCOMMODATION PROJECT	HCNH0619		
500	GRANTOWN HEALTH CENTRE REFURB	HCNH0508	137	637
352	EV CHARGERS		193	129
852	**PROJECT TOTAL**		**56**	**796**
7,799	**Total**		**1,174**	**6,625**

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CAPITAL

- Funding of £6.947 confirmed for this financial year
- Allocations anticipated in respect of ongoing PFI costs
- Spend is low at this early stage of the financial year with the most significant aspect of spend being against projects established and delivered in earlier years
- Additional allocation anticipated for emergency work at Belford Hospital

NHS Highland

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**24 September 2024**
Title:	**Quarter 1 Whistleblowing Report**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Gareth Adkins, Director of People & Culture**

1   Purpose

This is presented to the committee for:

- Assurance

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2　Report summary

2.1　Situation

This report is for Quarter 1 covering the period 1st April – 30th June 2024.

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

2.2　Background

All NHS Scotland organisations including Health and Social Care Partnerships are required to follow the National Whistleblowing Principles and Standards which came into 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 the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports. The Staff Governance Committee plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place.

The Guardian Service provide our Whistleblowing Standards confidential contacts service. 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 Independent National Whistleblowing Office (INWO)
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland. Staff can also raise concerns directly with:
- their line manager
- The whistleblowing champion
- The executive whistleblowing lead

Trade union representatives also provide an important route for raising concerns. In the context of whistleblowing standards the trade union representatives can assist staff in deciding if:

- an appropriate workforce policy process could be used including early resolution
- whistleblowing policy and procedures could be used to explore and resolve concerns that involve wrongdoing or harm

Information is also included in the NHS Highland Induction, with training modules still available on Turas. The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

2.3 Assessment

In the Q1 Whistleblowing reporting period 1st April – 30th June 2024:

- 1 new case has been raised
- 1 new concern was raised with the whistleblowing executive lead but not progressed under the standards
- 1 Monitored referral was closed
- 4 cases remained open and under investigation

One new case was raised in relation to issues that are well known to the board and the challenges associated with delivering a service sustainably including long waiting lists. The individuals raising the concerns wanted the concerns investigated under the whistleblowing standards. Whilst it could have been considered not in the public interest to investigate the concerns under the standards it was decided to formally respond under the standards to acknowledge, uphold the concerns and communicate the actions the board were taking to address the well-known concerns. This was discussed with the whistleblowers and they agreed that the outcome they were seeking was acknowledgement of the concerns and information on what action the board was taking. The final response remained under discussion at the end of the quarter but has since been concluded at the time of this report.

One new concern was raised in relation to issues that are well known to the board and the challenges associated with delivering a service sustainably. Discussions with the individual raising the concerns resulting in arranging further discussions with senior management to ensure they were engaged in the ongoing work to find a solution to the service sustainability issues. This was not progressed under the standards. This was discussed with the individual they

agreed that the outcome they were seeking was acknowledgement of the concerns and information on what action the board was taking.

These two cases were discussed at the Staff Governance Committee in relation to the process and not the details in line with protecting confidentiality. The discussion raised important questions around responding to concerns that are well known to the board and whether further investigation is required. In these cases it was agreed with the whistleblowers that this was not necessary and the outcome they were seeking was assurance that plans were in place to address the concerns. This has been a useful learning experience within the context of administering the standards and highlighted that concerns can be raised and acknowledged under the standards without necessarily undertaking lengthy or complex investigations where this detail is already known. The important point here is that the whisteblowers have had an opportunity to ensure the concerns are known about and we have been prompted to review action plans in place and provide that information back to the whistleblowers.

Two monitored referrals were received in quarter 2. These were two linked cases where the individuals chose to contact INWO as they were not satisfied that their issues had been resolved through a previous Whistleblowing Case investigated through National Education for Scotland. The whistleblowing standards were raised through a grievance raised in October 2022 and specifically referenced issues that dated back a number of years. The executive lead reviewed these cases and decided to time bar them based on the 6 month time period for reporting issues unless there are exceptional circumstances. In addition a significant amount of work had been undertaken to address issues following the NES investigation. However, the individuals were offered the opportunity to submit a new account of concerns under the standards if they felt that there were issues they were still encountering now or had happened in the last 6 months. There has been no further contact from one of the individuals since the referrals were not accepted. However, one individual contacted INWO to raise concerns with the referral not being accepted.

INWO has requested we provide further information on the range of work undertaken to address the issues raised in the original grievance. Further information has been collated and will be discussed with the individual. There has been no direct contact with the individual and delays are occurring due to difficulties contacting the complainant via their trade union representative.

A follow-up contact with the complainant's trade union representative has not resulted in any further action. INWO have written to us to close the monitored referral given there has been no further contact with them or with us for many months.

4 cases remain under investigation at the end of the quarter with one concluded at the time of this report.

Compliance with the timescales within the standards remains a challenge due to the complexity of the investigations required. However, since our improvement action plan was implemented we have improved our administration of the process including ensuring regular updates to the complainants.

The nomination of investigators has improved with the introduction of the triage stage with the Director of Nursing and AHPs and the medical director as it enables quick identification of the person with the most relevant experience and skills to the case.

The quality of the investigations as well as the expertise and commitment of the investigators in the cases investigated this calendar year should be noted and commended.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The committee is asked to take moderate assurance on basis of robust process but noting the challenge of meeting the 20 working days within the standards.

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.

3.5 Data Protection

The standards require additional vigilance on protecting confidentiality

3.6 Equality and Diversity, including health inequalities

No issues identified currently

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

N/A

3.9 Route to the Meeting

N/A

4 Recommendation

Moderate Assurance – To give confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

4.1 List of appendices

The following appendices are included with this report:

NHS Highland

Meeting: Board Meeting

Meeting date: 24 September 2024

Title: Health & Care Staffing Act (2019) Internal Quarterly Report

Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture

Report Author: Brydie J Thatcher, HCSA Implementation Programme Manager

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- **Annual Operation Plan:**

  Right Workforce to Deliver Care – Commence implementation of the Health and care (Staffing) (Scotland) Act across relevant areas of the workforce

- **Government policy/directive**:

  Health and Care (Staffing) (Scotland) Act 2019)

- **Legal requirement**:

  Health and Care (Staffing) (Scotland) Act 2019)

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

- Safe
- Effective
- Person Centred

This report relates to the following Strategic Outcome(s)

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

2   Report summary

2.1   Situation

The Health and Care (Staffing) (Scotland) Act 2019 (hereafter known as the "Act") Requires:

Quarterly compliance reporting to the Board by the individuals with lead clinical professional responsibility for a particular type of health care (known as "Board level clinicians")

The Board is being asked to: review the SBAR and appendix for the purpose of assurance.

2.2   Background

The aim of the Act (Health and Care (Staffing) (Scotland) Act 2019) is to provide a statutory basis for the provision of appropriate staffing in health and care services and is applicable to approximately 12,700 staff across all functions of NHS Highland. While many of the Act requirements (Appendix 1) are not new concepts, they must now be applied consistently within all Roles in Scope with an intent to:

- Enable safe, high-quality care and improved outcomes for people
- Support the health, well-being and safety of patients and the well-being of staff

Underpinning all duties and responsibilities placed on NHS HIghland when considering staffing within health care is the application of the guiding principles (Appendix 2); it is beneficial to highlight that no one factor is more important than another.

The Act's accompanying Statutory Guidance describes the internal quarterly reporting requirements as:

- Quarterly (minimum) reports by Board Level Clinical Leaders (Executive Directors of Medicine and Nursing) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements to ensure appropriate staffing. Appendix 3 details the information required within these reports of which the Board must take regard.

HIS have duties under the Act to monitor compliance and Scottish Ministers have existing powers under the National Health Service (Scotland) Act 1978 regarding the failure of organisations to carry out their functions. However, it is important to note that the aims of the Act are not about a binary assessment of compliance / non-compliance or pass / fail but rather about identifying risks and addressing these to implement improvement.

The Act requires NHS Highland to publish and submit an annual report. The report should detail how we have carried out our duties under the Act. This report will go to Scottish Ministers. The annual report will include details of any challenges or risk we

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are experiencing in relation to carrying out the duties. This includes the steps we are taking / will take in addressing these. All the annual reporting requirements are incorporated within one report. This is referred to as the "annual reporting requirement"

The purpose of the annual report is to:

• Enable monitoring of the impact of the Act on quality of care and staff wellbeing

• Identify areas of good practice that can be shared.

• Identify challenges relevant organisations are facing. What steps they have taken / are taking to address these?

• Identify any improvement support required.

• Inform Scottish Government policy on workforce planning and staffing in the health service.

The annual report will cover the financial year, i.e., the period from 01 April to 31 March.

The report must be published and submitted to the Scottish Ministers by the 30 April following the end of the financial year (2025)

Duties of Healthcare Improvement Scotland (HIS)

HIS have a number of duties within the Act and are described fully within the HIS Healthcare Staffing: Operational Framework and summarised below: HIS-Healthcare-Staffing Operational-Framework

- HIS: monitoring compliance with staffing duties
- HIS: duty of Health Boards to assist staffing functions
- HIS: power to require information

To assist HIS in their functions, NHS Highland has received a formal request for a copy of the Boards Quarterly Report which will be shared following endorsement at Executive Directors Group and Staff Governance Committee.

A quarterly Board engagement session to support awareness and assurance is offered to the board for consideration.

2.3   Assessment

It is perhaps helpful to consider the priorities for NHS Highland in relation to the Act in the following way:

We have the appropriate mechanisms and governance in place to assess and report on staffing requirements across our organisation needed to deliver care to our population.

We have the appropriate mechanisms and governance in place to assess and report on a routine (day to day) basis:

a. how well we meet the staffing requirements
b. that risks associated with staffing challenges are managed, mitigated and escalated appropriately
c. professional advice is embedded and demonstrable in our day to day management of staffing and service delivery.

We use the information from assessing staffing requirements and routine assessment of staffing risks and issues 'in practice' to develop short-, medium- and long-term plans to provide appropriate staffing

An HCSA programme board has been established. The HCSA Programme Board will report into our People and Culture Portfolio Board, chaired by our Director of People and Culture, which oversees the following strategic programmes:

• Leadership and Culture Framework
• Health and Wellbeing strategy
• Diversity and Inclusion strategy
• Employability and workforce development/diversification

The portfolio board in turn reports to the executive level strategic change oversight group which oversees the boards strategy delivery.

Regular updates will be provided to APF, staff governance committee and the board on:

• Progress with the HCSA action plan (programme plan)
• Quarterly and annual reports generated as required by the act

High level update / summary on progress over Q1 with key achievements, key milestones for next quarter and key risks.

Guiding principles for health and care staffing

NHS Highland HCSA Implementation Programme Board and the underpinning Implementation Groups have conducted a range of scoping and self-assessment exercises across all Board functions to measure our current position regards relevant systems and processes as detailed under the individual duties set out within the Act. Self-Assessment returns and verbal assurance to the HCSA Implementation Lead and HCSA Programme Board provides a moderate level of assurance that adequate processes are in place for the professional disciplines cited in the Act.

This has been a complex and time intensive process, teams are congratulated and acknowledged for their effort and level of engagement.

It should be noted that not all functions operate with the same systems or processes. Operational systems and processes are dependent on the service model, size of service and in-patient bedded service, non-bedded service, community or a commissioned service status.

There are areas of excellent practice and areas which have been identified for improvements. The Programme Board have developed a range of workstreams and action logs to support the gaps and areas requiring further work, to ensure oversight of risk, and a pathway to achieving compliance.

Guiding principles etc. in health and care staffing and planning: Processes are in place to provide assurance that where a Health Board or Integration Authority are commissioning Health Services from another provider that the provider complies with the general duty and principles of this Act and to record any challenges faced.

All of those involved in the commissioning and planning of services have fully engaged with the requirement for NHSH to have clearly defined systems and processes in place across all NHS functions and professional groups to ensure that when planning or securing the provision of health care from another person, we have regard to the guiding principles for health and care staffing and the need for that person from whom the provision is being secured to have appropriate staffing arrangements in place. The requirement for appropriate staffing arrangements has been a well-established point of reference in all existing agreements and contracts. There is a requirement for us to refine and standardise supporting documents to have specific reference to the HCSA for all new arrangements/accords since 1 April 2024.

The intent of the Act is to enable the provision of safe, high-quality care with improved outcomes for service users through provision of appropriate staffing and to support the wellbeing of staff.

Assessment and compliance against the following:

section 12IA: Duty to ensure appropriate staffing;

As detailed in Guiding Principles above

section 12IC: Duty to have real-time staffing assessment in place;

Clearly defined systems are in place for nursing and midwifery. The wider professional group have successfully engaged and broadly understand the requirement for clear assessment, documentation of risks, decisions and actions. The HCSA Programme Board will continue to oversee multidisciplinary efforts to create a reliable, systematic approach that will apply to all.

Effective e-rostering is a workstream being directed through the HCSA Programme Board and driven by HCSA Implementation Lead. The e-roster roll out was paused indefinitely last year, due to costs associated with 'double entry' of SSTS data. This triggered a review of existing e-roster build work which exposed significant data

integrity issues. E-roster rebuild work across the 160 areas currently with e-roster in place is now underway and is expected to take approximately twelve months. In conjunction with the e-rostering rebuild work we are undertaking revision and development of governance structure and practical guides to assist managers and frontline clinicians in e-rostering best practices to:

• Enable the alignment of staffing levels with patient needs and available resource in each department

• Drive effective management of staffing establishments, so increasing efficiencies in the workforce trust-wide

• Ensuring the right staff are in the right place at the right time[3] while improving the management of planned and unplanned non-working time

• Reduce the need for temporary and agency staff, so improving efficiency of resources

• Improve use of staff through clear visibility of contracted hours and staffing levels/skill mix

Aforementioned improvements to our e-rostering practice, adoption of key enabling tools including Optima Health Roster for Consultants, Allocate for Junior Doctors and Safecare will all contribute to compliance with this duty.

section 12IF: Duty to seek clinical advice on staffing;

Clinical advice is consistently available to support staff in decision making. Teams report feeling confident when escalating concerns and receiving support. The OPEL framework successfully supports and records elements of clinical advice provided. We have identified gaps in this provision for more remote services. We have also identified gaps in effective/consistent recording of this decision-making processes.

The Safecare workstream is being directed through the HCSA Programme Board and driven by local HCSA Implementation groups. The planned roll out of Safecare across the organisation over the coming twelve months and Improved use of Datix will support compliance with this duty.

section 12IH: Duty to ensure adequate time given to clinical leaders;

There are many areas of good practice where clinical Leaders, with identified management responsibilities, have time agreed to undertake non-clinical duties.

It is important to note that non-clinical time, may be and often is, subject to change determined by urgent service needs.

This is a workstream being directed through the HCSA Programme Board and driven by local HCSA Implementation groups. There are a range of initiatives currently rolling out to improve e-rostering, Allocate and Optima Health Roster. The job planning and/or activity manager modules associated with the aforementioned enabling tools, once fully rolled out, will provide assurance regarding compliance with this duty, Health roster

monitoring of non-patient facing activities in other professions such as AHP, HCS etc will also evidence compliance once tools are implemented.

In time Safecare will, in real time, identify where leaders have had to re-prioritise focus and work clinically to mitigate risk.

section 12II: Duty to ensure appropriate staffing: training of staff;

We have systems to support accurate records of training for all staff which is appropriate and relevant for the purposes of the role we are asking them to fulfil. There are clear SOP's and formal processes in place.
Where e-rostering is in place this facilitates effective calculation/identification of study/learning time. The provision of training for staff is considered in much broader terms beyond that of HCSA alone and includes organisational wide responsibility to ensure staff are enriched with the knowledge and skills required to deliver safe, high-quality care. Self- Assessment has identified areas for improvement across all professions. Challenges identified with consistent adherence/prioritisation to/of policy, variance in how managers apply policy, deficit of time for managers to monitor compliance and a deficit of time for staff to be released for training due to work pressures/demand.

This is a workstream being directed through the HCSA Programme Board and will be driven by local HCSA Implementation groups to improve consistent adherence to policy and procedures. We are also developing ways in which to incorporate HCSA legislation at a range of initial induction contacts for new recruits.

section 12IJ, 12IK and 12IL, relating to the common staffing method.

This is a high-level priority/legal responsibility to complete annual run (min) for all areas within scope for 2024/2025.

Staffing Level Tools
Common Staffing Method

There is a Tool Run/CSM being Scheduled for Sep -Dec 2024 with engagement from Professional, Operational and Workforce Leads, Finance, Staff Side and SSTS.

Child Health, Highland Council are to be included in a paper based, manual tool run. This is not a desirable approach but one of the limitations difficult to navigate due to Nursing teams employed by Highland Council having no access to NHS Systems.

We have created a revised suite of supporting documents and SOP.s to support staff through the process and have agreed to use HIS developed toolkits and training aids.

In support of applying tools and applying CSM to the wider workforce, the HCSA Programme Board has endorsed AHP proposal to test use of CSM for AHPs.

This workstream is being directed through the HCSA Programme Board and driven by our People and Culture Director to redefine and develop a framework supporting a revised governance structure, delineation of roles, responsibilities and accountability whilst remaining cognisant of the variance across HSCP, A&B and THC.

section 12IB: Duty to ensure appropriate staffing: agency workers;
(Appendix 4)
A manual process to collate data as required for quarterly reporting is in place.

RLDatix have been tasked to provide a national automated solution which will reduce the level of onerous manual data collation. Delivery of this digital solution remains pending.

Quarter 1 report has been compiled. This demonstrates, that in 100% of instances the High Cost Agency expenditure, exceeding the 150% threshold , is entirely attributed to accommodation and travel costs.

Communication to teams setting out revised locum engagement criteria including removal of accommodation and travel costs unless in extreme circumstance/threat to business continuity has been disseminated.

There is a risk we may not capture all staff engaged over the 150% threshold due to variance in mechanisms of engagement. This is an issue all boards are experiencing, and we are working with our local HCSA Implementation groups to establish assurance and rigour around capture of all forms of agency staff engagement.

section 12ID: Duty to have risk escalation process in place.

Risk can be/ are identified at Safety Huddles on a twice daily basis within clinical in-patient services. For non-bedded services such as Pharmacy, Dental, Primary Care & Public Health, workforce shortfalls identified in real time due to unplanned absences are escalated though management/on-call structures. The varying OPEL structures and local Safety Huddle arrangements provide a structure for real time risk escalation. This is less formalised for more remote sites however 'tacit' knowledge of escalation process is well embedded. There is a gap in formalised SOP's setting out these processes.

This is a workstream being directed through the HCSA Programme Board and driven by local HCSA Implementation groups. Self-assessment returns have identified where severe risk cannot be mitigated it can be escalated by direct communication via responsible managers and/or Safety Huddles and where in place RTS and retrospectively recorded on the Datix system. Datix automatically escalates the risk through line management structures with the option to include professional leads. It is important to note self-assessment has identified significant gaps in consistency of this approach in terms of actual recording. With the development of Safecare, escalation processes will be able to be recorded with greater ease on the new system and will provide system wide overview.

Review of OPEL framework and alignment of the current varying approaches is a pending action.

section 12IE: Duty to have arrangements to address severe and recurrent risks;

The self- assessment and scoping exercises have confirmed we have the system functionality to record, identify trends, relating to recurring risks and mitigations. This is of course dependant on the effectiveness of risk reporting in the first instance and therefore variance in reporting practice will impact on the meaningfulness of any thematic reporting. Please see reference workstream above which will also incorporate this duty.
In time our compliance with this responsibility will largely be supported by Safecare.

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

| Substantial | | Moderate | x |
| Limited | | None | |

Comment on the level of assurance

The Act builds on many existing arrangements which are already in place and is explicit in its intent to promote transparent, open and honest culture.

The scoping work which has taken place to date has highlighted many areas of excellent practice and underlined the many shared challenges services experience daily.

Broadly speaking we have the appropriate mechanisms and governance in place to assess and report on staffing requirements across our organisation needed to deliver care to our population.

We have the appropriate mechanisms and governance in place to assess and report on a routine (day to day) basis:

a. how well we meet the staffing requirements
b. that risks associated with staffing challenges are managed, mitigated and escalated appropriately
c. professional advice is embedded and demonstrable in our day-to-day management of staffing and service delivery

We broadly use the information from assessing staffing requirements and routine assessment of staffing risks and issues 'in practice' to develop short-, medium- and long-term plans to provide appropriate staffing

The current moderate level of assurance offered is linked to gaps in recording, consistency and robust ability to evidence and our plans to address these gaps and improve the level of evidence available to demonstrate compliance. The first year of enactment will be an iterative journey as we move forward towards improved compliance

3 Impact Analysis

3.1 Quality/ Patient Care

The intent of the Act is to enable the provision of safe, high-quality care with improved outcomes for service users and support their health, safety and well-being.

3.2 Workforce

The HCSA is fundamentally about providing appropriate staffing to deliver services. The improvement work and recording of data is resource intensive.
The Implementation Team responsible for rolling out and maintaining the enabling RLdatix digital solutions across the organisation are small but mighty, however their capacity will be a rate limiting factor in terms of roll out pace.

3.3 Financial

There are potential financial implications in relation to addressing staffing risks and issues identified through the mechanisms required to demonstrate compliance with the duties of the act. However, it is important to emphasise that the act does not introduce anything new in terms of the principle that services should already be planned and delivered with an appropriate workforce plan in place to deliver the service to the required standards.

3.4 Risk Assessment/Management

This links to board level risk in relation to workforce availability and ensuring we have appropriate mechanisms to manage and mitigate risks associated with staffing issues

3.5 Data Protection
N/A

3.6 Equality and Diversity, including health inequalities
N/A

3.7 Other impacts
N/A

3.8 Communication, involvement, engagement and consultation

NHSH HCSA Programme Board is now well established and has professional and staff side involvement from all professional and operational leads across all Board functions.

3.9 **Route to the Meeting**
N/A

4 Recommendation

The Board is asked to take moderate assurance and review and scrutinise the information provided in this paper and appendices.

4.1 List of appendices

The following appendices are included with this report:

List of appendices

The following appendices are included with this report:
Appendix 1: Health and Care Staffing Act: Duties and requirements
Appendix 2: Health and Care Staffing Act: Guiding Principles
Appendix 3: Health and Care Staffing Act: Internal Quarterly Report requirements
Appendix 4: HCSA Quarter 1 External Agency Report
Appendix 5: HCSA: Internal Board Quarter 1 Report

Appendix 1: Health and Care Staffing Act: Duties and requirements

Guiding principles: staffing for health care	Applicable all roles in scope
Guiding principles: staffing for health care (planning and securing of health are from others)	Applicable all roles in scope
Duty to ensure appropriate staffing in healthcare	Applicable all roles in scope
Duty to ensure appropriate staffing: agency workers	Applicable all roles in scope
Duty to have real-time staffing assessment in place	Applicable all roles in scope
Duty to have risk escalation process in place	Applicable all roles in scope
Duty to have arrangements to address severe and recurrent risks	Applicable all roles in scope
Duty to seek clinical advice on staffing	Applicable all roles in scope
Duty to ensure adequate time given to clinical leaders	Applicable all roles in scope
Duty to ensure appropriate staffing: training of staff	Applicable all roles in scope
Duty to follow the common staffing method including Common staffing method: types of health care	Applicable to specific types of health care, locations and kind of employees*
Training and consultation of staff	Applicable to specific types of health care, locations and kind of employees*

*summarised as where staffing level tools already exist; nursing, midwifery and medics within Emergency Department

Appendix 2: Health and Care Staffing Act: Guiding Principles

Improving standards and outcomes for service users
Taking account of the particular needs, abilities, characteristics and circumstances of different service users
Respecting the dignity and rights of service users
Taking account of the views of staff and service users
Ensuring the wellbeing of staff
Being open with staff and service users about the decisions on staffing
Allocating staff efficiently and effectively
Promoting multi-disciplinary services as appropriate

Appendix 3: Health and Care Staffing Act: Internal Quarterly Report requirements

Reports must include assessment of	o ensure appropriate staffing
	o ensure appropriate staffing: agency workers
	o have real-time staffing assessment in place

compliance against various duties	o have risk escalation process in place
	o have arrangements to address severe and recurrent risks
	o seek clinical advice
	o ensure adequate time given to leaders
	o ensure appropriate staffing: training of staff
	o follow common staffing method and associated training and consultation
Reports must also include:	o reference to the steps taken to have regard to the guiding principles when arranging appropriate staffing
	o reference to the steps taken to have regard to the guiding principles when planning and securing health care services from third parties
	o details of the views of employees on how, operationally, clinical advice is sought
	o information on decisions taken which conflict with clinical advice, associated risks and mitigating actions
	o conclusions and recommendations following assessment and consideration of all detailed above

APPENDIX 5 – Health and Care Staffing Act

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Quarter 1 Internal Board Assurance Report April to June 2024.

This report is intended to provide the Board with an outline of the extent to which we are complying with the duties in 12IA to 12IF and 12IH to 12IL of the HCSA (Staffing) (Scotland) 2019.

The HCSA Programme Board has facilitated an organisational wide, collaborative approach to collate information/evidencing compliance/intent to address compliance issues and celebrate areas of success. This high-level report is attempting to set out where we assess ourselves to be overall against each section of the Act.

a) How are we doing in respect of each section?
b) How we know this?
c) Actions which we need to take forward to improve our process and systems to support compliance

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Duty	Evidence	Assurance Level	Current Position and Planned Action to Progress
12IC Duty to have real-time staffing assessment in place	Do you have documentation of your actual staffing headcount at work per band at least once every day? (negating study leave, annual leave etc… just the staff available to you for the service)	Moderate	This is well embedded for Nursing and Midwifery. Current real-time staffing resources are in place for: • Critical care nursing RTS resources • Mental health learning disabilities nursing RTS resources • Adult in-patient nursing RTS resources • Maternity RTS resources • This provides a mechanism for assessment and recording of real time staffing. • Patient acuity • Number and skill mix of available staff. • Professionally judged staffing required. In addition, this records: • workforce demand • risks

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- the mitigations and escalation taken to address workforce challenges and provide safe care

The Real Time Staffing dashboard provides us with oversight of services, however this was always intended to be an interim solution until the roll out of the national e-rostering and the RLDatix SafeCare Systems.

There are areas of good practice and use of this system across the organisation and there are also areas where use is suboptimal or variable, often increasing in use at times of pressure to demonstrate need for supplementary staffing and highlight risk.

There are also areas who have developed their own systems for recording and sharing of this information. Whilst this could be used to provide evidence, they are not easily auditable.

We have a range of other mechanisms to capture the wider workforces staffing position on a daily basis via the Operational Pressures Escalation Levels (OPEL) Framework which aims to provide a unified, systematic and structured approach to detection and assessment of effectiveness and risk. This is well established within Acute and has more recently been developed in Community. This features in one of the HCSA Programme Boards workstream as an area for development and improvement where a gap has been identified requiring standardisation of parameters and assessment used to assess pressure across the whole system. Twice/thrice daily Safety Huddles require staff to report on current staffing position. And whilst Huddle actions are recorded, we recognise it does not allow us to easily view staffing data over time, but it does help identify areas at risk at a glance on a daily basis.

Staff details are also available on SSTS rosters, finance reports and Locations datasheet all of which include bandings and provides details of staff deployment.

Our planned roll-out of Safe Care over the coming year will standardise this process and provide greater oversight.
The HCSA Programme Board has endorsed the roll-out of Safe Care to non-erostered areas. This was initially seen as a contentious decision by the vendor, RLDatix, however HIS have now sanctioned this approach as the way forward and
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			will be launching a national drive in September to encourage all boards to consider deploying Safe Care to non-e-rostered areas. The level of assurance remains at moderate on account of the variance across professions and services, not all report into these systems however it should be noted that all In Patient areas are covered.
	Do you have processes are in place to provide assurance that appropriate staffing is in place and that guiding principles are taken into account when decisions relating to staffing requirements are made	Moderate	Organisational wide Integrated service planning is currently under development with a view to systematically produce integrated service plans, specifications and workforce plans required to deliver the agreed level of service to the required performance and quality standards, making best use of our resources within the financial resources available. This will include reviewing the funded workforce establishment, required or recommended establishment against available establishment to understand workforce gaps and associated risks. This will be underpinned by use of the common staffing methodology and associated tools where these are available and applicable. This will build on the 3-year workforce plan developed in line with national guidance which already identifies key at risk areas for the organisation and plans for addressing these. Integrated service planning will enable further detail to be added to our workforce plan which is expected to evolve on a 3-year rolling plan basis. This is a complex piece of work and will take time to refine and mature. We have completed a 'deep dive' into our e-rostering systems, data and tools to support effective use of our workforce and manage supplementary staffing and following best practice for staff rostering. This has triggered a requirement to rebuild the e-rostering system configuration of all the 160 areas with e-roster currently in place. We have made the decision to suspend e-roster due to the financial implications of double data entry in the absence of an interface with SSTS. We have implemented the Realtime Staffing Resource (RTSR) for nursing and midwifery and will continue to monitor the effective usage of this however following options appraisal the HCSA Programme Board has agreed on the direction of travel towards exclusive use of Safe Care. We have commenced with a transition plan to deploy Safe Care in all e-rostered areas on completion of the rebuild. We have sought guidance from other health boards on the use of Safe Care in non-e-rostered areas and we have opted to transition to this as the destination product. This was considered contentious by the vendor however has recently been endorsed as an approach by HIS.

			We are rolling out Allocate rostering for Junior Doctors and progressing with Optima Medics for Consultants rostering with ED and Acute/Gen Med.
	Do you have Effective E-Rostering in place to ensure appropriate staffing?	Moderate	We have carried out a 'deep dive' in order to develop our understanding the problem(s) we needed to solve in terms of e-roster build process. This is now completed. We have re-defined the roster build process moving forward and are currently running a 'Test of Change' with New Craigs. Work has commenced to apply this learning to a full rebuild. This will be rolled out to re-build all e-rostered areas from September. We currently anticipate this will take us into 2025, evaluation and validation of the new process, including detailed timeline pending test of change completion in September will be shared at the September HCSA Programme Board meeting. **Key Points for Redress** <table><tr><td>Fidelity of initial build information poor. Rosters built on 'want/need' not budgeted wte</td><td>Miss calculations/interpretation of PAA calculations</td></tr><tr><td>Lack of knowledge effective rostering practice – including level loading</td><td>Lack of consistency is language and understanding of 'rules' across all staff groups including within Finance.</td></tr><tr><td>Quality of e- rostering education and support for SCN's</td><td>Cessation of agreed governance structure – 'Confirm and Support'</td></tr><tr><td>Safe, Affordable and Sustainable – reporting functions not understood or used – standardised reporting for</td><td>Safe, Affordable and Sustainable – reporting functions not understood or used – standardised reporting for Supplementary Staffing reporting for V&E to be produced</td></tr></table>
	Do you have documentation of what you needed in your Professional Judgement staffing headcount for that that same time per band every day?	Moderate	This is well established for Nursing and Midwifery. This is less established for other professions where in many cases there is not such prescriptive guidance on rations of staffing. This information is reported, and the Huddles mentioned above however for many professions out with Nursing and Midwifery there will be no documented evidence of required headcount on a daily basis. Finance and SSTS reports would provide retrospective details for some of this information. HCSA Implementation groups are reviewing processes required to be developed to ensure daily information is available for sharing/escalation.

	Question	Rating	Comment
	Is there a direct correlation between your service workload and patient acuity / complexities of your interventions?	Moderate	This is well established for ward areas and Emergency Department but is less established for other services and teams. There are a range of KPI reports available for patient activity, Practice Management System reports and case mix tools which give a broad measure of patient complexity, scored by clinical staff and reviewed regularly. This becomes less robust and harder to evidence in community settings. The activity takes place less formally, based on tacit knowledge and professional judgment.
	If there is a direct correlation as above, do you record this daily to indicate the impact it has on your ability to provide a good standard of service?	Moderate	This is well established for Nursing and Midwifery within In Patient settings with use of RTS tool at least twice a day for aforementioned In-Patient areas. However not for most of the other service or teams. This has been highlighted by means of Self – assessment returns and feeds into the local HCSA improvement and implementation workstreams.
	When considering your workload, demands on your service and outcomes, do you document your mitigation actions you had to apply if any?	Moderate	As previously described above the OPEL system and daily huddles which take place in each locality and twice weekly as There are formal are formally recorded. Manual audit of the note of mitigation actions is required. This is also captured as part of RTS tool. There is also a range of Management Team weekly meetings, which considers workload, demands and outcomes. Most services generate and maintain action plans which are maintained and available on SMT Teams channels. There are also a broad range of well managed Services Risk Registers, is used and reviewed regularly to identify potential risks that are identified, and mitigations/escalation identified. This may include risks relating to workload, service demands and outcomes. This includes escalation from Managers to immediate and non-direct Line Managers, for issues that cannot be managed by the specific Service. This includes exception reporting via the HHSCP Community/Primary Care Clinical/Acute & Care Governance Groups.
	Do you document supplementary staffing you have used and the source (Bank, Extra hrs etc..) each day?	Moderate	Scrutiny and authorisation of Bank staff is in place to differing degrees across the organisation with some very stringent controls in place and some areas where practice is more flexible as is deemed appropriate to manage risk to patient safety and service continuity. Every supplementary shift is recorded as such, and this should also include information as to the reason for the shift requirement. There are supplementary staffing reports provided on a monthly basis bit no systematic daily summary of supplementary staffing. The Value and Efficiency, Supplementary workstreams have close focus on developments around effective governance, review and challenge use of

			supplementary staff. The realisation of benefits from the effective e-rostering workstream will also supports this workstream.
12ID Duty to have risk escalation process in place	Do you document any risk in relation to your real time staffing assessment above? (Such as missed or delayed care or tasks due to insufficient staffing or incorrect skill mix).	Moderate	RTS, where in use captures this and when we roll out Safe Care this will be the mechanism for system wide recording of this risk escalation process. Most services manage a Risk Register which is reviewed regularly. However, we recognise that this is a higher-level report, that will not record many missed/delayed care/omitted tasks which will be easier to capture on Safe Care. This is a key workstream for development identified through the completed Self Assessments. Local HCSA Implementation Groups scoping exercises have recognised the requirement for regular formal recording/monitoring of this information. They have identified the availability of Datix system as the mechanism for recording, reviewing and manging risk however acknowledge that whilst there are areas of excellent practice this is not used robustly and consistently across all areas. Individual incidents captured on Datix but can lack specific detail Improvement work as part of local Implementation group action planning in support of implementation.
	Do you document to whom you escalated that risk to and what further mitigations were applied if any following that escalation?	Moderate	There is a mechanism to record this information on Datix however there is variance in how consistently this information is routinely recorded. As described, we do have daily huddles in each locality which are formally noted and information of to whom risk is escalated and decisions on mitigations and measures to manage risk are recorded Local Implementation Groups scoping, and self-assessment has identified the requirement to develop Formal SOP; s /documentation process required for to demonstrate risk mitigations and actions, following escalation, including feedback to colleagues reporting incidents. This will form part of their action plans over the coming year.
	Do you document the outcomes of risk escalation and give feedback to the initial reporter of the risk if it was not yourself that highlighted the concern?	Moderate	As above.
12IE Duty to have arrangements to address severe	Do you have documentation in place that allows you to record the severity and impact on the service that risks have triggered?	Moderate	We can extrapolate thematic/impact/severity reports by service/location from Datix. There is a variable level of capability across the organisation in relation to effective use of Datix. Again, there are some areas of excellent practice and other where this is a weakness and not in place currently for all risks.

and recurrent risks			Development required of a process/documentation of all risks to be develop-ed, with detailed impact and assessment of severity. To be driven by local HCSA Implementation Groups.
	Are there documented trends evidencing severe recurring risks and the arrangements in place to address them along with the outcomes?	Moderate	We have the system functionality to identify trends, relating to recurring risks and mitigations. This is of course dependant on the effectiveness of risk reporting in the first instance and therefore the variance in reporting practice will impact on the meaningfulness of thematic reporting. Huddle notes would, at this time provide the more effective oversight of trend, arrangements and outcomes. The introduction of Safe Care will deliver on many of the above requirements. Improved use of Datix reporting system, education and standardisation of process have been identified by local Implementation groups as areas for development over the coming year.

APPENDIX 5 – Health and Care Staffing Act

Duty	Evidence	Assurance Level	Planned action to progress
12IF Duty to seek clinical advice on staffing	Was it clinical advice on your staffing you sought when you escalated the risk? If so, have you recorded the person that gave the advice and again ensured the person who raised the initial concern was informed and do you record dissemination of guidance?	Moderate	Clinical advice is available to support staff in decision making, we currently know there is a gap in the recording of this decision-making processes however this will be addressed by the roll out of Safe Care. For those areas who currently have Real Time Staffing, they have been directed to utilise this as a mechanism for recording this information until Safe Care is deployed to their area. OPEL huddle actions are recorded, there are other forms of recording agreed actions. Resolution will be found in real time in relation to any conflict/difference of opinion. Any matters of significant disagreement should be reported via Datix or through operational and professional lines of escalation. This is not currently formalised and forms part of our implementation action planning which will require the development of SOPs for conflict recording. The SOP will set out agreed process for clinicians to formally record any disagreement with staffing decisions. This interlinks directly with the other workstream to review, improve and standardise our escalation processes. Safe Care and Datix will be the tools to support this.
12IG Duty to ensure appropriate staffing: number of registered healthcare professionals	Do you record your level of need for ALL disciplines which can be captured in a Real Time Staffing Resource or other daily documentation? The Scottish Ministers must take all reasonable steps to ensure that there is a sufficient available to every Health Board, to enable us to comply with the duty in section 12IA Duty to ensure appropriate staffing	Moderate	Utilisation of Real Time Staffing resources for Nursing and Midwifery. We have not adopted the Generic Real Time Staffing Tool and instead have agreed to roll out Safe Care to all areas including non-e-rostered areas. Only nursing and midwifery and Emergency Medicine have any form of formal establishment set. AHP's have the tools and process to carry this out which has been developed locally but not agreed nationally. The HCSA Programme Board has endorsed a project to run a cycle of these tool for AHPs. OPEL framework will also capture profession judgement concerns escalated for disciplines out with Nursing and Midwifery.
12IH Duty to ensure adequate	Do you have a system in place such as protected time for clinical leaders to allow them to be non-clinical and without a caseload where appropriate to	Moderate	There are many areas of good practice where clinical Leaders with identified management responsibilities have identified time agreed with Line managers to undertake non-clinical duties. Clinical

time given to clinical leaders	be able to have a helicopter view of their service to review and address the quality / efficiency of the service their team provides and to carry out related managerial duties?		Leaders with specific Service Portfolio responsibilities have identified time to fulfil Portfolio duties. Other clinicians have agreed non-clinical time to carry out non-clinical duties, determined and agreed via the job planning/work plan process. It is important to note that non-clinical time, may be subject to change determined by urgent Service needs, however every effort is made to protect this non-clinical time for clinical leaders. There are designated % for team leads/clinical leads have allocated to carry out leadership role, however in some areas this is not formally protected and can be impacted by clinical pressures and staffing shortages. This is a workstream for development through the HCSA Programme Board. The effective e-rostering work will improve our ability to assess clinicians time to lead and this will be further supported by the launch of Safe Care over the coming year. Once we have rolled out further e-rostering, in particular to medics this will help us greatly with our planning and oversight of time to lead for our clinicians. We have commenced work with the Emergency Department to deploy Medics Optima, e-rostering with a 'Go live' date schedule for November. Once complete we will be moving onto Acute/Gen Med and Orthopaedics.
12II Duty to ensure appropriate staffing: training of staff	Do you keep an accurate record of training for your staff which is considered appropriate and relevant for the purposes for the role you are asking them to perform?	Moderate	We have the systems to support accurate records of training for all staff which is appropriate and relevant for the purposes of the role we are asking them to fulfil. There are a range of mechanisms for recording adequate time and resource to undertake required training. Where e-rostering is in place this facilitates effective calculation of study/learning time. The provision of training for staff is considered in much broader terms beyond that of HCSA alone and includes organisational wide responsibility to ensure staff are enriched with the knowledge and skills required to deliver safe, high-quality care.

APPENDIX 5 – Health and Care Staffing Act

			We are currently working on incorporating the Knowledge and Skills framework for the HCSA at point of on boarding new recruits at our corporate and local induction process. As part of our implementation action plan, we are developing ways in which to incorporate HCSA legislation at a range of initial informative induction contacts for new recruits. The HCSA TURAS based training has been promoted to all staff. Unfortunately, TURAS does not support reporting on this. We have also adopted the use of the HIS developed suite of staffing level tools/tool kits/training resources.
	Do you record such time and resources with the consideration of giving them adequate time to undertake such training?	Moderate	Annual appraisal/revalidation/job planning and 1:1 session is some of the index points of contact at which staff are supported and reviewed in terms of training completion and PDP's learn-pro e-system supports overview of mandatory and statutory training completion.
	Are Staff engaged and well informed?		All areas across the organisation have engaged with HCSA sessions and self-assessment feedback, in addition to Nursing & Midwifery and AHPS this includes Pharmacy, Optometry, Dental, Primary Care, Social Care, Children's Services, OOH, Commissioning, Argyle & Bute, Acute & HSCP. Further workshops are scheduled for facilitated Self Assessments. Outputs from these sessions will further inform the baseline of information on which we will continue to measure our compliance with duties and responsibilities of the Act and build on action plans during the first year of enactment. Acute, A&B and HSCP and Children's Services HCSA Implementation groups have been commissioned to develop local action and implementation plans across all duties and responsibilities. These are all at different stages of maturation. Implementation groups are supported by structured agenda setting, reflecting all duties and report into the NHSH HCSA Programme Board with iterative updates in relation to compliance. The HCSA Programme Board report into the Portfolio Board and Staff Governance Group. Nursing and Medical Directors are aware

			they retain professional oversight of staff irrespective of whether the service is delegated to an integration authority or not and that we are duty bound to include all staff in our Quarterly Reporting. Whilst there are many areas of good practice supported by systems and processes, we are aware of the variance across professions and teams. We acknowledge arrangements and momentum to support implementation have a still have a lot of progress to make and therefore this is reflected in the moderate level of assurance currently offered. Quarter 3 report submission to Scottish Government has been well received and has shored up our sense of confidence about the effort and work which has taken place thus far.

APPENDIX 5 – Health and Care Staffing Act

Duty	Evidence	Assurance Level	Planned action to progress
12IJ Duty to follow common staffing method	In the case of having a speciality specific workload tool, it is deemed within the legislation that these tools are run for at least 2 weeks, at least once a year, but the full spectrum of the Common Staffing Method (CSM) is currently only applicable to Nursing & Midwifery (& Medical in Emergency Department only) This will be expanded in the future Do you have evidence of intentions to apply the available Multi-discipline Professional Judgement Tool when reviewing staffing within your service? This tool will assist you to evidence your staffing needs at a multi-disciplinary level.	Moderate	We are currently launching the preparatory stage and training programme for our 2024/25 cycle for all areas within scope. Staffing level Tool runs, application of Common Staffing Methodology and resulting outputs require a clear governance and organisational wide approval route to support effective workforce planning. Following consultation and SBAR presented to the HCSA Programme Board, Leads are broadly in agreement of the importance for us to move away from working in professional silos and instead work in conjunction with other job families and take a collaborative approach with professionals and operational leads working in partnership around review and decision making of tool runs and CSM 'out puts'. We are currently working with the mandated tools however we are cognisant of importance of working towards extending use of CSM to the wider workforce and find a way to incorporate other professional families. There is a requirement to agree on overall organisational Workforce Planning Governance structure, approval route for review of output of Staffing Level Tool runs and application of Common Staffing Methodology. Whilst professions currently within scope are predominantly nursing and midwifery, we are working to develop a structure able to evolve with ease and pace in response to incorporation of additional professions and MDTs as required over coming months. This requires a clear governance structure, clear lines of accountability and recognition of the variance across HSCP, A&B and THC. There is a Tool Run/CSM being Scheduled for Sep -Dec 2024.
12IM Reporting on staffing	A clearly defined governance process and system is in place to enable the Health Board to publish and submit a report to Scottish Ministers setting out how during the financial year it has carried out its duties		Well established HCSA Programme Board provided direction to local HCSA Implementation Groups and driving iterative development and updates of reporting across both high-cost agency, quarterly and annual reporting.

12IB Duty to ensure appropriate staffing: agency worker	Are processes in place to ensure the services of agency workers does not exceed 150% of the amount paid to full time equivalent employee.		The Act states the cost of using an agency worker should not exceed 150% of the amount that the health board would pay a full-time employee to fill the equivalent post for the same period. We are expected to report quarterly to Scottish Ministers on the use of high-cost agency staff. We have a system in place to collate information in place for the majority of agency workers. Where the amount paid does exceed 150%, we detail the number of occasions (shifts) on which we paid over 150%, the amount paid on each occasion, the circumstances that have required this higher amount to be paid travel and accommodation expenses. We no longer engage off framework agency staff. Quarter 1 report has been complied and has demonstrated that in 100% of instances the excess over 150% is attributed to accommodation and travel costs. Communication to teams setting out revised locum engagement criteria including removal of accommodation and travel costs unless in extreme circumstance/threat to business continuity has been disseminated.
	Delivery Challenge		This work is highly resource intensive in particular for staff groups navigating the current high demand and resource limited landscape. Maintaining engagement with professional/teams amid a broad range of competing priorities is at times challenging. The HCSA drives reporting by profession which causing conflict for teams as services are delivered via a collaborative multi professional effort. The binary nature of some of the tools does not easily work/represent teams who work across both Community and Acute. Whilst there are many examples of good practice, systematic and robust approaches we have also identified variance. This in part can be attributed to the expansive nature of the Boards geography and organisational complexity. The scoping work we have done has helped us to articulate this lack of consistency in approaches and recognised where areas are supported by local systems/bespoke/

			informal/tacit/local understanding of processes with an absence of formalised SOP's/Processes. Teams also describe gaps around a clear framework for accountability and assurance and express a need for us to better support and develop staff to fully fulfil expectations of promoted roles.

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**24th September 2024**
Title:	**British Sign Language Plan – 2024 - 2030**
Responsible Executive/Non-Executive:	**Dr. Tim Allison, Director of Public Health**
Report Author:	**Naomi Watson, Health Improvement Specialist**
	Susan Birse, Health Improvement Principal

1   Purpose

This is presented to the NHS Highland Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2   Report summary

2.1   Situation

Under the requirements of the British Sign Language (BSL) (Scotland) Act 2015, listed authorities are required to publish Authority Plans ((also known as 'BSL plans') within six months of the publication of the BSL National Plan. The most recent Scottish Government National Plan was published in November 2023, covering the period 2023 to 2029, with listed authorities required to publish their BSL Plans by the 6th of May 2024.

A draft plan was published by NHS Highland on the 6th of May 2024, on the understanding that it would be refined and amended following further engagement and consultation with deaf and deafblind BSL Users. This period has now concluded and a revised BSL Plan has been produced jointly and in partnership with the Highland Council.

The Board is being asked to:
1. Review and endorse the proposed BSL Plan.

2.2   Background

On the 22nd of October 2015, Scotland became the first part of the United Kingdom to recognise British Sign Language (BSL) as an official language. This has ensured that the cultural and linguistic identify of Deaf and Deafblind people who use BSL to communicate, is legally recognised. The BSL (Scotland) Act 2015, placed a legal responsibility on the Scottish Government and listed authorities (including NHS Boards) to promote the BSL language and to consider how to deliver accessible services in BSL.

Analysis of the 2022 Census data shows that there are 8,324 BSL Users in the NHS Highland area (2.7% of the population), 6,188 of whom live in the Highland Council area (2.7% of the population), and 2,137 in the Argyll and Bute Council area (2.5% of the population). 114 individuals within the NHS Highland area listed BSL as their main language; this is particularly important to note when considering accessibility, as many deaf and deafblind people will have learnt English as a second language, emphasising the importance in communicating information in a format they understand.

It is important to recognise that not all BSL Users will be deaf, and not all people who are deaf or deafblind will use BSL. Data around the number and location of deaf and deafblind people in the United Kingdom is limited to estimates. 2011 Census data indicates that there are 23,268 living in the NHS Highland Board area who are deaf or have partial hearing loss. Information derived from the census is based on self-

reported data, and UK-wide Studies indicate that the figure is likely to be higher than this. A recent study estimates that one in six people in Scotland are deaf or have hearing loss. (Action on Hearing Loss, 2020)

NHS Highland and The Highland Council jointly deliver a Communication Support Service – a service that provides BSL Interpretation for BSL Users using NHS Highland and Highland Council services. Data indicates that there are ninety-two regular users of the service across Highland.

Recent data (April 2024 to July 2024) shows the geographic spread of patients who have used the service during that period.

Table 1: No. of people using the Communication Support Service between April and July 2024

County	No. of service users
Badenoch and Strathspey	2
Bute & Cowal	3
Caithness	3
Inverness	24
Lochaber	4
Mid Argyll, Kintyre & Islay	2
Mid Ross	12
Nairn and Nairnshire	2
Outwith the NHSH Board area	1
TOTAL:	53

The Scottish Government is required to publish a BSL National Plan every six years, with the first plan published in 2017, covering the period 2017 to 2023. The second six-year National Plan was published in November 2023, with listed authorities required to publish their own BSL Plan by the 6th of May 2024.

A listed authority's BSL Plan must set out the measures it intends to take in relation to the use of BSL in connection with the exercise of its functions, and the timescales within which the measures are to be taken. It is important to note that as the BSL plan spans a six-year period, it is intended to be a 'Living Document' and should involve ongoing engagement with people directly affected by the plan.

An in-person engagement event took place on the 20th of January 2024 with representatives from NHS Highland, The Highland Council and The University of Highland and Islands. Support and interpretation were provided by BDA Scotland. Feedback was obtained and incorporated into the draft BSL Plan.

NHS Highland published a draft plan on the 6th of May, translated into BSL. It was published under the understanding that further engagement would be undertaken with the deaf and deafblind BSL Community in Highland, and that its contents may be subject to change.

A further in-person engagement event was held on the 13th of July 2024, in Inverness, involving NHS Highland, The Highland Council, with facilitation and interpretation from BDA Scotland. Again, feedback from this event was incorporated into the revised plan. It was agreed that NHS Highland and the Highland Council should produce a joint document, recognising the shared goals and the partnership approach that we are taking.

Over the course of the six-year plan, we seek to develop the relationship with deaf and deafblind BSL Users from one of consultation and engagement to one of co-production. We are aiming to do this by establishing a joint BSL Plan Panel, involving members of the Deaf Community from across the NHS Highland area. The aim is to work together to progress the actions in the BSL plan and to hold NHS Highland and the Highland Council to account. We also intend to establish a Sensory Group who will work with us to identify barriers and issues within our services, to address these, to improve access and ultimately to improve health outcomes.

2.3 Assessment

Following an extended period of consultation and engagement, NHS Highland has produced a joint BSL plan for 2024-2030 alongside The Highland Council in line with the duty on listed authorities.

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 BSL Plan identifies key actions that will improve access to services for deaf and deafblind BSL Users. Should we fully deliver on these actions, we will improve outcomes for deaf and deafblind BSL users and mitigate the worst effects of health inequalities on this community.

3.2 Workforce

The BSL Plan seeks to improve access to employment for new and existing employees.

3.3 Financial

There are no financial implications to this work. The Scottish Government has not provided listed authorities with any additional funding, and so, it shall be completed within existing budgets.

3.4 Risk Assessment/Management

The implementation of the BSL Plan is a legal requirement under the BSL (Scotland) Act 2015. There is a significant risk of reputational damage should the plan not be adopted. Further risks to deaf and deafblind BSL Users include greater barriers to accessing healthcare, resulting in poorer health outcomes. Risks are managed through the risk register.

3.5 Data Protection

Neither this report, nor the BSL Plan contain any personally identifiable data.

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 BSL Plan details actions relevant to NHS Highland around the following themes:

- BSL Accessibility (including Communication & Engagement, eHealth and the Patient Booking Service)
- Children, Young People and their Families
- Access to Employment
- Health and Wellbeing
- Celebrating BSL Culture
- Access to Services

3.8 Communication, involvement, engagement and consultation

- Engagement Event – Representatives of the Deaf Community, BDA Scotland, NHS Highland, The Highland Council, UHI - 20th January 2024
- Engagement Event – Representatives of the Deaf Community, BDA Scotland, NHS Highland and The Highland Council – 13th July 2024

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.

- Equality, Diversity and Oversight Group, as 3rd September 2024

4   Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- Review and endorse the proposed BSL Plan.

4.1   List of appendices

The following appendices are included with this report:

- Appendix No 1, Draft BSL Plan 2024 – 2030

Appendix No. 1

British Sign Language (BSL) Local Plan

2024 - 2030

DRAFT

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Introduction

The Scottish Government wants Scotland to be the best place in the world for British Sign Language (BSL) users to live, learn, work and visit. They want BSL users[1] to be involved in daily and public life and to be able to make informed choices about every part of their lives.

The British Sign Language (Scotland) Act 2015 came into force in October 2015. It promotes the use of BSL in Scotland, primarily by requiring certain authorities to develop BSL plans that outline how they will promote and raise awareness of the language.

What is BSL?

British Sign Language (BSL) is a language used by many d/Deaf and hard of hearing people in Scotland, with growing numbers of deafblind people who are also reliant on BSL or Tactile BSL as their main form of communication due to sight loss. BSL is also used by hearing people such as BSL/English interpreters, children of Deaf adults, teachers of Deaf children, siblings and parent.

BSL is a vibrant and important language, with its own grammar, syntax and vocabulary and is not a direct translation of English. For many d/Deaf and deafblind people in Scotland, BSL is their first language.

What are BSL Plans?

BSL plans are documents that set out how listed authorities – authorities who have been listed under the British Sign Language (Scotland) Act 2015 - have a requirement to create a plan that will promote and support the use and raise awareness of British Sign Language (BSL) for the services they deliver.

Plans must be published every six years and will set out commitments and actions that aim to improve the accessibility and inclusion of BSL users in our services, activities and communication. Plans should be reflective of the local areas that they serve. The Scottish Government must also publish a National BSL plan, and local plans should take account of national commitments.

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[1] Throughout the plan, we refer to 'BSL users'. This covers all people whose first or preferred language is BSL, including those who receive the language in a tactile form due to sight loss and those who may be hearing, and use BSL to communicate with others. We also note that BSL users may be deaf and deafblind, as well as the fact that there are many deaf and deafblind people who do not use BSL. This plan will differentiate where appropriate whether an action is applicable to those who do not use BSL.

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The Scottish Government published its second BSL National Plan (2023-2029) in November 2023.

Our Highland Partnership

The Highland Council area covers around a third of the geographical area of Scotland. Highland Council and NHS Highland are the two largest public sector organisations in the region and serve a population of 235,351. Between the two organisations we are responsible for providing a wide range of services including housing, community health care, adult social care, children's social care, acute hospital care and education services to communities across this area.

According to the 2022 Census, 2.7% of the population (6,188 people) report that they are BSL users. 17.6% of users are under the age of 16, 43.7% are between the ages of 16-64 and 14.3% are over aged 65. There is a higher proportion of BSL users under the age of 16 compared with the under 16 population. Information from the census does not determine whether the BSL user is solely reliant on this has their means of communication. Further information from the Census notes that 93 people within Highland, indicated that their main language was sign language and not English. Not all of these people will be BSL users.

Local information suggests that there are 92 regular users of the Council and NHS's Communication Support Service – a joint service that provides BSL interpretation for anyone accessing our services or attending appointments.

NHS Highland and Highland Council have reviewed our existing BSL plans, reflected on the goals of the BSL National plan and jointly engaged with the Deaf community to hear feedback about what is important to them. We are committed to working together in partnership to promote and raise awareness of BSL and improve access for BSL users to our services. For 2024-2030, a joint plan has been developed which sets out the commitments and actions for both organisations.

Highlights of the 2018-2024 Plans

The following sets out a summary of a number of the key deliverables from the last BSL Local Plan. A number of the commitments are ongoing, and these are reflected in the current plan.

Summary of NHS Highland's 2018-2024 Plan

The 2018-2024 BSL Plan for Highland contained 34 actions. An appendix has been included in this report to comment of each of these individually. Presented here are a summary of achievements from the 2018-2024 Plan:

- Annual promotion of Deaf Awareness Week

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- Updated BSL Interpretation Guidelines, and Near Me BSL Interpretation Guidance available for staff

- Deaf Awareness e-learning was updated and is now mandatory for social care staff. Since this happened in 2019, 897 members of staff have completed the training. Numbers completing the e-learning have increased consistently in the years 2021/2022, 2022/2023 and 2023/2024.

- Deaf Awareness training delivered by See Hear Highland Education & Learning Services (SHHELS) to staff groups.

- Consistent use of Communication Support Services

Summary of Highland Council's 2018-2024 Plan

The following sets out a summary of a number of the key deliverables from the last BSL Local Plan. A number of the commitments are ongoing, and these are reflected in the current plan.

- Development of the British Sign Language Education Pack for delivery of BSL as part of the 1+2 language programme in schools. The 1+2 Languages Initiative in Scotland aims to ensure that every child has the opportunity to learn a modern language. The Highland Deaf Education Service developed a digital learning & teaching pack as part of the 1+2 languages initiative to encourage and support the learning and teaching of BSL as a mainstream language, without the need for a teacher to be a sign language user. This pack is freely available to all Highland staff, approximately 49 primary schools are currently signed up to use it, and a number of Highland secondary schools offer BSL taster courses using Highland's pack. Over 300 teachers in Highland have been trained to use the pack. All LAs in Scotland and Northern Ireland and 3 in England have now bought the pack, without any promotion.

- Programme of awareness raising on how to access BSL/English interpretation during the COIVD-19 pandemic.

- Offering SQA BSL qualifications as mainstream subject choice at SCQF levels 3-6. 6 Dingwall Academy pupils have gone on to study BSL at Higher Education level and qualify as BSL/English interpreters, one is currently in training with another due to start in September 2024.

- The Council continues to deliver a Communication Support Service to provide BSL/English interpretation for anyone who needs to access the Council's services or NHS Highland services using a BLS/English interpreter. The service is delivered using an in-house

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BSL/English interpreter, supplemented by the services of a small, local bank of freelance BSL/English interpreters when required, and a booking service operated by the Council's Service Centre team.

Although some BSL users still have a preference for a face-to-face BSL/English interpreter, as a result of adjustments made during the COVID-19 pandemic there continues to be an increase in the number of appointments that now take place online using Teams or NearMe. We also continue to encourage BSL users to use Contact Scotland BSL to contact the Council. Throughout Covid, we worked proactively, including in partnership with NHS Highland to provide information to local BSL users on COVID-19 vaccination and testing, including producing local BSL videoclips.

- A Deaf Awareness module developed by See Hear Highland Education & Learning Services (SHHELS) is now available on the Council's e-learning platform.
- The work of the Highland Deaf Education Service has been recognised nationally when in 2023 it was the only Scottish organisation shortlisted in the Signature Hall of Fame Awards in Manchester. These awards were a one-off celebration for people and organisations who have contributed most to developing communication with Deaf people over the last 40 years.

- In 2023 Highland's 1+2 BSL pack won NASEN (National Association of Special, Educational Needs) for Innovation in the Field of Inclusion.

- Creation of new accessibility pages on the Election pages in order to promote accessibility and involvement in elections for BSL users. This has included promotion of the Access to Elected Office Fund to encourage and support BSL users to stand for selection or election.

- Through the development of the Inverness Castle Experience, innovative technical solutions have been incorporated into the design and interpretation process to deliver a positive experience for BSL users.

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Engagement and Feedback

NHS Highland and Highland Council have taken several steps to developing the new BSL Local Plan for Highland. This has included:

Reviewing the new BSL National Plan – the new national plan has been reviewed to consider the national priorities against the current local priorities. The National and Local Plans were discussed to contrast and compare progress across Scotland by The Alliance, as part of See Hear Leads meeting. Feedback from the national BDA event has been considered as part of the development of this plan.

Revisit current plans and goals – both NHS Highland and Highland Council's current local plans have been reviewed internally within each organisation and along with partners, including University of the Highlands and Islands and the BDA. For NHS Highland this has also included liaison with Argyll and Bute Council and Argyll and Bute Integrated Joint Board.

Engagement with the Deaf Community
Two engagement events have been held with the BSL/Deaf Community, one in January and a further event in July. Both events were supported by the British Deaf Association and were held jointly. The first event focused on hearing from the Deaf community about current issues and challenges. The second provided a further opportunity to highlight some of the difficulties experienced in accessing services but also to share and receive feedback on the content of the draft BSL plan.

Key issues highlighted included:
- The need for greater awareness amongst staff of the need to book interpreters for enabling access to services/appointments and not relying on family members to interpret for BSL users.
- The importance or regular engagement with the Deaf community in order to better understand some of the challenges faced by individuals but also to support feedback from the community to shape services.
- The need to improve the online information available in BSL about Council and NHS services.
- Concerns about the lack of availability of training courses in BSL and the corresponding lack of interpreters.
- Questions about how to share concerns about services.
- The lack of awareness amongst some service providers that an individual has BSL communication needs.

These comments have informed the draft plan for 2024-2030.

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Summary of 2024-2030 Plan

The 2024-30 plan contains a range of actions and commitments which are grouped around 8 themes: BSL Accessibility, Children, Young people and their Families, Access to Employment, Health and Wellbeing, Celebrating BSL Culture, BSL Data, Access to Services (including Transport) and Democratic Participation.

A summary of the key actions and commitments is outlined below. A number of these are ongoing commitments brought forward from the 2018-2024 plan.

- **BSL Accessibility -** We will continue to promote and support the use of BSL and to provide and promote the Communication Support Service for BSL users. Alongside this we will work with partners to raise awareness of the need for fully funded BSL training courses. The plan includes new actions around capturing communication needs at first contact as well as improving BSL content and accessibility on our websites. Quarterly engagement sessions with the Highland BSL community will support and inform this work.

- **Children, Young People and their Families -** We will continue to signpost or provide BSL resources for families and staff to better meet the needs of children and young people and ensure access to Communication Support Services when required. We promote the use of the BSL 1+2 pack and provide training in the use of the pack in Highland. We will work to develop a second BSL 1+2 pack and continue to offer SQA National Awards in BSL in Dingwall Academy. Key public protection information will be provided in BSL and work undertaken to ensure Care Experienced children and young people have access to BSL support.

- **Access to Employment -** We will continue to raise awareness of the Access to Work scheme. We will create pathways to support BSL users transition to positive destinations and work with employees to create more opportunities for BSL users.

- **Health and Wellbeing** – We will continue to provide and promote BSL mental health services and scope the options to reduce loneliness and isolation for deaf BSL users. We will increase the reach of deaf awareness training for health staff and increase awareness of NHS Highland Deaf Services. We will learn about best practice from other NHS Boards and consider how best to apply this to Highland.

- **Celebrating BSL Culture** – We will continue to work with partners and the local d/Deaf community to share communications around Sign Language Awareness Week, and other campaigns relating to d/Deaf culture.

- **BSL Data** – We will work together to improve the quality of data collection and analysis in relation to local BSL users, d/Deaf and deafblind people as we seek to improve outcomes for BSL Users.

- **Access to Services -** We will support access to services by providing awareness training to Council bus and NHS transport providers where needed and promote the use of Contact Scotland BSL for community transport providers. We will review contact arrangements for BSL users in Council tenancies and work will be undertaken to review and improve website information and staff awareness for HLH leisure and library provision.

Action Plan

The Highland Action Plan is set out below. It covers 8 thematic areas and for each describes the ongoing commitments and actions for Highland Council and NHS Highland.

A number of the actions and commitments are shared and will be delivered either by both organisations independently or by working together, depending upon the action.

The 8 thematic areas are:

- BSL Accessibility
- Children, Young People and their Families
- Access to Employment
- Health and Wellbeing
- Celebrating BSL Culture
- BSL Data
- Access to Services
- Democratic Participation

This Plan does not include actions aligned with all of the national priorities, in particular relating to Access to Justice, as this priority area in the National Plan focuses on actions for Scottish Government and National agencies.

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Action Plan section 1

BSL Accessibility

The BSL National Plan says: *"For many BSL users, BSL is their first language. The Scottish Government recognises that for public services to be truly accessible for BSL users, there should be awareness around the culture of BSL, providing vital information in BSL, and enabling people to access services using their own language."*

By 2030 we will:

Ongoing Commitments:	*Owner:*
1.1 Continue to promote the use of Contact Scotland BSL and improve awareness of the service with BSL users and Council staff.	Joint
1.2 Continue to promote BSL 999, Emergency SMS, and NHS24 access via Contact Scotland BSL.	NHS Highland
1.3 Continue to provide and promote Communication Support Services for Deaf people to provide access to Highland Council and NHS services and information and seek feedback to support continuous improvement of the service.	Joint
1.4 Continue to increase staff awareness of their responsibility to use BSL interpreters, how to access them and why they're key to effective and equitable communication and access to services.	Joint
1.5 Work with Scottish Government and the BDA to raise awareness of the need for greater access to full funded training courses in BSL.	Joint

Actions:	
1.6 As part of the My Council Programme, consider how to capture communication needs at first contact and share (with permission) across Council services as needed to support improved access to services.	Highland Council

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1.7	Continue to seek improvements with current IT systems to highlight patients who need BSL interpreters.	NHS Highland
1.8	Scope digital solutions to improve accessibility and support health needs for BSL users.	NHS Highland
1.9	Work with NHS Highland Patient Booking Service to ensure advanced booking of BSL interpreters for appointments.	NHS Highland
1.10	Between 2024 and 2026, work with BSL users to review and improve BSL content and accessibility on the Council's and NHS Highland's website. This will include key information about Highland Deaf Services and the Communication Support Service. All content in BSL will be in the same place on both websites. This will be reviewed annually thereafter.	Joint
1.11	Ensure all frontline customer service facing staff have undertaken Deaf awareness training.	Highland Council
1.12	Review the current Service Level Agreement for the BSL Communication Support Service with NHS Highland, to ensure the most effective and supportive service provision, involving BSL users.	Joint
1.13	Establish quarterly engagement sessions with the Highland BSL community to share progress and inform actions related to the BSL Plan.	Joint

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Action Plan section 2

Children, Young People and their Families

The BSL National Plan says: *"Getting it right for every child (GIRFEC) is our commitment to provide all children, young people and their families with the right support at the right time. This is so that every child and young person in Scotland can reach their full potential.*

By 2030 we will:

Ongoing Commitments:	**Owner:**
2.1 Signpost and/or provide resources (including BSL specific) for families and staff as needed in order to meet the needs of individual children and young people who use BSL.	Highland Council
2.2 Through the Highland Deaf Education Service, provide support to families with a deaf or deafblind child particularly at educational transitions.	Highland Council
2.3 Promote BSL Education 1+2 pack to Highland schools and beyond across Scotland and the UK.	Highland Council
2.4 Continue to offer SQA National Awards in BSL at SCQF levels 3-6 in Dingwall Academy and contribute to any future BSL initiatives from SQA	Highland Council
2.5 Continue to contribute to CRIDE (Consortium for Research into Deaf Education) and highlight the recognised examples of good practice in Highland.	Highland Council
2.6 Ensure access to communication support services for pupils in order to access formal meetings in schools if the pupils wish to attend e.g. Child's Plan.	Highland Council
2.7 Continue to promote and raise awareness of the importance of BSL through the work of Highland Deaf Education Service.	Highland Council

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Actions:		Owner:
2.8	Provide deaf/BSL Awareness to all staff in educational settings (PVI and school-based).	Highland Council
2.9	Highland Deaf Education Service will provide training to support the use of Highland's 1+2 BSL pack.	Highland Council
2.10	Work on the development of a second Highland BSL pack to consolidate and develop the award-winning Highland 1+2 BSL pack.	Highland Council
2.11	Through Highland Deaf Education Service, provide deaf/BSL awareness training to staff in educational settings (early years, PVI and school-based) who work with BSL users and families as required.	Highland Council
2.12	Provide an annual reminder to all schools and Deaf parents/carers or parents of Deaf children of how to contact the Communication Support Services to enable deaf parents/carers to attend parents'/information evenings.	Highland Council
2.13	Seek d/Deaf BSL user role models within our organisation, and partner organisations, to allow Deaf children, young people, and their families the opportunity to learn about BSL identity and culture.	NHS Highland
2.14	Provide key public protection information, e.g. child protection, messages in BSL.	Highland Council
2.15	As part of the Council's commitment to The Promise, consider the specific actions required to ensure that Care Experienced children and young people have access to BSL support.	Highland Council
2.16	Consider how the Scottish Government action to 'Work with representative groups across Midwifery, Health Visiting, Family Nurse Partnership, Allied Health Professionals and Audiology to support understanding of the importance of BSL provision on child and family wellbeing' could best be approached for NHS Highland	NHS Highland

Action Plan section 3

Access to Employment

The BSL National Plan says: *"No One Left Behind is our all-age approach to employability support in Scotland. Support is available to all who need it, though it is aimed at supporting those further from the labour market."*

By 2030 we will:

Ongoing Commitments:	**Owner:**
3.1 Continue to raise awareness of the UK Government's Access to Work Scheme with managers, staff who use BSL and potential employees who are BSL users by making this information available on the Council's and NHS website and staff information pages.	Joint

Actions:	**Owner:**
3.2 Creating appropriate pathways to support BSL users transition to positive and sustainable destinations post school – learning, training or employment.	Highland Council
3.3 Raise awareness with employers to become Disability Confident, creating more opportunities for BSL users.	Highland Council
3.4 As part of the development of Highland's Good Employer Charter, explore the opportunities to including Deaf/BSL awareness as part of the commitment to Fair Work.	Highland Council
3.5 Scope options to improve accessibility within the recruitment process.	Joint

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Action Plan section 4

Health and Wellbeing

The BSL National Plan says: "_Under the law, patients who are BSL users are entitles to the same health and social care access as their hearing peers, in their first or preferred language._"

The lead agency model means that NHS Highland is commissioned to deliver adult services in Highland.

By 2030 we will:

Ongoing Commitments:		**Owner:**
4.1	Continue to provide BSL Mental Health Service, via NHS Lothian.	NHS Highland
4.2	Promote Breathing Space for mental health support, available via Contact Scotland BSL.	NHS Highland
4.3	Continue to offer BSL classes for staff, at different levels of proficiency.	NHS Highland

Actions:		**Owner**
4.4	Increase reach of Deaf Awareness training, delivered by See Hear Highland Education & Learning Services (SHHELS), for staff.	NHS Highland
4.5	Building on the decision to categorise the e-learning Deaf Awareness as mandatory for social care staff, endeavour to categorise Deaf Awareness e-learning as mandatory for health care staff too.	NHS Highland
4.6	Increase staff awareness of NHS Highland Deaf Services.	NHS Highland
4.7	Review available NHS Highland training with people who are deaf to highlight any potential improvements.	NHS Highland
4.8	Scope options to reduce loneliness and isolation for deaf BSL users.	NHS Highland
4.9	Scope possible digital solutions to improve accessibility and support health needs for BSL users	NHS Highland
4.10	Learn about good practice from other NHS boards, via the NHS Scotland Equality and Diversity Lead Network, and consider how similar approaches could be applied in Highland.	NHS Highland
4.11	Scope options to better connect with deaf BSL users across Highland.	NHS Highland

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Action Plan section 5

Celebrating BSL Culture

The BSL National Plan says: "*Culture can improve the life chances of all people at every stage in their life. In Scotland, culture can be an important element to help reduce poverty and mitigate its impacts.***"**

By 2030 we will:

Ongoing Commitments:	**Owner:**
5.1 Continue to share communications about Sign Language Awareness week.	Joint

Actions:	**Owner:**
5.2 Work with the British Deaf Association Scotland to share campaigns and messaging relating to Deaf culture.	Joint

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Action Plan section 6

BSL Data

The BSL National Plan says: "*We recognise the need to build an evidence base and gather data on BSL in Scotland, which will help inform our work in delivering this BSL National Plan and inform local plans.*"

We recognise that there has been extensive work within academia and the third sector to build up evidence and data around BSL users, d/Deaf and deafblind people, which is essential for informing public policy and shaping services to meet people's needs.

By 2030 we will:

Ongoing Commitments:		**Owner:**
6.1	Review any data related recommendations from Scottish Government as we seek to improve outcomes for BSL users.	Joint

Actions:		**Owner:**
6.2	We will work together to improve the quality of data collection and analysis in relation to local BSL users, d/Deaf and deafblind people to support improving outcomes for BSL Users.	Joint

The BSL National Plan says: *"Transport Scotland's Accessible Travel Framework for Scotland focuses on supporting disabled people's rights by removing barriers and improving access to travel."*

The Council and NHS Highland also recognises that there are key commitments and actions related to the provision of housing, culture and leisure services, based on the feedback from BSL users.

By 2030 we will:

Ongoing Commitments – Transport:		**Owner:**
7.1	Promote the use of the HITRANS Thistle Assistance Card to BSL Users. This card lets drivers know that support is needed by users of public transport. The aim is to improve communication between bus drivers and passengers.	Highland Council
Actions - Transport		**Owner:**
7.2	Provide Deaf/BSL awareness training to Council bus service providers and to any school transport providers who have BSL users on their routes.	Highland Council
7.3	Promote Deaf Awareness, including BSL content, training to private transport providers contracted by NHS Highland.	NHS Highland
7.4	Promote the use of Contact Scotland BSL for community transport providers to support booking of services for BSL users.	Highland Council
7.5	Promote Deaf Awareness, including BSL content, training to NHS transport services.	NHS Highland
Ongoing Commitments – Housing		**Owner:**
7.6	Continue to provide access to housing support services for BSL users as and when appropriate, in order to support and sustain social tenancies.	
Actions - Housing		**Owner:**
7.6	Review contact arrangements for BSL users in Council tenancies to improve access and support.	Highland Council
Actions – Access to Leisure Services		**Owner:**
7.8	Provide Deaf/BSL awareness training to High Life Highland staff who work in leisure, libraries, museums to support improved access to services.	Highland Council
7.9	Work with BSL users to review and improve BSL content and accessibility on High Life Highland's website.	Highland Council

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The National BSL Plan says: "*The Christie Commission principles – a focus on people, performance, partnership and the prevention of harm – continue to shape the Public Service Reform agenda in Scotland. At the heart of this is the recognition that no single actor can achieve transformational change alone, and that people should be involved in and able to influence the decisions affecting them.***"**

By 2030 we will:

Ongoing Commitments:	**Owner:**
8.1 Continue to review the format of information about elections and election process with a specific focus on accessibility.	Highland Council
8.2 Continue to promote the election specific accessibility page on the Council's website, which includes key information in BSL on how to vote and participate in elections.	Highland Council

Actions:	**Owner:**
8.3 Promote the use of Contact Scotland BSL in polling stations to support BSL users access the election process.	Highland Council
8.4 Raise awareness of Contact Scotland BSL with elected Members to support engagement with BSL user constituents.	Highland Council
8.5 Along with BSL users, develop a BSL user friendly complaints process, to support BSL users to raise concerns and complaints about Council services.	Highland Council
8.6 Through quarterly engagement sessions with the Highland Deaf Club, support wider engagement on key Council, NHS and partnership service developments.	Joint

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NHS Highland

Meeting:		**Board Meeting**
Meeting date:		**24 September 2024**
Title:		**Highland Charter for Climate, Nature and Health**
Responsible Executive/Non-Executive:		**Richard MacDonald, Director of Estates, Facilities & Capital Planning**
Report Author:		**Richard MacDonald, Director of Estates, Facilities & Capital Planning**

1   Purpose

This is presented to the Board for:

- Endorsement and further action

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective

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

2 Report summary

2.1 Situation

This report is to inform the Board about the Highland Charter for Climate, Nature and Health; and to gain endorsement for NHS Highland to become a formal signatory of this Charter.

2.2 Background

The Highland Charter for Climate, Nature & Health is a partnership between the Highland Green Health partnership (led by NHS Highland), The Highlands & Islands Climate Hub, Highland Adapts and the Highland Environment Forum. It is an invitation to pledge to put climate, nature, and the benefits of green and blue health at the centre of decision-making and action, in order to protect the natural environment and ensure people have improved health, wellbeing, and resilience. A signatory to the charter would commit to take at least one action that is positive for climate, nature and health. The intention is that this inspires, creates action and encourages accountability. Both individuals and organisations can sign. In this way, the Charter can be used as a tool both to raise awareness and ultimately to support policy and decision making. It will also raise the profile and importance of this area of work.

Launched in Green Health Week, May 2024, the Charter has increasing numbers of organisations and individuals signing up to it. These include High Life Highland, Cairngorms National Park Authority, and a specific departmental pledge from NHS Highland Renal Department

2.3 Assessment

It will be a powerful statement for NHS Highland as an organisation to sign up to the Charter. This demonstrates awareness and commitment to our own staff and patients, as well as to the wider public. The opportunity to make an organisational pledge, in line with existing objectives, reinforces that commitment. It is suggested that the pledge from NHS Highland would be to fulfil and report on our obligations as set out in the NHS Scotland climate emergency and sustainability strategy. We would call on the involvement and participation of all staff, and utilise existing structures to support actions through the Energy, Environment and Sustainability Team.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on level of assurance: While the level of assurance offered today is Moderate, we anticipate that this assurance will move to Substantial when the Charter is signed and our action plan developed and under implementation.

3 Impact Analysis

3.1 Quality/ Patient Care

Improved sustainability and environmentally sensitive practices also support quality; and supporting patients to opportunities for health and wellbeing within nature enhances patient care and improves patient outcomes.

3.2 Workforce

A workforce motivated through positive action enjoys enhanced health and wellbeing as well as increased motivation, sense of purpose and care across their work

There are numerous examples of staff across different roles expressing concern around the impact on the environment of some healthcare practices, and building energy towards changing those practices. Signing the Charter as an organisation will provide opportunities to nurture that energy and work in partnership with staff to achieve mutual goals.

3.3 Financial

No additional spend is required for the Board as a whole beyond what is necessary to fulfil NHS Highland's existing commitments within the NHS Scotland climate emergency and sustainability strategy.

3.4 Risk Assessment/Management

All actions undertaken fulfil NHS Highland's existing commitments within the NHS Scotland climate emergency and sustainability strategy are fully risk assessed.

3.5 Data Protection
N/A

3.6   Equality and Diversity, including health inequalities

We know that pressures on the natural environment, from climate change, resource depletion and biodiversity loss are a threat to all human health, as they damage the systems that protect our wellbeing. The changing climate adversely impacts some people in our society more than others: it exacerbates health inequalities. By promoting action at individual and organisational level we can help to reduce inequalities and create a Highland that is in good health for climate, nature and people. Reducing inequalities in access to green and blue health opportunities, and increasing motivation, also prevents future illness and service burden.

3.7   Other impacts

Positive impact on health & wellbeing. Significantly positive reputational impact

3.8   Communication, involvement, engagement and consultation

Significant opportunities for positive communication, both internal and external. This can engage staff across the organisation in designing and developing specific actions, and include the voices and experiences of patients and the wider community.

3.9   Route to the Meeting

NHS Highland – Environment & Sustainability Board

4   Recommendation

- **Action –** The Board is asked to endorse the signing by NHS Highland of the Highland Charter for Climate Nature and Health, along with the expressed pledge to fulfil and report on our obligations as set out in the NHS Scotland climate emergency and sustainability strategy.

4.1   List of appendices

Appendix 1 – Associated presentation

Highland Charter for Climate, Nature and Health

Proposal to Finance Resource and Performance Committee

Richard MacDonald, Director of Estates, Facilities, and Capital Planning

ABOUT THE CHARTER

The Charter is a pledge to put climate, nature, and the benefits of green and blue health at the centre of decision-making and action, so that the natural environment and people have improved health, wellbeing, and resilience. It builds upon the previous Climate Charter by bringing together three elements that are essential for the wellbeing of the planet and people.

HOW TO SIGN

When you sign the charter, you commit to take at least one action that is positive for *climate*, *nature* and *health*, and will report back to us each year on how you are meeting that commitment.

We acknowledge that nature contributes to our wellbeing and quality of life and that it shapes our cultural heritage and landscapes. Pressures on the natural environment, from climate change and biodiversity loss are a threat to our health, as they damage the systems that protect our wellbeing.

By signing this charter we demonstrate from this moment on our *commitment* to Highland becoming a region where:

- Businesses, public bodies & third sector organisations are fully engaged in making a just transition towards net zero and supporting a climate ready Scotland.

- Our responsibility to care for the natural environment is recognised and acted on, so that our habitats, ecosystems and species are diverse, thriving, resilient and adapting to climate change

- The natural environment is valued as essential for people's health and wellbeing. Individuals and communities are able to connect with and enjoy nature wherever they live.

We pledge to take at least one action that will keep Highland in good health for climate, nature and people, and to report back each year on how we are meeting that commitment.

Signing the Highland Charter

- NHS Highland scale of reach, influence and support for regional health

- NHS Scotland climate emergency and sustainability strategy

- NHS Highland is a leading partner in the Highland Green Health Partnership

- Reinforces broad range of initiatives around sustainability and preventative health

- Increased staff motivation and value

What signing the Charter means for NHS Highland

- Commitments are already in place through existing obligations around the sustainability agenda – NHSH is committed to produce its own climate emergency and sustainability strategy by 31st March 2025 … this is our pledge!
- No additional financial commitment
- Governed through existing processes
- Significant positive reputation and communications opportunities

# NHS Highland	**NHS** **Highland** na Gàidhealtachd

Meeting:	NHS Highland Board
Meeting date:	**24 September 2024**
Title:	**Changes to Governance Committees Terms of Reference**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Ruth Daly, Board Secretary**

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2   Report summary

2.1   Situation

This report asks the Board to agree revisions to Governance Committee Terms of Reference which have arisen since the annual review of the Code of Corporate Governance in March and which were approved by the Audit Committee on 10 September 2024.

2.2 Background

The Board agreed revisions to the Code of Corporate Governance in March 2024. The full suite of control documents includes Board Governance Committee Terms of Reference, changes to which require Audit Committee approval prior to seeking Board agreement on 24 September 2024.

2.3 Assessment

Since the annual update in March 2024 further revisions to Terms of Reference have been proposed by Committees. The changes below are shown highlighted in the appendices to this report.

Finance, Resources and Performance Committee

The proposed change is to reroute assurance from the Resilience Committee to the Finance, Resources and Performance Committee rather than through the Audit Committee. Business continuity reporting was previously included in the FRP ToR, however this forms only one single element of resilience work. It is now proposed that progress on all resilience workstreams will be captured in twice yearly updates to FRP Committee.

Audit Committee

The change to Terms of Reference for the Audit Committee involves removal of the reporting line of the Resilience Committee. The Committee's interest in resilience matters stemmed originally from oversight of an internal audit report and assurance of all resilience matters will now be overseen by FRP Committee.

Staff Governance Committee

A typographical error is also to be corrected in the Staff Governance Committee Terms of Reference to clarify the reference to the People and Culture *Portfolio* Board.

The Audit Committee considered all the above the proposed changes on 10 September 2024 and approved them for the Board's agreement.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe,

effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements I s key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4   Risk Assessment/Management

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

3.5   Data Protection

This report does not involve personally identifiable information.

3.6   Equality and Diversity, including health inequalities

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

3.7   Other impacts

No other impacts

3.8   Communication, involvement, engagement and consultation

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

3.9   Route to the Meeting

The contents of this report have been considered by individual governance committees during the September 2024 cycle of meetings.

4   Recommendation

The Board is invited to **take assurance** from this report and **approve** the changes to ToRs for Finance, Resources and Performance, Audit, and Staff Governance Committees for inclusion in the Code of Corporate Governance.

4.1   List of appendices

The following appendices are included with this report:

The following appendices are included with this report:
- Appendix 1 draft proposed ToR Finance, Resources and Performance
- Appendix 2 draft proposed ToR Audit Committee
- Appendix 3 draft proposed ToR Staff Governance Committee

Sections added	*Sections Deleted*
Sections moved	

NHS Highland

FINANCE, RESOURCES AND PERFORMANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

FRP Committee approval – 6 September 2024
Audit Committee consideration – 10 September 2024
Board meeting date for final agreement – 24 September 2024

1.   PURPOSE

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

2.   ROLE

- To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:
- resource allocation and utilisation
- performance management
- strategic and operational planning
- all digital functions
- environmental sustainability workstreams

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

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

3.   COMPOSITION

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

- Five Non-Executive members (one of whom will be the Chair).
- Chief Executive
- Deputy Chief Executive

OFFICIAL

- Director of Finance
- Medical Director
- Director of Public Health
- Director of Nursing
- Director of Estates, Facilities and Capital Planning

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

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

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

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

4. QUORUM

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

5. MEETINGS

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

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

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

6. REMIT

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

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

Arrangements for Securing Value for Money

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

Allocation and Use of Resources

6.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board;
- reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;

- monitoring the use of all resources available to the Board; and
- reviewing all matters relating to Best Value.

6.4   Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

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

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

Performance

6.7   To support the development of a performance management and accountability culture across NHS Highland.

6.8   Receive annual reports and regular updates from the Sub-committees established by the Committee in order to provide assurance and accountability.

6.9   To monitor and review risks falling within its remit.

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

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

General

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

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

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

7. AUTHORITY

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

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

8. REPORTING ARRANGEMENTS

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

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

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

- Asset Management Group
- Digital Health and Care Group
- NHS Highland Environmental & Sustainability Board
- Efficiency and Transformation Group
- Resilience Committee twice per year

Sections added	Sections Deleted
Sections moved	

NHS Highland

AUDIT COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Audit Committee consideration – 10 September 2024
Board meeting date for final agreement – 24 September 2024

1.   PURPOSE AND ROLE

1.1   To ensure the management of the Board's activities is in accordance with the regulations governing the NHS in Scotland that an effective system of internal control is maintained and that a strong corporate governance culture is in operation. The duties of the Audit Committee shall be in accordance with the Scottish Government Audit & Assurance Handbook, dated March 2018.

1.2   To approve and monitor the delivery of the internal and external audit plans.

1.3   To ensure a system of internal control is in existence and maintained to give reasonable assurance that assets are safeguarded; waste or inefficiency is avoided; risk management is in place; reliable financial information is produced.

1.3   To ensure a system of control is in existence and maintained to give assurance on risks related to information governance, security and privacy.

1.5   To support the Board and Accountable Officer in their responsibilities through a process of constructive challenge which focuses on both processes and outcomes.

2.   COMPOSITION

2.1   The membership of the Audit Committee will be:

- Five Non-Executive members of NHS Highland Board (one of whom will be the Chair).

2.2   The Committee may have the option to co-opt members to meet specific skill sets.

2.3   The Chair of NHS Highland Board cannot be a member of the Committee.

2.4 In order to avoid any potential conflict of interest, the Chair of the Audit Committee shall not be the Chair of any other governance Committee of the Board.

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

- Chief Executive
- Director of Finance
- Chief Internal Auditor or representative
- Assistant Director of Finance – Financial Services
- Statutory External Auditor
- Board Secretary

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

3. QUORUM

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

4. MEETINGS

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

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

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

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

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

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

5. REMIT

5.1 The main objective of the Audit Committee is to support the Accountable Officer and NHS Highland Board in meeting their assurance needs. This includes advising the Board and Accountable Officer on:

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

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information required from any employee and all employees are directed to co-operate with any requests made by the Committee. Independent external advice can be accessed in respect of matters within the Committee's Remit.

6.2 The Committee will report to the Board through the issue of Minutes, by highlighting any key issues to the Board and through the Annual Report which will summarise its conclusions from the work it has done during the year.

6.3 The Chair is responsible for ensuring there is clarity of communication and accountability with the other Governance Committee Chairs.

6.4 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Blueprint for Good Governance values. This will be reported to the Board and Accountable Officer and inform the Committee Annual Report to the Board.

6.5 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board in June each year.

6.6 The Committee will work closely with the Audit Committee of the Argyll & Bute Integration Joint Board, but it is important to recognise the boundaries between the two Committees and the need to avoid duplication. It will therefore be important to ensure the internal audit plans for the two Committees complement each other rather than duplicate effort. The Committee will seek regular updates from the IJB's Audit committee in order to be aware of issues that require its attention and also to guard against duplication.

7. REPORTING ARRANGEMENTS

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

7.2 The Audit Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required by the Scottish Public Finance Manual

7.3 The Audit Committee will receive Minutes of meetings of the Information Assurance Group ~~and the Resilience Committee~~ together with a short update report according to the meetings schedule for these groups.

Sections added	*Sections Deleted*

NHS Highland

STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE
- **Staff Governance Committee approval – 3 September 2024**
- **Audit Committee consideration – 10 September 2024**
- **Board meeting for final agreement – 24 September 2024**

1.   PURPOSE

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

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

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

2.   COMPOSITION

2.1   The membership of the Staff Governance Committee will be:

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

2.2   Ex Officio

Board Chair

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

- Director of People and Culture
- Deputy Chief Executive
- Nurse Director

- Medical Director
- Director of Public Health
- Chief Officer, Acute
- Chief Officer, Argyll and Bute IJB
- Chief Officer, Highland HSCP
- Director of Estates, Facilities and Capital Planning
- Director of Finance
- Director of Adult Social Care
- Deputy Director of People
- Staffside Co-Chair of Health & Safety sub committee

2.4 The Director of People and Culture will act as Lead Officer to the Committee.

3. QUORUM

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

4. MEETINGS

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

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

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

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

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

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

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

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

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

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

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

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

- Provide assurance and oversight to the board for the operation of the Area Partnership Forum, the Health & Safety Committee and the groups reporting to the People and Culture Portfolio Board (namely: Culture Oversight Group; Health and Wellbeing Group; Diversity and Inclusion Group and Health and Care Staffing Act programme Board) and escalate any matters as required.

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

- Provide oversight for the delivery of Medical Education within the Board, including provision of an annual report to the Committee.

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

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

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

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

6. AUTHORITY

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

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

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

7. REPORTING ARRANGEMENTS

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

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

7.3 The Health and Safety Committee will report to the Committee to ensure that the appropriate processes and resources are in place to facilitate the achievement of Health and Safety Policy Aims and Strategic Objectives and for assurance of and escalation for matters relating to Health & Safety. This will include receiving an annual report on progress with the Health and Safety agenda.

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

NHS Highland	

Meeting:	**NHS Highland Board**
Meeting date:	**24 September 2024**
Title:	**Board and Committee meetings dates 2025-26**
Responsible Executive/Non-Executive:	**Sarah Compton Bishop, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The purpose of this report is to recommend approval of a timetable of Board and Committee meetings for 2025-26.

2.2 Background

Boards are expected to create a coordinated timetable for Board meetings, seminars, and Committee meetings. This programme should ensure a coordinated approach to permit the appropriate level of scrutiny can be delivered, and decisions taken in a logical sequence.

2.3 Assessment

The Board has previously agreed a timetable of Board and Committee meetings based on calendar years. It is proposed that this format should change to cover a financial year to enable better oversight of full-year performance reporting. Therefore, Appendix 1 to

this report shows in red the January 20 March dates within the 2024-25 financial year, as well as dates proposed for financial years 2025-26 and 2026-27.

The proposed dates for 2025-26 have been agreed with Governance Committees throughout the September 2024 cycle of meeting apart from those for the Remuneration Committee given its next meeting takes place in November 2024. Agreement from the Chair, members and Lead Executive have nonetheless been received for the proposed Remuneration Committee meeting dates for 2025-26.

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

N/A

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 proposals in the recommendation have been discussed and agreed with Governance Committees.

3.9 Route to the Meeting

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

4 Recommendation

The Board is asked to:

(a) take substantial assurance from the report,

(b) **agree** the timetable of Board and Committee meetings for the remainder of 2024-25, 2025-26 and 2026-27.

4.1 List of appendices

The following appendix is included with this report:

- Appendix 1 Proposed Board and Committee meetings dates 2025-26 and 2026-27.

NHS Highland Board and Committee dates
2024-25, 2025-26 and 2026-27

Red text indicates meetings falling within the 2024-25 financial year.

NHS HIGHLAND BOARD – Tuesdays at 9.30am

Meeting dates 2025-26	Meetings dates 2026-27
28 January 2025	
25 March 2025	
27 May 2025	26 May 2026
24 June 2025 (annual accounts)	23 June 2026 (annual accounts)
29 July 2025	28 July 2026
30 September 2025	29 September 2026
25 November 2025	24 November 2026
27th January 2026	26 January 2027
31 March 2026	30 March 2027

NHS HIGHLAND BOARD DEVELOPMENT/BRIEFING SESSIONS - Tuesdays at 1pm

Meeting dates 2025-26	Meetings dates 2026-27
21 January 2025	
25 February 2025	
18 March 2025	
29th April 2025	28 April 2026
20 May 2025	19 May 2026
22 July 2025	21 July 2026
26 August 2025	25 August 2026
23 September 2025	22 September 2026
28 October 2025	27 October 2026
18 November 2025	17 November 2026
20 January 2026	19 January 2027
24 February 2026	23 February 2027
24 March 2026	23 March 2027

AUDIT COMMITTEE – Tuesdays at 9.00am

Meeting dates 2025-26	Meetings dates 2026-27
11 March 2025	
13 May 2025	12 May 2026
24 June 2025 (annual accounts)	23 June 2026 (annual accounts)
9 September 2025	8 September 2026
9 December 2025	8 December 2026
10 March 2026	9 March 2027

CLINICAL GOVERNANCE COMMITTEE Thursdays at 9.00am

Meeting dates 2025-26	Meetings dates 2026-27
9 January 2025	
6 March 2025	
1 May 2025	7 May 2026
3 July 2025	2 July 2026
4 September 2025	3 September 2026
6 November 2025	5 November 2026
8 January 2026	7 January 2027
5 March 2026	4 March 2027

STAFF GOVERNANCE COMMITTEE – Tuesdays at 10 am

Meeting dates 2025-26	Meetings dates 2026-27
14 January 2025	
4 March 2025	
6 May 2025	5 May 2026
1 July 2025	7 July 2026
2 September 2025	1 September 2026
4 November 2025	3 November 2026
13 January 2026	12 January 2027
3 March 2026	2 March 2027

FINANCE, RESOURCES AND PERFORMANCE COMMITTEE – Fridays at 9.30am

Meeting dates 2025-26	Meetings dates 2026-27
10 January 2025	
7 February 2025	
14 March 2025	
4 April 2025	10 April 2026
9 May 2025	8 May 2026
6 June 2025	5 June 2026
11 July 2025	10 July 2026
1 August 2025	7 August 2026
12 September 2025	11 September 2026
3 October 2025	2 October 2026
14 November 2025	13 November 2026
5 December 2025	4 December 2026
9 January 2026	8 January 2027
6 February 2026	5 February 2027
13 March 2026	12 March 2027

REMUNERATION COMMITTEE - Mondays at 10.15am

Meeting dates 2025-26	Meetings dates 2026-27
24 February 2025	
26 May 2025	25 May 2026
14 July 2025	13 July 2026
29 September 2025 (optional)	28 September (optional)
24 November 2025	23 November 2026
23 February 2026	22 February 2027

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Wednesdays at 1pm

Meeting dates 2025-26	Meetings dates 2026-27
15 January 2025	
5 March 2025	
7 May 2025	6 May 2026
2 July 2025	1 July 2026
3 September 2025	2 September 2026
5 November 2025	4 November 2026
14 January 2026	13 January 2027
4 March 2026	3 March 2027

AREA CLINICAL FORUM – Thursdays at 1.30pm

Meeting dates 2025-26	Meetings dates 2026-27
9 January 2025	
13 March 2025	
1 May 2025	7 May 2026
3 July 2025	2 July 2026
4 September 2025	3 September 2026
6 November 2025	5 November 2026
8 January 2026	7 January 2027
5 March 2026	11 March 2027

AREA PARTNERSHIP FORUM – Fridays

Meeting dates 2025-26	Meetings dates 2026-27
14 February 2025	
4 April 2025 – 1pm	27 March 2026
13 June 2025	12 June 2026
15 August 2025	14 August 2026
10 October 2025	9 October 2026
12 December 2025	11 December 2026
13 February 2026	12 February 2027

ENDOWMENT COMMITTEE – Mondays, usually at 9am unless otherwise stated

Meeting dates 2025-26	Meetings dates 2026-27
*24 February **2025 2pm***	
28 April 2025	27 April 2026
2 June 2025 (annual accounts)	1 June 2026 (annual accounts?)
1 September 2025	31 August 2026
27 October 2025	26 October 2026
2 March 2026	1 March 2027

ENDOWMENT TRUSTEES Tuesdays at 11.30am (prior to NHS Board development sessions)

Meeting dates 2025-26	Meetings dates 2026-27
18 March 2025	
20 May 2025	19 May 2026
24 June 2025 (annual accounts)	23 June 2026 (annual accounts)
23 September 2025	22 September 2026
18 November 2025	17 November 2026
24 March 2026	23 March 2027

For information

Argyll and Bute IJB dates for 2025/26 are as follows: <mark>TBC</mark>

	2025/26 (incl. Jan-Mar 2025)											
Committee	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
IJB Public meeting												
IJB Development Session												
IJB Pre-agenda												
Finance and Policy												
Audit and Risk												
Clinical and care Governance Committee												
Strategic Planning Group												

Argyll and Bute IJB dates for 2026/27 are as follows: <mark>TBC</mark>

Committee	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
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IJB Pre-agenda												
Finance and Policy												
Audit and Risk												
Clinical and care Governance Committee												
Strategic Planning Group												

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS** **Highland** na Gàidhealtachd
MINUTE of MEETING of the **NHS Board Audit Committee** Microsoft Teams	**10 September 2024 9.00 am**	

Present: Gaener Rodger, NHSH Board Non-Executive (Chair)
Susan Ringwood, NHSH Non-Executive (Vice Chair)
Alexander Anderson, NHSH Board Non-Executive
Emily Austin, Non-Executive
Garret Corner, NHSH Non-Executive

In Attendance: Gareth Adkins, Director of People and Culture (item 2.1)
Louise Bussell, Nurse Director
Heledd Cooper, Director of Finance
Pam Cremin, Chief Officer, North Highland
Ruth Daly, Board Secretary
David Eardley, Azets, Internal Audit
Gillian Grant, Interim Head of Commissioning, ASWSCD (item 3)
Stephanie Hume, Azets, Internal Auditors
Kay Jenks, Audit Scotland, External Audit
Sarah MacAuley, Technical Accountant
David Park, Deputy Chief Executive
Liz Porter, Assistant Director Financial Services
Iain Ross, Head of eHealth (items 2.5 and 4)
Stephen Chase, Committee Administrator

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

Alasdair Christie. David Park attended in place of Fiona Davies, Kay Jenks attended in place of Claire Gardiner.

1.2 DECLARATION OF INTERESTS

There were none.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 28 JUNE 2024

The minute of the meeting held on 28 June 2024 was approved as an accurate record.

The Committee
• The minute of the meeting held on 28 June 2024 was approved as an accurate record. • **Noted** the rolling actions and workplan.

1.4. MATTERS ARISING

There were no matters arising.

INDIVIDUAL INTERNAL AUDIT REPORTS

2.1 Internal Audit Progress Report

S Hume spoke to the report and noted that since the last committee field work towards the Attendance Management audit and the Complaints Feedback process audit was complete, and the larger programme of work was on track to provide the Internal Audits opinion for 2 June 2025. The Devolved Procurement audit had been due to be presented at the September meeting but would now be presented at the December meeting having encountered a slight delay.

- Regarding the Children's Services audit, it was noted that there was some final work to be undertaken between NHSH and Highland Council to agree the scope and that as long as there was agreement in place to start the audit at the end of September the audit could be expected to run to the approved timescales.
- The Chair noted that the December meeting would have a full agenda with four audits expected for review.
- The Director of Finance noted that conversations had been had regarding the audit of Children's Services between the Chief Executives of Highland Council and NHSH to determine the scope of the audit which would have to be mindful of the proposed incoming National Care Service.

In discussion, confidence around having the three planned audits and the Devolved Procurement Process audit ready for the December meeting was confirmed, with fieldwork on track for completion or analysis and management responses in progress.

- The Director of People commented that his team had been working closely with Internal Auditors to ensure the Attendance Management audit would be complete in good time.
- It was noted that work was ongoing to address work to ensure that a framework for policies and procedures across the organisation was appropriately sited. The Director of Finance commented that each governance area was examining its own policies in order to help prioritisation of work to implement recommended policy and process changes.
- S Hume commented that work to align themes of financial and performance data was underway in order to better link activity arising from audits to specific costs to the organisation but this is dependent on data availability and alignment of information and the benefit it provides.

> The Committee **noted** the report and the changes to the Internal Audit work plan.

2.2 Patient Transport

D Eardley spoke to the report and noted that beyond the financial risks of this area of the service there were areas of reputational risk in terms of perceived unnecessary spend in the eye of the public. A recurring theme was highlighted, that Argyle and Bute's processes seemed to be more developed when compared to North Highland and there was some learning around good practice to be had here.

In discussion,
- It was noted that one of the actions had not been assigned management leads. It was noted that this was due to the need to meet the deadline for papers and that a lead was due to be identified following a conversation to be had between the Director of Finance and the Director of Acute Services. The named lead was shared at the meeting.
- It was noted that there was national work underway to address concerns around the increase in taxi expenditure across Scotland for renal patients.
- The Assistant Director Financial Services noted that the Head of Financial Services was progressing work to clarify use of Scottish Ambulance Services and the use of volunteers. The Director of Finance noted that the Short Life Working Group would pull together the information to identify and provide a recommendation which mode of transport was most appropriate for patients to be incorporated into future policy and procedures.
- The Chair noted the environmental implications and the importance of the use of Near Me and related resources by patients to reduce the need for patient travel.

- It was confirmed that the new Chief Officer for Argyll & Bute, Evan Beswick, would be the first port of call for discussions about current issues around patient transport for dialysis in the Oban area.

The Committee **noted** the report.

2.3 External Accommodation

D Eardley introduced the paper and noted a mixed picture from the audit outcomes, with reasonable assurance in some areas and other areas with opportunity for improvement. It was commented that there was effectively a dual system in place around bookings with one of the systems more proactive, better controlled and more compliant.
Areas of good practice were highlighted in the report such as confirming delegated levels of authority.
The Travel team were complimented for strengths in the area of external accommodation-related processes and having a good understanding of its role with the confidence to seek additional authorisations.

During discussion,
- The Director of Finance noted that the Travel team had now been moved within her responsibility within the Procurement and Transport team. It was felt that linking travel with procurements would make for a more comprehensive overview. Project management was in place and K Lohse had been identified as the lead for the actions.
- In terms of improvements to the booking process it was noted that there was professional and clinical judgement required of staff in terms of assessing availability and scheduling that fell outwith the limits of the audit. D Eardley commented that an inference could be made from a lot of the bookings being approved retrospectively that they were not necessarily a priority and it was suggested that an exploration of this might be taken forward with the management action work.
- The Director of Finance noted that the review of the booking process sat within the remit of the Travel workstream within the Value & Efficiency programme and would also take a proactive approach to block booking of accommodation to fit need and secure best value pricing.
- The Director of Finance noted that conversations were underway with Highland Council around accommodation and determining accommodation availability.

The Committee **noted** the report.

2.4 Property Transaction Monitoring

S Hume provided a brief verbal update and noted that it was a requirement for the Board to receive a Property Transaction Monitoring (PTM) audit every year with a focus on transactions in the previous financial year whether they be sale, purchase or lease of property. The audit was normally presented to the September meeting of the committee, however following discussions with management over the course of the year it was noted that there were no qualifying transactions that would result in a PTM audit for 2023/24.

The Committee **noted** the report.

2.5 Management Actions

The Chair noted in reference to the Excel spreadsheet that updated action dates were now included in the log of actions.
- S Hume agreed that an overview of any changes to the actions be incorporated into the report for ease of reading.

- The Director of Finance noted that she would review those management actions which were not progressing to plan, and noted the need for action owners to report on actions taken since the last update and for reasoning to be provided around revised dates for assurance.
- It was suggested that the spreadsheet make note of the number of changes to the target date of completion since an action was initially set.
- Updates were received on management actions and the committee accepted revised dates and rationale.

The Committee
- **noted** the updates, and
- **approved** revised dates.

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3. ADULT SOCIAL CARE ADVANCE PAYMENTS SFIs

The Interim Head of Commissioning spoke to the report on behalf of the Director of Adult Social Care and clarified that it was not a revision of the SFIs as indicated in the agenda item heading but dealt with assurance concerning mitigation of risk to NHSH around Advance Payments to third party providers within Adult Social Care. It was explained that the practice of Advance Payments predated the integration model and was seen to help small providers with sustainability issues.

The Director of Finance commented that the SFIs had previously been amended to fit with current practice which was in direct contradiction to the Scottish Public Finance Manual. The amendments are no longer included within the SFIs and the ASC team had been requested to set out the actions for assurance to the Board that the risk had been properly considered and mitigations were in place to limit risk.

The Committee
- **noted** the scale and status of advance payments to adult social care providers as outlined in the report,
- **noted** recently agreed changes to the SFIs,
- **noted** the mitigations in place around payments in advance, and
- **accepted** the minimum risk associated with the continuation of existing payments in advance, and
- **accepted** moderate assurance from the report.

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4. INFORMATION ASSURANCE GROUP UPDATE

The Deputy Chief Executive introduced the item and noted the progress that the IAG had been making to address controls and information governance. It was noted that the meetings of the group were well attended by a broad group of clinical and non-clinical staff from across the organisation.
- The DCE drew the committee's attention to the table on p.6 of the report (p.67, combined papers) which showed the number of incidents reported to the ICO (Information Commissioner's Office). It was clarified for assurance that the indication that no action was taken referred to actions taken by the ICO against NHSH, and did not account for actions to address the incident that had been taken or had been set in motion by the IAG.
- The IAG was looking to develop standard procedures to apply to the kinds of incidents noted in the report, to address areas of data protection controls beyond those of the immediate processes concerning the individuals involved in the incident .

During discussion,
- It was noted that NHSH was achieving better results around data security and related areas than many comparable organisations. It was commented that the expectation for

the NIS audit due on 14 October was that progress would be achieved towards closing gaps to resolve the 84 unachieved and 59 partially achieved actions and that good progress rather than 100% compliance was the expectation of the auditors. Shortly after the meeting concluded it was confirmed that the NIS trajectory would look to move 25% of not achieved controls to partially achieved and 25% of existing partially achieved controls to achieved status.

- Freedom of Information (FOI) subject access requests were discussed, where the high number of requests was noted. It was confirmed that in cases where multiple requests were coming from the same individuals there were mitigating actions that could be taken (including taking advice from the ICO), but that the requests in themselves could not be challenged. The associated costs could be significant but there was a duty to fulfil this area of the service, and Scottish Government were currently exploring ways in which areas of patient self-service might help requests to reduce.
- In terms of addressing lessons learned from incidents, the main aim was to foster a culture of openness among staff where an error is acknowledged at the root level so that it can be more directly addressed through relevant training and communications.
- Training modules and their development was largely addressed at the national level for the purpose of consistency.

The Committee
- **noted** the report, and
- **accepted substantial assurance.**

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5.   COUNTER FRAUD
5.1 Couter Fraud Quarter One Update

The Technical Accountant, S MacAuley, introduced herself to committee and spoke to the quarterly report which highlighted:
- a National Fraud Initiative data upload exercise had been started, the results of which were provided to the National Fraud Initiative team. Information was compared to other boards which would identify any matches so that these can be checked further. The results would be available early next year.
- There were currently nine open cases, two had progressed to full investigations with one progressing to a part investigation.

S McAuley then gave a short presentation and outlined the 12 components of the Counter Fraud Standards adopted by NHSH and much of the public sector, tackling fraud, bribery, and corruption. This was the second year that NHS Highland had completed the standard. The dashboard within the paper gave a comparison between the previous year and the current year and it was noted that learning and changes were being made continually within the process. Each board had an accountable individual, (usually the Director of Finance) whose role was to assure the board of the quality and effectiveness of the counter fraud work that had been undertaken and to ensure that fraud prevention awareness was promoted within the organisation, and that management controls were in place to prevent corruption, bribery, and fraud.

The Chair thanked S McAuley for her presentation noting that within the weekly Sway bulletin for staff there had been increased publicity for fraud prevention and information and was hopeful this would have a positive impact.

The Director of Finance highlighted the requirement for developing a fraud risk assessments of services supported by counter fraud services.

5.2 Counter Fraud Standards Submission

This was discussed as part of the above item and it was noted that the submission had been an improvement on the submission last year.

- **noted** the report, and
- **accepted** substantial assurance on the ongoing Counter Fraud activities undertaken across NHS Highland, and that NHS Highlands complied with the majority of the standards.

6. AUDIT SCOTLAND REPORTS

The Chair drew the committee's attention to the link for papers at the Audit Scotland website.

The Committee
- **noted** the update.

7. REVIEW OF COMMITTEE TERMS OF REFERENCE

The Board Secretary noted that the report was presented for the Committee to agree changes to rectify Committee Terms of Reference. The changes included a re-routing of the reporting line of the Resilience Committee from Audit Committee to the FRP Committee. The FRP's remit includes oversight of Business Continuity reporting and given that this is part of resilience work it was proposed that the FRP should oversee the Resilience Committee's workstreams instead of the Audit Committee and rectifies the Audit Committee remit to its essential components.

A typographical error in the Staff Governance Committee's Terms of Reference to reflect the correct name of the People and Culture Portfolio Board.

The Committee
- **noted** the report,
- **accepted** substantial assurance,
- **approved** proposed changes to Terms of Reference for Finance, Resources and Performance, Audit, and Staff Governance Committees; and
- **agreed** that the full suite of updated documents be recommended to the Board for agreement on 24 September 2024.

8. Any Other Competent Business

The Vice Chair made a note of formal thanks on behalf of the Committee to G Rodgers for her able and diligent chairing of the Audit Committee and her contribution to the wider work of the NHSH Board and gave good wishes for future endeavours. You've been very diligent.

The Chair thanked those present for their support in Chairing the committee and noted that she would step down from the Board at the end of September. It was noted that S Ringwood would chair the Committee from the December meeting and that Heledd Cooper would assume the role of interim Fraud Champion.

9. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 10 September 2024** at **9.00 am** on a virtual basis.

The meeting closed at **11.02 am**.

NHS Highland	

Meeting:	**NHS Highland Board**
Meeting date:	**24 September 2024**
Title:	**Urgent & Unscheduled Care and Delayed Discharge Mission**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer, Highland Health and Social Care Partnership**
Report Authors:	**Gillian Gunn, Rhiannon Boydell**

1 Purpose

This is presented to the Board for:
- Awareness

This report relates to a:
- Government policy/directive

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

This report relates to the following Strategic Outcome(s)

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

2 Report summary

This report primarily applies to Highland Health and Social Care Partnership area of the NHS Highland Board. It is a briefing in response to The First Minister's National Mission to reduce people in delay in hospital ahead of winter and to articulate our current activity

and progress in relation to Urgent and Unscheduled Care with a particular focus on rapid improvement and a 90 day improvement plan

2.1   Situation

NHS Highland continues to develop its response to Urgent and Unscheduled Care to ensure our communities health and social care needs are met by the right people, in the right place, at the right time, as close to home as possible.

Measures of performance reported nationally on how well NHS Highland is achieving its urgent care response includes our 4-hour Emergency Access performance and our number of delayed hospital discharges.

NHS Highland's performance on these measures is mixed.   Whilst our 4-hour performance is reduced on the original 98% target, we are the second highest performing mainland health Board in Scotland.   Despite this, we still have an unacceptably high number of people breaching 12 hours in our emergency departments. Our delayed discharges have also been growing to the point that the number of people (per head of population) in delay in hospital in the Highland council area is the highest in Scotland.

Delayed discharges are a national concern and the national Collaborative Response and Assurance Group (CRAG) chaired by the Cabinet Secretary for NHS Recovery, Health and Social Care, on behalf of NHS and Local Authority Chief Executives and is attended by integration authority Chief Officers. The Group meets weekly. A national maximum level of delayed discharges of 34.6 per 100,000 adults is to be achieved by 30 October 2024.

For the Highland Health and Social Care Partnership area to achieve this, a reduction of 65% in delayed discharge numbers is required.   This is a challenging target for NHS Highland.   An interim aim, as submitted as part of our Urgent and Unscheduled Care funding return to Scottish Government, is an initial reduction of 30% of people affected by standard delays in hospital, by the end of October 2024.   Further targets have also been set in relation to length of stay and emergency department performance. These are summarised in **APPENDIX 1**.

A 90-day recovery plan for Urgent and Unscheduled Care is in place with the focus on reducing the number of people in delay. This plan is summarised on one page at **APPENDIX 2**.

2.2   Background

NHS Highland's Urgent and Unscheduled Care Programme has undergone several changes in leadership, structure and Scottish Government direction in recent years. The key areas of focus remain, generally, unchanged. These are:

- Management of urgent care needs in the community
- Development of alternative ways to manage urgent care needs which are unlikely to result in admission to hospital
- Conversion of unscheduled presentations to scheduled appointments/ admissions.

Much of the focus has been at the "front door" of our services. It is now recognised that whilst improvements have been made, we are constrained by our onward discharge processes and capacity.

NHS Highland has identified areas for improvement of its discharge processes and is now setting planned discharge dates for all inpatients. However, these are often breached which indicates issues with timely clinical review. Communication about discharges which will or may require social care has improved with the introduction of multi-disciplinary processes and the development of a Discharge App to replace paper-based systems. However, these processes are still bedding-in and performance monitoring of implementation is in development, along with staff training.

A further constraint is the capacity within our social care sector. From March 2022 to date, there has been significant turbulence within the independent sector care home market related to operating on a smaller scale, and the challenges associated with rural operation including recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available workforce accommodation which compounds the challenges.

Between March 2022 and September 2024, 6 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

In 23/24, 4 in house care homes have also ceased to provide service - three of these have services suspended on a temporary basis due to acute staffing challenges. These services are in small rural and remote communities. This is a significant issue for Highland in terms of sustaining remote and rural communities. Plans are actively in place to recruit to the 3 care homes that have temporary service suspension.

In total NHS Highland has lost 218 care home placements, which is having is having a direct impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital care.

In addition to a reduction in Care Home capacity, there are also fewer available Care at Home hours available to be allocated to individuals. At the end of April 2022 we were able to provide 14,497 hours of care each week between in house and external providers. However this has reduced to 13,134 by September 2024.

2.3   Assessment

Whilst there are capacity constraints within our system to respond to urgent and unscheduled care, and reduce people who experience delay in discharge from hospital, progress is being made

A refreshed governance structure for North Highland with direct accountability to the Chief Executive has been established. There is an operational focus on delayed discharges and system capacity through the Daily Operational Group and System Capacity Group as outlined in the image below.
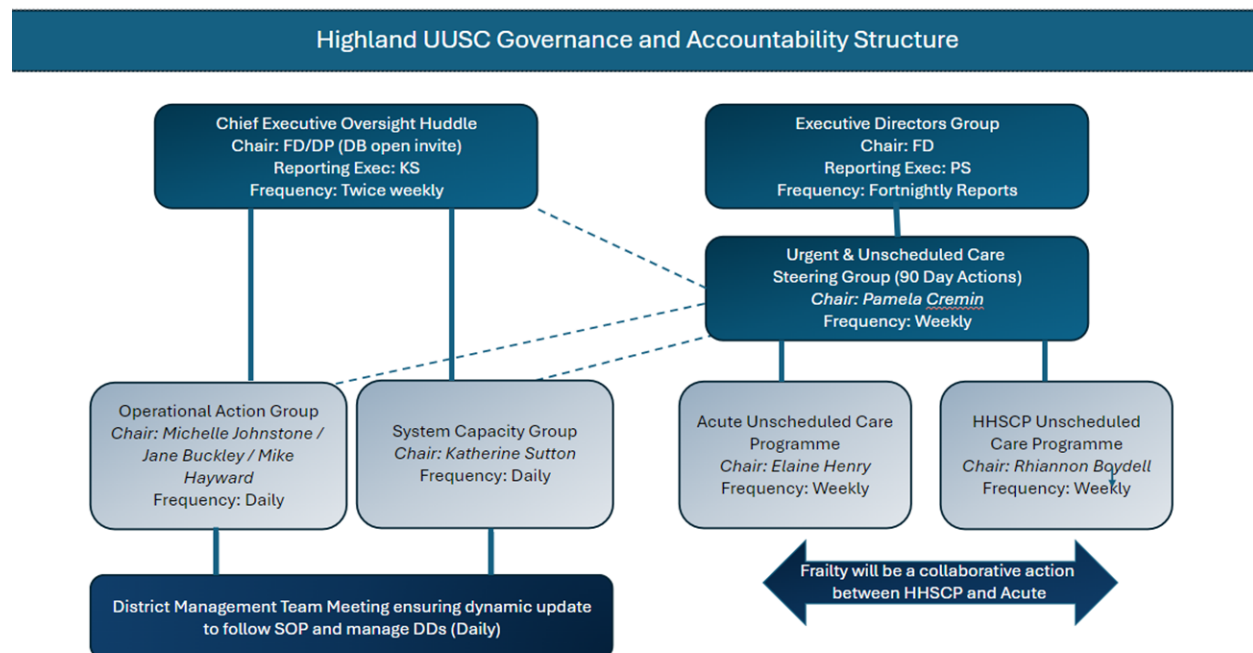

Daily Operational Group

The Daily Operational Group was established in late August and is chaired by Operational managers from Acute and the HSCP. Districts attend weekly and present their delayed discharge position. The group provides a point of escalation for decision making and ensures best practice for discharge planning and that processes are followed at a district level.

System Capacity Group

The purpose of the system capacity group is to identify and action opportunities to optimise system capacity and ensure a shared understanding of capacity across our whole system at any time. The priorities of the group are shown in the image below.
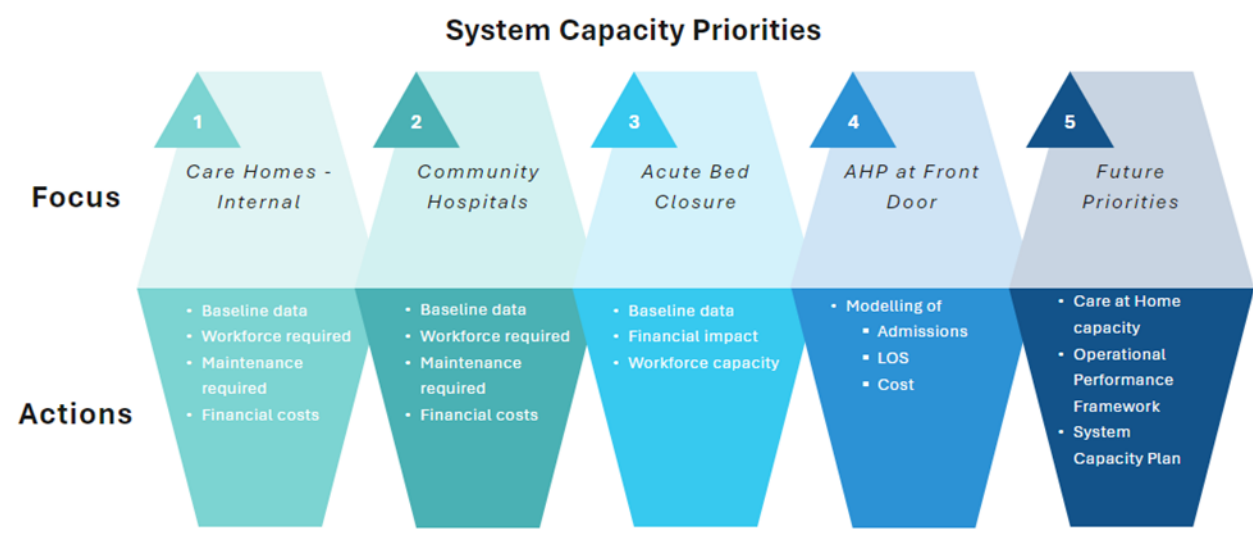
The group is developing and using capacity information across the independent and in-house sectors for Care Homes and Care at Homes and Community Hospitals to understand whole system capacity. In Care Homes, the group has identified potential for an additional 22 In House Care Home beds, and also efficiency, equity and quality benefits by centralising the care home bed allocation process. In Care at Home, the group has identified that changes to the way we commission Care at Home and improvements made to the CM2000 scheduling and Care at Home management tool, could produce efficiency, equity and quality benefits.

90 Day Action Plan

In addition to the operational groups, the Urgent and Unscheduled Care Steering Group and associated delivery groups are progressing the 90-day plan included in Appendix 2. Regular reporting from this group is received by the Executive Directors Group.

Our 90 Day plan and its future iterations will form our actions to respond to winter pressures. The focus will continue to be on the areas already identified:
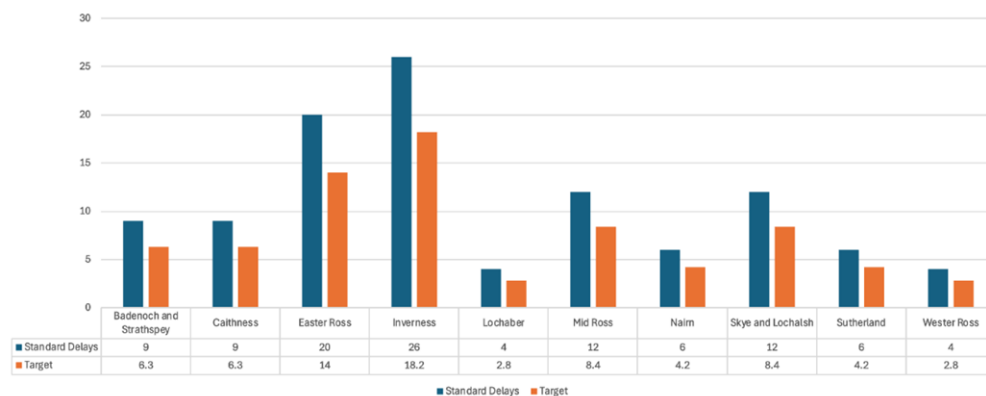
- Respond – respond quickly to support our population across out system who are vulnerable or in crisis

- Rapid – Facilitate rapid discharge and support to embed the "home is best" approach
- Reduce – Reduce occupancy and avoidable admissions and identify at risk population by working collaboratively
- Redirect – Redirect inappropriate attendance to suitable services to emergencies are seen quickly

Impact on Delayed Hospital Discharges

Whilst our target of a 30% reduction in delayed discharges is an overall target, the image below highlights our position against a proportionate reduction across all districts as of week ending 6th September.

Targets for Delayed Discharges on Standard Delays Only based on 30% submission 16/8

	Badenoch and Strathspey	Caithness	Easter Ross	Inverness	Lochaber	Mid Ross	Nairn	Skye and Lochalsh	Sutherland	Wester Ross
■ Standard Delays	9	9	20	26	4	12	6	12	6	4
■ Target	6.3	6.3	14	18.2	2.8	8.4	4.2	8.4	4.2	2.8

■ Standard Delays   ■ Target

Urgent & Unscheduled Care Trajectories

Measure	Aim	Baseline - March 24	Split Baselines	MONTHLY TARGETS			AUGUST RESULTS	
				AUG	SEP	OCT	Aug-24	Split Results (Aug-2024)
A&E attendances completed within 4 hours: Percentage (%) of 'unplanned' attends at Emergency Departments that are admitted, discharged or transferred within 4 hours.	Maximise	75.7%	75.7% NHSH	76.9%	78.2%	79.5%	75.3%	75.3% NHSH
			73.0% HHSCP					72.2% HHSCP
			93.1% A&B					95.5% A&B
Total A&E attendances lasting more than 12 hours: Total of 'unplanned' ED attends that are admitted, discharged or transferred more than 12 hours after arrival in ED.	Minimise	106	106 NHSH	104	102	101	179	179 NHSH
			105 HHSCP					178 HHSCP
			1 A&B					1 A&B
Reduce the average number of patients in Acute and Community Hospital beds with a LOS >14 days #	Minimise	349	349 NHSH	343	337	332	329	329 NHSH
			309 HHSCP					276 HHSCP
			15 A&B					12 A&B
Reduce the average number of non-delayed patients in Acute and Community Hospital beds with a LOS >14 days #	Minimise	182	182 NHSH	179	176	173	167	167 NHSH
			158 HHSCP					129 HHSCP
			9 A&B					6 A&B
Reduce the average number of patients in Acute and Community Hospital beds affected by standard delays #	Minimise	167	167 NHSH	164	161	159	162	162 NHSH
			151 HHSCP					147 HHSCP
			6 A&B					6 A&B
Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5pm and 5am (overnight)	Minimise	409	409 NHSH	403	396	389	405	405 NHSH
			431 HHSCP					449 HHSCP
			220 A&B					168 A&B
Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5am and 5pm (day time)	Minimise	390	390 NHSH	383	377	370	362	362 NHSH
			417 HHSCP					393 HHSCP
			223 A&B					195 A&B

Baseline is Mar-2024 apart from # which is Mon 03-Jun-2024

The table above shows the August position against the measures which have been submitted to Scottish Government as part of the Urgent and Unscheduled Care funding submission for 24-25. Additional measures include the Emergency Department 4 hours performance and number of breaches over 12 hours. These measures are based on the improvement areas identified by the Centre for Sustainable Delivery (CfSD) for NHS Highland. Baselines are set as March 2024, except the delayed discharge figures which are based on patient totals on Monday 3 June 2024.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

Limited Assurance is proposed due to the significant impact of people in delay across our system and the limited capacity with which to create flow – underpinned by significant workforce challenges. The Board is mid way through a

90 Day Improvement Plan and it is anticipated that the level of assurance can improve as we near completion of the program of work.

3   Impact Analysis

3.1   Quality/ Patient Care

Performance measures are indicators of quality and patient care and therefore, engagement to deliver the plan and improve our position is required. However, there are wider systemic issues across the health and care services nationally that make this challenging. This includes available resources, especially workforce.

There is increased risk of experiencing adverse harm if remaining in hospital longer than is required. This is why tackling delayed hospital discharges is a priority.

3.2   Workforce

Continued pressure on staff resulting in issues with engagement and progress. The impact of recruitment and retention of staff across the health and care sector also results in unsustainable services with both Care Home and Care at Home capacity reducing considerably in the last two years.

3.3   Financial

NHS Highland is awarded Urgent and Unscheduled Care funding each year. In 24/25, the funding of £2.117m to support our delivery and outcomes against the trajectories in **APPENDIX 1**.

3.4   Risk Assessment/Management

Risks are being identified by senior responsible officers and managed by the Urgent and Unscheduled Care Steering Group. Operational risks are identified and managed through local risk processes.

3.5   Data Protection

N/A

3.6   Equality and Diversity, including health inequalities

Older people are disproportionate users of urgent and unscheduled care health and wider social care services, so failures of these services have a disproportionate impact on this group.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

Communications priorities have been identified as part of the 90 Day plan. Development of these plans is being led by the Communications team.

3.9 Route to the Meeting

Update presented at Executive Directors Group.

4 Recommendations

Paper for awareness only.

List of appendices

Appendix 1 – UUC Trajectories
Appendix 2 – UUC 90 Day Plan

UUC Trajectories

The trajectories connected to the funding award are:

- Reduce the number of patients in Acute & Community hospital beds with a LOS >14 day by 5% by end October

- Reduce the number of non-delayed patients in Acute & Community hospital beds with a LOS >14 days by 5% by end October

- Reduce the number of patients in acute and community hospital beds affected by standard delays by 30% by end October

- Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5pm to 5am (Overnight) by 5% by end October

- Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5am to 5pm (Day Time) by 5% by end October

Additional trajectories required by Scottish Government are:

- Improve the percentage of attendances within 4-hours by 5% by end October
- Number of attendances lasting more than 12-hours by 5% by end October

UUC 90 Day Plan

21/08/24 – 90 Day Plan on a Page - Urgent & Unscheduled Care (August – October 2024)
AMBITION – IN PARTNERSHIP
Create value by working collaboratively to transform the way we deliver health and care
STRATEGIC OUTCOMES

Care Well	Respond Well
Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart	Ensure that our services are responsive to our populations needs by adopting a "home is best" approach

PLANNING FOR SUCCESS - STRATEGIC TARGETS								
Reduce standard DDs by 30% by end October 2024	Increase A&E attendances complete within 4 hours by 5% by end October 2024	Reduce A&E attendances lasting more than 12 hours by 5% by end October 2024	Reduce the time spent in A&E for people admitted to hospital - day time and overnight by 5% by end October 2024	Reduce LOS for delayed and non-delayed people by 5% by end October 2024	Increase the amount of people discharged on their PDD date	Reduce Social Care waiting lists and C@H unmet needs hours	Decrease numbers of times OPEL status is at levels 4/5	Reduce inappropriate occupancy for our population

Area	What do we want to do?	What priority 1 actions will we take?	How will we know we have achieved?
Respond	Respond quickly to support our population across our system who are vulnerable or in crisis	•Implement sector agreed proposals to stabilise provision and increase C@H capacity •Ensure consistent application of standard work for AWI •Develop community urgent response to crisis from ED •Maximise capacity of In reach social work team to Raigmore •Care Home Capacity and resilience	1.Reduced delayed discharges 2.Equitable access to hours of care at home 3.Increased flow of assessment 4.Reduction in <1 day admissions
Rapid	Facilitate rapid discharge and support to embed the "home is best" approach	•Implement PDD improvement and compliance plan •Review length of stay for all non delayed discharges. Targeted conditions •Whole system OPEL •Community hospital specification and agreed pathways •TEC solutions to enable social care assessment at home •Pre-noon discharge plan	1.PDD compliant discharges 2.Reduction in length of stay to peers 3.Increased flow through community hospitals 4.Reduced black status
Reduce	Reduce occupancy and avoidable admissions and identify at risk population by working collaboratively	•Hospital at Home Framework •Implement frailty standards and pathway •Root cause analysis of ED performance •Review all MIU pathways •Review higher volume medical admission pathways	1.Hospital at Home Framework 2.Reduced admissions in >65 years 3.Increased ED performance 4.Increased hospital at home activity
Redirect	Redirect inappropriate attendance to suitable services so emergencies are seen quickly	•Scope opportunity to develop our Community Urgent Care Response •Choice guidance utilisation monitoring •Research current impact and causes of inappropriate attendances at A&E and develop a campaign to reduce them. •Pilot a campaign to increase use of Pharmacy First	1.FNC utilisation 2.Call before you convey 3.Choice guidance applications

NHS Highland

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**24 September 2024**
Title:	**National Care Service Bill Amendments Consultation Response**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue
- Government policy/directive
- Legal requirement

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

N/A

This report relates to the following Strategic Outcome(s)

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

2   Report summary

2.1   Situation

A report was presented to the last meeting of the Board outlining the details of the National Care Service Bill Stage 2 amendment. It was noted that the amendments sought to introduce a single model of integration and that further updates would be brought to the Board on the legal, financial and governance implications.

It was reported in July that Scottish Parliament had initiated a consultation on the Stage 2 Bill amendments and that the date for responses had been extended to 20 September 2024.

Since this time the Board has considered both the Bill amendments and the areas on which Scottish Parliament have sought feedback through its consultation exercise. Board members have contributed their views which have informed the terms of NHS Highland's final response. This report provides the Board with the terms of the final written response which has now been submitted on behalf of NHS Highland.

2.2   Background

The National Care Service (Scotland) Bill (NCS) was published in June 2022 with the intention of reforming how social care, social work and community health services are delivered in Scotland.

The Minister for Social Care, Mental Wellbeing and Sport shared the Stage 2 NCS Bill pack with parliament in June and Stage 2 amendments were published on 24th June 2024. These will be submitted to Parliament by the Scottish Government in the Autumn.

One of the elements of interest to Highland is the model of integration envisaged by the new NCS. The Stage 2 amendments remove options for integration models and replace them with the introduction of National Care Service Local Boards throughout Scotland. This will be a reform of the existing Integration Joint Board model and remove the lead agency model option.

Under the shared accountability agreement, local authorities and health boards will remain legally responsible for delivery of functions, staff and assets within the NCS. These elements have been subject to widespread consultation including significant engagement with COSLA where agreement on the extent of the services to be overseen by the NCS has yet to be reached, especially in relation to children's services and justice social work.

2.3   Assessment

NHS Highland's response to the Stage 2 Consultation provides detailed commentary on the amendments highlighting a range of matters and drawing attention to the significant changes in Highland as it moves away from the Lead Agency Model.

The Board's response includes specific commentary on proposals for both the National Care Board and Local Board structure, as well as proposals for direct funding, and arrangements for monitoring and improvement provisions.

It is recognised that the steps to move away from a Lead Agency model in Highland will present a variety of challenges, however it is believed that a consistent approach across Scotland will outweigh the challenges. The details of the framework Bill's intentions will only emerge through secondary legislation and the overall benefits and service changes for the public are not yet fully articulated.

The full text of the Board's response is included as **Appendix 1** to this report which is presented for noting.

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited		None	X

Comment on the level of assurance

This is paper is for awareness

3   Impact Analysis

3.1   Quality/ Patient Care

There are no specific impacts identified at this stage.

3.2   Workforce

There may be changes to employment terms and conditions because of changes to the integration governance model. However, further work will be required to explore options. We will work closely with council leadership to support each other in relation to our individual obligations to work with staff as employers within our separate workforce policies and terms and conditions in managing any change that may be agreed in the future.

For NHS Highland this will include adhering to the principles and practice of partnership working and NHS Highland workforce policies.

3.3   Financial

A change to the model of integration will have significant financial implications that are yet to be worked through

3.4   Risk Assessment/Management

There are a range of potential risks arising from the new arrangements as is the case with any major change of this nature. It is known that there may be implications involving the employment status of staff currently working across the Council and NHS Highland with related cost/financial issues and clearly there will be governance and assurance implications for the partnership as well as possible impacts on service delivery. It is still too early to provide a more detailed assessment, but it is useful that greater clarity is emerging as to the integration model that is to be rolled out across Scotland. A technical

assessment of the key differences between the Lead Agency Model and Integrated Joint Board has been initiated to assist with this analysis, albeit it is expected that the IJB model will also change under the new legislation

3.5 **Data Protection**

No specific issues identified at this stage, but this will be explored as part of exploring the implications of a change of integration model.

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

No impacts identified at this stage

3.7 **Other impacts**

Legal – Stage 1 of the Bill was completed on 29 February 2024. The timeline for the Bill to complete all Parliamentary stages and for the legislation to be enacted is not yet known but is anticipated that the new arrangements will not come into force for at least another 18- 24 months, providing time for the legal and other implications to be worked through and reported back to the board.

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

As outlined above extensive engagement is occurring at a national level and we are commencing work with Highland council to identify the implications for each organisation. This will then form the basis for future Communication, involvement, engagement and consultation.

3.9 **Route to the Meeting**

Board Development sessions on 27 August and 17 September 2024

4 Recommendation

The Board is asked to note

a)   the response submitted on behalf of the Board to the Stage 2 Consultation on the NCS Bill, and

b)   that further updates will come forward to future meetings of the board.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – NHS Highland response to Stage 2 Consultation

NCS CONSULTATION - NHS HIGHLAND PROPOSED RESPONSES

1. What is your view of the proposed National Care Service strategy (see proposed new sections 1A to 1E)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Please use the space below to expand on your answer (max 3000 characters)

While we are generally in support of having a clear strategy that articulates the purpose, aims and intended outcomes of the NCS, it is unclear what approach to engagement or consultation will take place on the proposed National Care Service strategy. There is a risk that without meaningful national engagement and consultation that links with community engagement and placed based planning principles of health and social care integration the strategy could be perceived as a 'top down' approach that does not consider local needs. This would be at odds with the aspiration for place-based approaches and local representation.

NHS Highland feel that the approach to developing and agreeing the strategy would need to include wide engagement across communities, the third sector as well as public sector bodies. The process should be open and transparent with clear indications of who has been engaged, how their views have been represented and should be demonstrable that views have been taken acknowledged and responded to.

2. What is your view of the proposal to create a National Care Service Board, and the provisions about the role and functions of the Board (see in particular new Chapter 1B of Part 1, and new schedule 2C)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

Please use the space below to expand on your answer (max 3000 characters)

It is difficult for NHS Highland board to form a definitive opinion at this stage.Given the lack of detail available on the constitution of the board including membership.

It will be important to have further detail of the terms of reference, any secondary legislation and statutory guidance it will need to operate within and governance arrangements for the proposed National Care Board, to understand to whom it is accountable, its membership and constitution, and an indication of the range of decisions it will be empowered to take. It is unclear how this will sit within existing accountabilities across several different systems in relation to the following powers:

- Direction to local care boards
- Direct funding
- Emergency powers to transfer services to another provider

This is particularly relevant to the power to direct local care boards which in turn can direct partner bodies if the legislation remains unchanged in the context of retaining the IJB model as basis of the local care boards. NHS Boards already receive direct in relation to the integration arrangements but also receive direction from Scottish Government in relation to health services.

This is a new power within the integration architecture that can be used by members of the NCB which includes Scottish Government and other members. It is not clear how direction received by NHS Boards from the NCB via local care boards will interact with direction straight from Scottish Government.

In addition the NCB will have the option for direct funding. Whilst we recognise this is an area of further discussion as noted in the ministers letter the NHS already receive allocations from Scottish Government for specific purposes. It needs to be clear how direct funding via the NCB would work in this context.

Further detail on the emergency powers described in the NCS bill and how these will relate to the NHS Board Performance Framework would be necessary to understand the scope of these powers.

The case for change and establishing the NCB does not reference evidence that outcomes will be better for people or that this centralised approach to directing service will improve them. In contrast the cost of establishing the NCB may not outweigh the potential benefits.

The National Care Board might not create economies of scale and may introduce duplication and additional costs (e.g. payroll and procurement). There are also concerns that the lead-in time will be insufficient to set up the necessary infrastructure. Centralising services such as procurement and national commissioning will mean a loss of the local input and rural areas may lose their influence and voice within the proposed National Board.

3. What is your view of the proposal to establish National Care Service local boards and to remove other integration models (see in particular Chapter 1A of Part 1, and new schedules 2A and 2B)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Please use the space below to expand on your answer (max 3000 characters)

The overall alignment to the national model is welcomed since the experience in Highland of being an outlier has presented several challenges. Removal of the lead agency model will present challenges but will ensure a consistent approach to integration models, however on balance the benefit of alignment outweighs the challenges.

However, moving towards a new Local Care Board is fraught with risk and uncertainty. The details of the framework Bill's intentions will only emerge through secondary legislation and the overall benefits and service changes for the public are not yet fully articulated.

Removal of the lead agency model will require a carefully managed transition plan in Highland which has yet to be finally determined. Implementation of the change to a Local Board could take longer to complete and this may impact on service sustainability. Whilst we tend to support this model NHS Highland is the only board that will be affected by removal of the lead agency model and this is likely to create specific resource to enable this transition. It would be helpful to understand if boards will be provided additional resource proportionate to the impact on their current integration arrangements to assist in this transition.

We are aware that the change to Local Care Boards may be costly. Given the ongoing financial challenges for social care in Scotland, this should be balanced against utilising funding directly in the care systems themselves.

There is an expectation that the NCS will bring consistency across Scotland, and we question how realistic this aim might be. We maintain that flexibility to deliver the most appropriate services across a diverse demographic is the best approach for our communities. Different types of service delivery challenges are encountered between urban, remote, rural and islands locations. The Bill lacks clarity on this aspiration which prevents us from having meaningful consideration of the proposals.

We would like to highlight that the Bill is silent on children's services due to the commitment to reopen dialogue between CoSLA, NHS and Scottish Government in the autumn. The intention to remove the lead agency model does not specify if this is in relation to adults or children's services. The lead agency in Highland does

indeed apply to children's services and if this is removed it will therefore require a remodel of children's services in Highland. Scottish Government therefore needs to be aware of this inconsistency.

It is unclear what the oversight role of an NHS Board would be in relation to a Local Care Board and how this would be performed.

Notwithstanding these comments, the move away from a lead agency model may present opportunities to communicate the benefits of transformation to our communities and staff, once the details are known.

It is currently not clear what selection processes will be used to appoint/recruit a wider voting membership to the Local Care Boards. Furthermore, the role and accountability of these Board members require a clear governance structure and guidance for members to ensure there is clarity on the purpose of widening membership.It is not clear what the interplay would be between this wider membership and the generally accepted principle within integration of community engagement and consultation with stakeholders. It is possible that the intention of widening membership of the boards will never fully represent all stakeholders and would then risk unintentionally excluding stakeholders from voting membership. There needs to be further clarity to ensure that community engagement and stakeholder engagement continues to be an important principle and way of working and the role of members on boards is clear.

Greater clarity on the governance around this would be welcome. Given these comments, it might also be worth considering appointing independent Chairs to Local Boards.

4. What is your view of the proposed new provisions on monitoring and improvement (see new sections 12K and 12L) and on commissioning (see new section 12M)?

Monitoring and improvement

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Please Use The Space Below To Expand On Your Answer (Max 3000 Characters)

We believe there would be merit in considering and maximising the potential of existing monitoring and improvement provisions rather than redesigning them. It would be helpful to understand the required national and local scrutiny and governance for performance monitoring, and what the relationship between the National and Local Boards would be in this regard. We would like to see performance scrutiny over the full suite of reporting duties, not merely for a select few.

It is hoped that external agencies and regulators work with the National and Local Boards, and alongside each other to avoid silo working. It would be helpful if performance reporting could be streamlined across the national bodies and focussed on what is best for our communities. We believe there are several agencies missing which should be included e.g. The Mental Health Commission and the Care Inspectorate.

Performance targets should take into account local needs and there is a risk that national targets could work against place-based approaches.

Commissioning

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

NHS Boards are experiencing financial challenges and deficits. It is not clear what the impact of this would be on commissioning. Similarly, national procurement and commissioning models might not fit well for delivery in the remote, rural and islands areas.

Please use the space below to expand on your answer (max 3000 characters)

NO COMMENT

5. What is your view of the proposed new provisions to designate a National Chief Social Work Adviser and for the creation of a National Social Work Agency (see new section 26A)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Please use the space below to expand on your answer (max 3000 characters)

NO COMMENT

The Minister's covering letter states:

"We intend to improve local delivery through reform of integration authorities. Integration authorities are existing bodies established under the Public Bodies (Joint Working) (Scotland) Act 2014. Local reform will require some new provisions in this Bill amending the 2014 Act, as well as the exercise of existing powers under that Act."

Read a marked up version of the Act (PDF)

6. What is your view of the proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014, as set out in the marked up version of the Act?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Please use the space below to expand on your answer (max 3000 characters)

NO COMMENT

The Minister's covering letter states:

"There remain a small number of areas where further work is needed to confirm which legislative approach would best deliver the intended changes and strengthen their future practical implementation. Those areas are:

- "Direct funding
- "Inclusion of children's services
- "Inclusion of Justice Social Work
- "Anne's Law

"The intention of this approach is to free up COSLA and local government colleagues from further negotiation on these issues and allow them to focus specifically on the mission to reduce Delayed Discharges in the coming weeks and months."

7. What is your view of the Scottish Government's proposed approach to addressing the areas of further work outlined in the Minister's covering letter?

Direct funding

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

We support the approach to further discuss this aspect to provide greater clarity on how the direct funding arrangements are expected to function. We believe it might have been better for funding to be direct to the Local Boards from the National Care Board, rather than from NHS and Local Authority organisations. It is unclear if consideration has been given to Local Boards being funded directly and an explanation of the rationale for maintaining funding through local organisations would have been helpful.

NHS Boards and Local Authorities are currently under financial pressures which will be exacerbated by the proposed changes. The changes will also create additional financial pressures for Scottish Government. The remote, rural and islands challenges experienced in Highland would justify Local Boards within NHS Highland's geography being funded in the same way as Islands Boards are funded.

Inclusion of children's services

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Children's services were not reflected in the Feeley report, and it is therefore difficult to understand how children's services will be part of the National Care Service.

Inclusion of Justice Social Work

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Anne's Law

Anne's Law is a piece of planned Scottish legislation which is intended to strengthen the rights of people living in adult and older people's care homes to see and spend time with the people who are important to them, even in the event of an outbreak of infectious disease.

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Please use the space below to expand on your answer referring to the specific areas of further work that you are commenting on

We support this planned legislation as we had concerns about the impact on families and carers who were unable to enter care homes during the pandemic.

As part of the package shared with the Committee, the Scottish Government has provided an update on co-design of the NCS Charter and an initial draft of the National Care Service Charter.

8. What is your view of the initial draft of the National Care Service Charter?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Please use the space below to expand on your answer (max 3000 characters)

It is currently difficult to form a view on the proposed Charter as there are insufficient details included in the draft version. A gap analysis with current responsibilities would have been helpful. Also, a Plain English approach would be welcome to enable the Charter to be meaningful to our communities. More detail is required in the advocacy section relating to rights and responsibilities and it is unclear from the draft what the complaints process would be and whether there would be oversight from the Ombudsman.

9. Do you have any other comments on the Scottish Government's proposed draft Stage 2 amendments to the National Care Service Bill?

Please use the space below to provide your answer

NO COMMENTS

NHS Chief Executive's Update
September 2024


Fiona Davies,
Chief Executive NHS Highland

System capacity and efficiency

We have been working for some time to try and make sure that people receive care in the right place at the right time. Despite this, we know we still have people in our hospitals when they no longer need to be there because more suitable care, at home or elsewhere, isn't available. That's why we've recently renewed efforts in this area, bringing together social care, acute and community colleagues to proactively tackle the issue.

Actions include reviewing capacity across Care Homes, Care at Home and Community Hospitals and understanding where the opportunities may lie to increase capacity closer to home or in a more homely setting. This work responds to the Scottish Governments National Mission to reduce the numbers of patients delayed to hospital discharge. Part of this work is examining enablers to allow more efficient and effective patient pathways, an example being the introduction of refreshed pathways that are Allied Health Professional enabled and will support the avoidance of admission wherever possible for the frailer population and to help ensure in-patient lengths of stay are kept as short as possible. Technology enabled patient pathways and making use of available eHealth infrastructure will also support this work.. This is complex work that takes time, but I am pleased to say we are seeing some initial results. We must continue to focus on this area, which is vital to the health and wellbeing of our population.

When we look at increasing efficiency and trying to minimise costs, making use of technology is a recurring theme. While I know many colleagues are early adopters, keen to make use of digital tools, the NHS and indeed the public sector can be risk averse when it comes to innovation. This was brought home to me recently when I joined other NHS Scotland Chief Executives to visit the National Robotarium at Heriot Watt University. There we heard of a pressing need to be more entrepreneurial, and open to working with researchers and businesses to reduce barriers to developing new products.
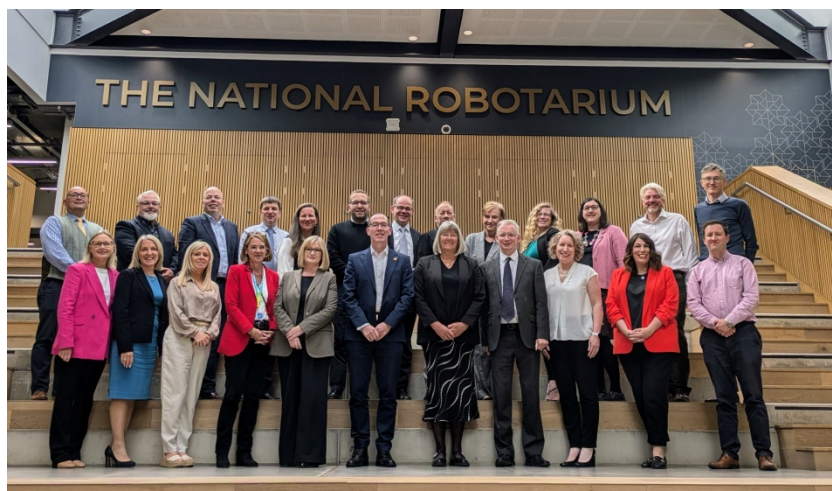
Inclusive care

Ensuring both our colleagues and the people we care for feel included and understood is hugely important for their wellbeing. Two topics in particular have recently highlighted this.

NHS Highland hosted a conference on the subject of Trauma-Informed Care, which revealed how many more people than we previously realised are affected by past traumatic events. We learnt that whole systems and organisations need to be trauma-informed, so that both staff and people using our services can be empowered to ask for and offer choices and ways to manage situations which could re-ignite trauma.

More recently, the Cabinet Secretary has drawn attention to the need to confront and tackle racism in the NHS. I have spoken before about my determination to offer a warm Highland welcome to staff and visitors from other countries and cultures, and am pleased that we have established an Equality, Diversity and Inclusion Oversight Group to develop and NHS Highland Equality and Diversity Strategy. I look forward to seeing the impact of this work.

Visits and forthcoming events

I have been travelling widely across the NHS Highland area as usual, meeting our staff, contractors and communities. This included trips to Caithness to visit GP surgeries, Caithness General Hospital, and meet with members of the Women's Health Hub; visits to Lorn and Islands, Ross Memorial and Raigmore Hospitals; GPs in the Black Isle; and meetings with colleagues at both the Highland and Argyll and Bute Councils. It is always a pleasure to see our teams in action and it contributes to my understanding of the challenges and opportunities we encounter every day.

I also met with the Cabinet Secretary Neil Gray and Minister for Public Health and Women's Health Jenni Minto during their visit to Islay in August. Primary care was high on the agenda here, as we explained that in a remote and rural context pathways can be more important than service models, and support and training for generalism across both health and social care is key.

Mr Gray will be back on our patch next month, visiting the Belford Hospital in Fort William, and I know teams there will be keen to share their work.

We also have some events to look forward to. Speak Up Week, starting on 30 September, will see Directors, Staffside colleagues and the Guardian Service, our confidential contacts, touring the area to listen to staff and share information on ways to speak up about concerns.

On 19 November we will hold our annual review. This will be in the Argyll and Bute Council Chambers in Lochgilphead, and information on how members of the public can ask questions and attend in person or virtually will be shared in coming weeks.

Congratulations

Our quarterly Values in Practice staff awards are continuing to grow. The most recent nominees exemplify the very best of NHS Highland and I don't envy the judges the difficult task of choosing the winners:

- **Care and Compassion:** Holly McGettigan-Scott, Community CAMHS Nurse, Phoenix Centre

- **Dignity and Respect:** Mairi Wotherspoon, Advanced Dietetic Practitioner; Specialist Weight and Health Services, The Town and County Hospital, Nairn

- **Openness, Honesty and Responsibility:** Megan Cormack, Pharmacy Support Worker, Caithness General Hospital

- **Quality and Teamwork:** Jane Wylie, Clinical Pharmacy Team Lead - Surgery, Women and Children, Raigmore Hospital

- **Team Award - joint winners:** Roving Community Mental Health Team and Finance Team

Finally, congratulations to Evan Beswick, who has been appointed to the substantive role of Chief Officer for Argyll and Bute Health and Social Care Partnership. Evan had been filling the position on an interim basis and I am delighted to welcome him to the permanent job.

Fiona Davies, Chief Executive NHS Highland

NHS Highland

Meeting: NHS Highland Board Meeting

Meeting date: 24 September 2024

Title: NHS Highland Board Risk Register

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

Report Author: Lorraine Cowie, Head of Strategy & Transformation

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2   Report summary

This report is to provide the Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered for closure and/or additional risks to be added. This report covers board risks that are reported through Finances, Resources and Performance Committee (FRPC), Staff Governance Committee (SGC) and Clinical Governance Committee (CGC) for governance and oversight.

2.1   Situation

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

All risks in the NHS Highland Board Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

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

2.2   Background

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

2.3   Assessment

The following section is presented to Board for consideration of the updates to the risks contained within the NHS Highland Board Risk Register. The following risks are aligned to the governance committee in which they fall within, and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

Summary of Changes/Proposed Changes

Risk 715 - Impact of COVID on health outcomes
This is proposed to be moved from the Board risk register to the Directorate risk register for public health. The rationale for this is that the mitigations in place to control the risk are being progressed within the directorate and in collaboration with directorate stakeholders. This proposal was approved at CCGC and is proposed to Board to comply with the Blueprint for Good Governance risk management reporting mechanisms.

Risk 712 – Fire Compartmentation
This was discussed at the July 2024 FRPC and the Director of Estates, Facilities and Capital Planning has written to Scottish Fire Service to request de-escalation. This will then be proposed to Health and Safety Committee before potentially being removed from level 1 Risk Register at the October FRPC and will therefore be proposed to the November Board.

Risk 1279 – Financial Balance Adult Social Care
A change will be proposed to the next FRPC committee on this risk and the associated mitigations/exec lead. The Director of Finance will lead this and will be updated at the November Board meeting.

Risk 714 – Backlog Maintenance
FRPC asked for a review of this for potential removal from the level 1 risk register. This risk has been reviewed and due to the significant risk for NHS Highland this will remain on the risk register until we have mitigations/capital funding to the accommodate the backlog maintenance challenge.

All others risks have been updated by Executive Leads with timelines and mitigations and taken through the appropriate governance committees.

Finance, Resources and Performance Risks

Risk Number	1254	Theme	Financial Position
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			

There is a risk that NHS Highland will not deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:

1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care

2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise

3. Inability to realise 3% reduction in spend in line with value & efficiency plans.

NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set

Mitigating Action	Due Date
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.	Ongoing
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs	Ongoing
Limited assurance regarding the delivery of the Adult Social Care financial position	Ongoing
Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance	
Monthly monitoring, feedback and dialogue with services on financial position.	
Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	
Finance plan needed to identify the actions required to deliver financial balance for ASC and agreed position with THC - HHSCP team have been tasked with setting out a detailed plan to progress towards financial balance.	Ongoing
Discussion ongoing with SG around a plan that can be agreed from a perspective of deliverability and	Ongoing

monitoring, which will minimise the impact of not delivering a break-even position through brokerage.			

Risk Number	666	Theme	Cyber Security
Risk Level	High	Score	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business-as-usual arrangements entailed with resilience.	
Mitigating Action	**Due Date**
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the course of the audit.	October 2024

Risk Number	712	Theme	Fire Compartmentation
Risk Level	High	Score	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.	
Mitigating Action	**Due Date**
Contracts in place awaiting Raigmore to facilitate decant to allow work to commence – decant plan submitted and approved, works underway with estimated completion due end of December 2024.	December 2024
Further fire compartmentation work project plan for the remainder of the building to be developed as part of this work.	March 2025

Risk Number	1097	Theme	Strategic Transformation
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
NHS Highland will need to redesign to systematically and robustly respond to challenges faced. If transformation is not achieved this may limit the Board's options in the future regarding what it can and cannot do for our population. The ability to achieve financial balance and the focus on the current operational challenges may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the health and care needs of our population in a safe & sustained manner and the ability to achieve financial balance.	
Mitigating Action	**Due Date**

Implementation of NHS Highland's Decision-Making Framework.	Complete
Refresh and implementation of Performance Management Framework to monitor implementation of strategic design and change programmes.	Being redrafted at present for future consideration – Next update September 2024
Set-up of monitoring and assurance structure for strategic design and transformation of services, including reporting of portfolio progress against deliverables, key risks and improvement trajectories.	Was complete however opened to reflect refreshed ADP trajectories being included in IPQR. ADP.MTP now accepted and being mapped to governance committees. Report to FRP August 2024
Governance of strategic design programmes through a portfolio approach is embedded within the NHS Highland governance structure	Complete
Agreement of strategic design priorities within the current portfolio approach	Being revisited in line with basics, build, better, best. Reporting to FRPC August 2024
Appointment of Senior Responsible Officers and embedding programme management approach to document, mitigate and escalate risk to achievement of strategic transformation.	Complete
Integration of financial planning into strategic change programmes to ensure any financial benefits can be achieved.	Ongoing and will be reviewed in line with transformation programmes quarterly.
Strategic change priorities will be assessed by a Professional Reference Group to ensure appropriate involvement to ensure change is clinically led.	Ongoing
Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond	Complete

Risk Number	1255	Theme	ADP 24-25 Delivery
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to fragility of services and reliance on additional / unfunded resource to cope with current levels of demand and activity, there is a risk that ADP 24-25 will fail to deliver the outcomes being pursued to improve patient quality, care delivery and efficiency.			
Mitigating Action		Due Date	
Value & Efficiency Accountability Group (VEAG) established to monitor efficiency opportunities across system against agree priorities		Meeting fortnightly	
Integrated service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability being incorporated into annual planning cycle governance.		Annual planning cycle governance to be established Autumn 2024.	
Review associated governance of ADP deliverables		September 2024	

across SLTs, STAG and VEAG underway.	

Risk Number	1279	Theme	Financial Balance – Adult Social Care
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			

There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2024/25 due to:
1. Current underlying financial position represents a significant overspend against the allocation received with an opening deficit of £16.252m
2. Further reduction in Quantum of £7m
3. Inability to realise 3% reduction in spend in line with value & efficiency plans of £5.71m

Mitigating Action	Due Date
ASC team to establish a cost reduction plan that delivers a 3% efficiency saving and highlights deliverable options to reduce the remaining gap.	July 2024

Risk Number	714	Theme	Backlog Maintenance
Risk Level	High	Score	12
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			

There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.

Mitigating Action	Due Date
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.	March 2025
Preparing a Whole System plan (Business Continuity Plan) collating and prioritising all backlog maintenance for submission to Scottish Government to inform future funding levels - Planned Submission Date January 2025	January 2025

Risk Number	1182	Theme	New Craigs PFI Transfer
Risk Level	Medium	Score	9
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			

There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/

service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.

Mitigating Action	Due Date
PFI hand-back Programme Board in place	Established and meeting bi-monthly
Development sessions being progressed to model the future estate utilisation and service delivery model	In progress through the Programme and will be ongoing until hand-back date
Working with Scottish Futures Trust	Ongoing
Programme Management commissioned from independent intelligence	
Programme structure in place	
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register	Ad-hoc

Staff Governance Risks

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	**Score**	20
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative
There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels. Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well' New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs International recruitment team and processes developed in partnership with North of Scotland Boards

Mitigating Action	Due Date
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled **September 2023**	Recruitment improvement project plan developed and project team in place Work is ongoing to improve recruiting managers knowledge and understanding of their role and responsibilities and reduce delays in completing key tasks. It has been agreed that further work is required to review the service model as ongoing work to improve performance is having little impact. Further data analysis will be completed to review where delays are occurring and if this is related to capacity of managers to use the self-service model. Work ongoing **Next update November 2024**
Further proposals to be developed for	Work ongoing to agree programme

enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc **November 2023**	of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place – Formal update will be provided to EDG in January 2024 – This work has been delayed and will be tied into the proposal to review the models for recruitment we currently use - Next **update November 2024**
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships **January 2024**	Employability working group being established and project charter agreed Work ongoing and will be reported through people and culture portfolio board. Workshops planned to progress these discussions. Work progressing well with initial workshops complete, work ongoing **Next update November 2024**
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care **November 2023**	Initial discussions complete on establishing a workforce diversification programme, but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024 Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week. **Next update January 2025**
Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce **November 2023**	Integrated service planning approach agreed and first cycle to be completed by end of March 2024 e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme Work is underway to complete our first cycle of integrated service

	planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out
	Effective rostering programme agreed by Health and Care Staffing Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs.
	First cycle of integrated service planning complete and proposal agreed for second cycle of integrated service planning for 2024-2025. We are gaining better insights from this process into workforce challenges and potential solutions and it is anticipated this will improve further through the second cycle with a more robust and detailed workforce plan developed during 2024-2025.
	Next update November 2024
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle **March 2024**	Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024.
	HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self-assessment
	1st Quarterly report produced for staff governance committee and board
	Next update September 2024

Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	Score	20
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative
There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action. The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

Mitigating Action	Due Date
I Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes. **September 2024**	Short life working group now established and 6-month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to the area partnership forum and will be considered by staff governance committee in July 2024 Some progress made but more required. Data on compliance now dis-aggregated to operational areas for further scrutiny by staff governance committee **next update November 2024**

Risk Number	632	Theme	Culture
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Our People	
Governance Committee		Staff Governance	

Risk Narrative

There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.

Mitigating Action	Due Date
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – **October 2023**	Refreshed leadership and management development programme now in place. Phase two of the culture and leadership framework and programme underway with a focus on development of the learning system and consideration of cohort training for key groups of managers. **next update September 2024**
Further development of staff engagement approach including board wide 'living our values' project – **December 2023**	Staff engagement approach presented and approved by COG in December 2023 – detailed plan reviewed by COG in February 2024 and further work required to refine which will be reviewed at the March meeting COG and APF approved the staff engagement approach which will be delivered during 2023/2024 **next update November 2024**
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers **– September 2023**	Short life working group now established and 6-month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to

	the area partnership forum and will be considered by staff governance committee in July 2024.
	Some progress made but more required. Data on compliance now dis-aggregated to operational areas for further scrutiny by staff governance committee
	next update November 2024
Appraisal (personal development review - PDR) and PDP improvement plan approved in March 2024 to ensure all managers have PDR and PDP completed in 2024-2025	Short life working group in place to finalise details of PDR and PDP improvement plan including supporting materials, actions required and timelines.
	Plan launched with reports issued to managers and requirements to agree plans and trajectories for their areas. 1st two levels of management below director to be completed by December 2024
	next update January 2025

Clinical and Care Governance Risks

Vaccination uptake and delivery remain risks for NHS Highland. Adult vaccination uptake is close to national levels, but childhood uptake has fallen within Highland HSCP. Considerable work continues to be undertaken to improve the service and uptake including that relating to SG escalation and implementation of the recommendations of the PHS peer review. Action plan implementation is overseen by the Vaccination Improvement Group

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Care home uptake for COVID vaccination was higher than the national average. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Quality and staff issues have been highlighted especially within Highland HSCP and include clinic cancellation and access. Uptake of some other vaccinations has declined and work to tackle this is being undertaken. There are some specific actions as well as others in line with those for COVID and influenza.			
Mitigating Action		**Due Date**	
Actions to increase uptake rate and other measures of performance and quality improvement are in place		October 2024	
Effective delivery model in place across Highland HSCP - Peer review has been undertaken and implementation group with action plan is in place		October 2024	
Implementation of autumn/winter 2024 COVID and influenza vaccinations - Details of delivery will depend on agreed delivery model		January 2025	

Risk Number	**715: Proposed shift to Public Health Directorate Risk Register**	Theme	Impact of COVID on Health Outcomes
Risk Level	High	Score	8
Target Risk Level	High	Target Score	8
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			

COVID remains present within the community and fluctuates in prevalence. Cases are still being reported within health and care settings. The successful vaccination programme means that risks of serious consequences are much reduced and there is no current major concern regarding new variants and mutations. Influenza and other viruses continue to be a risk.	
Mitigating Action	**Due Date**
Co-ordination and delivery of the next phase of flu and covid immunisation	January 2025
Implementation of the Social Mitigation Strategy action plan	March 2025

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

3.2 Workforce

A robust risk management process will enable risks relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Clinical Governance Committee

3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

3.4 Risk Assessment/Management

This is outlined in this paper.

3.5 Data Protection

The risk register does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7   Other impacts

No relevant impacts.

3.8   Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in in line with our strategic objectives and outcomes once strategy is approved.

3.9   Route to the Meeting

Through FRPC, SGC and CGC.

4   Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- Decision – To downgrade risk 715 (impact of COVID on health outcomes) from the Board risk register to the public health directorate risk register.

4.1   List of appendices

None as summary has been provided for ease of reading

	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	**05 September 2024 – 9.00am (via MS Teams)**	

Present
Alasdair Christie, In the Chair
Tim Allison, Director of Public Health
Louise Bussell, Board Nurse Director
Ann Clark, Board Vice Chair (Substitute)
Muriel Cockburn, Non-Executive Board Director
Liz Henderson, Independent Public Member
Karen Leach, Non-Executive Board Director
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director/Lead Officer
Dr Gaener Rodger, Non-Executive Board Director

In attendance
Gareth Adkins, Director of People and Culture (from 10.00am)
Sarah Buchan, Director of Pharmacy
Lorraine Cowie, Head of Strategy and Transformation (from 10.00am)
Pamela Cremin, Chief Officer (North)/Director of Community Services (from 9.05am)
Ruth Daly, Board Secretary (from 9.10am)
Alison Felce, Senior Business Manager
Evelyn Gray, Lead Nurse
Stephanie Govenden, Consultant Community Paediatrician (from 9.05am)
Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP (from 9.25am)
Elaine Henry, Deputy Medical Director (Acute)
Frances Hines, Research Manager (from 11.15am)
Michelle Johnstone, Area Manager (North and West) (from 9.55am)
Moranne MacGillivray, Service Manager (Medical and Diagnostics) (from 9.20am)
Derick MacRae, Cancer Services Manager
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Katherine Sutton, Chief Officer Acute Services (from 10.50am)

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from C Copeland and G O'Brien.

The Chair thanked Gaener Rodger for her substantive contribution over the years to the Board and this committee, which she had previously chaired, acknowledging that this was her final Clinical Governance Committee.

1.2 DECLARATIONS OF INTEREST

There were no Declarations of Interest made in relation to any Items on the Agenda.

1.3 MINUTE OF MEETING THURSDAY 11 JULY 2024, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 11 July 2024 and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling basis.

The Committee:

- **Approved** the draft Minute.
- **Approved** the updated Committee Action and Work Plans.

1.4 MATTERS ARISING

1.4.1 Vaccination – Update on Governance Roles and Responsibilities

The Director of Public Health spoke to the circulated report which addressed issues raised at the previous Clinical Governance Committee around governance and performance. There had been some concern around how reporting gets through to the Highland Health and Social Care Partnership to whom the paper had been presented the previous day, where there had been considerable discussion around further work required. There had been some improvement in terms of performance, particularly in the promptness of vaccination, but concern remained, particularly around Measles, Mumps and Rubella (MMR). The model for delivery of vaccinations remained in progress, undergoing consultation and options appraisal. The latter was almost complete, and a public survey was currently live.

The following was discussed:

- Monthly Performance Meetings with Scottish Government. The Director of Public Health updated the committee on items discussed at the monthly meetings. Concern continued about certain elements of the programme, including overall update and specific issues such as Post-exposure Prophylaxis for Tetanus, for which movement towards a solution had been slow. De-escalation, though not immediate, had also been discussed, with increased confidence in the system identified as a requirement. While confidence had improved, there remained a need for a more robust system and while developments were slow, the options appraisal was expected to expedite this. The next meeting with Scottish Government was scheduled for that afternoon.
- Action Plan Red Amber Green (RAG) Rating. The RAG rating was predominantly green, with some amber, noting green meant 'on track' as opposed to nearing completion.
- Performance Escalation and Complaints. The escalation had been caused by a lack of confidence in the vaccination system and it was crucial confidence was regained to ensure people were keen to receive vaccinations. Complaints had decreased, partly due to some improvements in the service and partly due to a natural fluctuation in the volume of comments, whether complaint or compliment, in line with the fluctuation of numbers of vaccinations given.
- Operational Changes. Original plans to reconfigure the vaccination system internally toward a locality-based programme had been replaced with a fundamental review of options around primary care versus board delivery and this was expected to delay the system being in place in time for the next round of vaccinations as consultations with primary care were ongoing.
- Communication and Information Setting. The importance of clarity of communication around vaccinations to the public, particularly at this time of year when vaccination invitations were expected, was noted and a concern was raised around angst in communities if there is extensive travel involved in receiving tetanus injections.

After discussion, the Committee:

- **Noted** the content of the report and points raised in discussion.
- **Agreed** to take **Limited** assurance.

2 SERVICE UPDATES

2.1 Cancer Services Update

The Cancer Services Manager, spoke to the circulated report, providing an update on the staffing position within oncology. The heavy reliance on locum staff was highlighted, with four out of six and a half consultant positions filled by locums. Efforts to improve this included both local and national actions, with some progress made, such as a locum from India joining in June and another expected in December. However, the recognition of overseas qualifications required up to two years of support, placing additional burdens on existing staff. The national oncology service, while managed nationally, still relied on territorial health boards, which presented challenges. Work was underway nationally to describe a reconfiguration of services to support overall resilience. The Cancer Services Manager provided an overview of what this may look like, but at this stage the proposal was at an early stage and NHS Highland along with other boards is involved in the work.

It was noted £78,000 was available in the current financial year and they could start appointing to some roles and a case was being prepared for next year's funding to consolidate the local core staff. There was also a commitment to allocate trainees based on needs, aiming to rotate trainees into Highland. The transition to the target operating model required significant infrastructure work, and future funding should be needs-based. Concerns remained about the ability of other centres to support the plan due to increasing demand and red RAG risks in Oncology. The ongoing work complemented the forthcoming national clinical strategy, focusing on long-term initiatives to improve cancer care, including prevention through lifestyle choices.

In discussion the following points were raised:

- The Medical Director stressed what had been described as the future direction of travel was yet to be confirmed and the Target Operating Model (TOM), which our clinicians had engaged with, was still in the early stages of implementation. There had been local engagement to try and ensure more common cancers were treated locally with less common cancers being treated on a regional or national basis. Efforts were underway to restore a Clinical Lead for Cancer and there was also a need to reinstate the Cancer Oversight Meetings.
- Retainment of overseas staff and trainees. There was a 25% shortfall of trainees completing oncology training within the UK and the vacancy gradient deepened further north. It was noted there was a need to consider what would secure personal and professional fulfilment for individuals that are relocating to our area, with housing issues being a particular problem. The Finder's Fee Service was considered to be working well, highlighting the need to find a competitive edge in attracting staff.

After discussion, the Committee:

- **Noted** the report content and discussion points.
- **Agreed** to take **Limited** assurance.

2.2 NDAS Service Update – Final Action Plan

The Neurodevelopmental Assessment Service (NDAS) Senior Service Manager spoke to the circulated report advising as to the current position, this being a joint agency service between NHS Highland and The Highland Council. A Senior Leadership Group had been meeting since the summer which had improved staff morale, with some actions having been progressed. Letters had been sent to all 1800 families providing reassurance that whilst the service was under incredible pressure , with a need for redesign and additional resource, both Highland Council and NHS Highland were committed. A Programme Board had been set up with the first meeting being held next week with good representation expected from senior NHS and Highland Council Senior Executive colleagues. The Authority to Recruit (ATR) had been progressed for the Psychology post and was currently with Agenda for Change colleagues for minor but important changes to be made to the job description. The NDAS Clinical Director post was to be progressed to ATR when the job

description, which was in the final draft stages, was complete. A waiting list cleansing exercise had been progressed which included consideration of those aged 17 and over transitioning to adult services; ascertaining whether those who've waited a long time still wished to progress to assessment; potential commissioning of some private sector work. The National Elective Coordination Unit (NECU) did not currently support NDAS so efforts were underway to find ways to manage ongoing patient communication through our own Patient Hub.

The following points were raised in discussion:

- Members welcomed the progress that had been made, acknowledging the importance of partnership working. It was noted that this was only in reference to the Highland Health and Social Care Partnership and Argyll and Bute had separate challenges around NDAS.
- It was understood that waiting list numbers were likely to deteriorate before they improved although measures were being taken to minimise this as far as possible through additional support from Child and Adult Mental Health Services (CAMHS) and Speech and Language Therapy within Highland Council to support children while they waited for assessment.
- The importance of ensuring families understood how to access escalation pathways was raised as a concern although it was noted the professional team around the child should support that.
- Early intervention was recognised as essential in managing the future situation and The Highland Council were currently working on a proposal around this which would be brought to the Programme Board.

After discussion, the Committee:

- **Noted** the key actions and priorities outlined in the report.
- **Agreed** to take **Limited** assurance.

2.3   Update on Dental Services

There had been circulated a report providing an update on Dental Services. It was suggested that more concrete numbers were provided at the next update and the intention was that this committee would be provided local data in advance of its submission to the planned national database. Additional local data would also be sought where it was of interest. There was some discussion about the interpretation of the data provided in this report and it was acknowledged there were further challenges with this owing to the complication of private dental practices undertaking NHS work.

After discussion, the Committee:

- **Noted** the contents of the report.
- **Agreed** to take **Limited** assurance.
- **Agreed** to receive a report containing statistics and key performance indicators at a future meeting.

2.4   Sir Lewis Ritchie Report and Position in Relation to Recommendations

The Nurse Director spoke to the circulated report, highlighting the need to future proof what was being done as the organisation moved into district planning, considering all services across the Board area, particularly Skye, Lochalsh and South-West Ross. It was noted additional efforts were needed with Community colleagues to ensure sustainability and address outstanding areas of work considering the recommendations. In terms of sign-off, it was acknowledged further work with community representatives and Sir Lewis Ritchie was needed. The project's unique structure, led by an independent steering group, was highlighted, with the next meeting in October expected to address remaining tasks. It was noted a governance structure for the project's future would be presented for community feedback, potentially requiring additional co-produced groups to focus on urgent care. While some work remained, sign-off within the year was anticipated, though flexibility

was needed. The Medical Director shared Sir Lewis' gratitude to all colleagues who had been involved in bringing this piece of work close to completion.

During discussion, it was highlighted building community confidence in the model was key to achieving sign-off, with a focus on sharing clear, evidence-based data to counter any misconceptions. The need for ongoing support during the transition to new structures was also raised, given the early stage of the district planning groups. Plans were in place to re-establish a group with community representatives to review data and adjust the model if needed, alongside efforts to address transport and accessibility issues. Strengthening district planning groups during this transition was also a priority.

After discussion, the Committee:

- **Considered** the process and governance in place to achieve completion of the recommendations.
- **Noted** progress made to date in response to the recommendations.
- **Agreed** to take **Moderate assurance**.

2.5 Update on SPSP Programmes

There had been circulated an update on the Scottish Safety Patient Programme and owing to time constraints, the Nurse Director offered to answer questions rather than speak to the report in detail. In response to the query regarding a timeline for embedding Essentials of Safe Care to build a sound organisational culture, members were advised it was a work in progress and rather than a specific timeline which was potentially unsustainable, an improving trajectory was more pragmatic, building confidence in each report.

After discussion, the Committee:

- **Noted** progress and recognised the challenges to delivery of the programmes
- **Noted** that each programme had yet to set local targets in relation to their date
- **Noted** the recommendation that Essentials of Safe Care was more fully examined and integrated into the work across the NHS Board
- **Agreed** to take **Moderate** assurance.

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3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Health and Care Staffing Act Q1

The Director of People and Culture spoke to the circulated Quarter 1 report which had been reviewed by the Staff Governance Committee (SGC) and would continue to be reviewed by both SGC and this Committee before being presented to the Board, as required by the Act. Collaboration with the Medical and Nursing Directors would continue, though the Act's wording on responsibilities would be interpreted flexibly. The complexity of the Act and the multi-year process of achieving full compliance was noted, with moderate assurance provided at present, focusing on strengthening systems and identifying gaps. The report was expected to evolve based on feedback, and a more detailed annual report would be provided later in the year. Committee members were invited to provide feedback.

The following was discussed:

- Evaluation of mitigation of the challenges faced. This would be an ongoing process. Healthcare Improvement Scotland (HIS), now in a scrutiny and assurance role following the pre-implementation phase, would play a key monitoring role. The Director of People and Culture

was to attend an advisory group meeting that afternoon to provide feedback, noting concerns that while HIS requested regular reports, they would not be providing routine feedback. There was uncertainty around the role of HIS in the process and there was a need for the Board to focus on self-assessment and ensure ongoing progress was reflected in future evaluations.

- Report Scope. A query was raised about the inclusion of physician associates and nursing practitioners in the staffing report, with members advised while the report covered all professional groups, it was more prescriptive for nursing, midwifery, and Emergency Department staff, and ongoing efforts were focused on addressing national gaps, improving workforce planning, and managing staffing risks through flexible approaches and existing systems like OPEL.
- Partnership Responsibilities. It was asked whether duties under the Act extended to Highland Council and third-sector partners, such as health visitors employed by the Council, and those delivering services under contracts. Issues regarding the complexities of a Lead Agency model had been raised during the pre-implementation phase. Under the Integrated Joint Board (IJB) model, there was a clear division between NHS and Council responsibilities. The Council's compliance, through commissioned or directly delivered services, was demonstrated via the Public Bodies Joint Working Act and relationships with regulators, but they were not required to follow the same staffing methodology or evidence levels as the health system. Ongoing discussions with Council colleagues aimed to manage assurances under the lead agency model, particularly for children's and adult services, with a need to align with practices in areas such as Argyll and Bute.

> **After discussion, the Committee:**
>
> - **Noted** the report contents.
> - **Agreed** to take **Moderate** assurance.

3.2 Effectiveness of Current GP Services and Associated Issues/Risk Management Activity

There was no discussion held in relation to this Item.

> **The Committee Agreed** to receive a formal update at a future meeting.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. The report proposed the Committee take **Moderate** assurance.

> **The Committee:**
>
> - **Noted** the detail of the circulated Case Study documents.
> - **Agreed** an update would be sought in relation to the Social Work request aspects highlighted.
> - **Agreed** to take **Moderate** assurance.

5.1 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data; associated commentary; and an indication of key risks and mitigations around Complaints and Feedback activity, Review of Scottish Public Services Ombudsman and further correspondence returns, Vaccination Service Complaint and Feedback activity, Significant Adverse Event Reviews (SAERs) and Level 2A case reviews, Hospital Inpatient Falls, Infection Control, and Tissue Viability. The report highlighted performance over the previous 13 months and was based on information from

the Datix risk management system. It was stated performance against the 20-day working target for Complaints had improved; the Highland Health and Social Care Partnership was to hold a complaints workshop to agree action for improving performance against the 20-working day target; SPSO activity remained steady, with spotlight services provided relating to the vaccination service. SAER training was being delivered to build capacity and a review of resources was being undertaken. An NHS Falls and Frailty Conference was to take place on 20 September 2024. A number of actions were being taken to reduce the number of healthcare acquired infections, with a national review of existing reduction aims being undertaken. A number of actions were also being taken in relation to reducing tissue viability injuries. The report proposed the Committee take **Moderate** assurance.

On the point raised by the Chair, it was advised the number of Stage 2 Complaints received can fluctuate across the year, with relevant data being a month behind, and with current activity focused on reducing associated response times.

After discussion, the Committee

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

5.2 NHS Highland Feedback and Complaints Annual Complaints Report 2023/2024

M Morrison spoke to the circulated Annual Report, providing a summary of the feedback received by NHS Highland from 1 April 2023 to 31 March 2024 and including a description of the lessons learnt and improvements made. A summary of the approaches taken to proactively gather feedback to inform and develop local services, including from Independent Contractors had also been included. It was noted the Annual Report was a requirement placed on all NHS Boards by Scottish Government to submit relevant data on 9 key indicators for all stages of the complaints process. A review of the annual data was provided, noting the volume of complaints received had increased over that in the previous year, with pressures experienced within service areas continuing to impact overall response times. Additional actions taken forward through 2023/2024 were indicated and it was noted NHS Highland was in the process of implementing a new Complaint reporting system, InPhase which was expected to go live on 1 December 2024. Ongoing phases of the InPhase project would advance the NHS Board plans to streamline the management of complaints and enable further improvement opportunities. The report proposed the Committee take **Substantial** assurance.

The following was discussed:

- InPhase Reporting System Implementation. Advised communication relating to introduction of new system to be included in latest Staff Bulletin was being released later that day. A specific Communications Plan would be developed. The new system would provide "At a Glance" data.

After discussion, the Committee:

- **Noted** the content of the circulated Annual Report.
- **Agreed** to take **Substantial** assurance.

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6 INTEGRATED PERFORMANCE AND QUALITY REPORT PLUS ANNUAL DELIVERY PLAN 2024/2025 (Q1) – OUTCOMES/GENERAL UPDATE

The Head of Strategy and Transformation spoke to the circulated report, advising the Integrated Performance & Quality Report (IPQR) was aimed at providing a bi-monthly update on performance and quality based on the latest information available. As part of the Government's Annual Delivery Plan (ADP) Commission the NHS Board was required to submit quarterly reports on progress, risks and impacts of ADP deliverables. The circulated report summarised performance and quality indicators used to evidence progress of embedding ADP deliverables across Acute, HHSCP and

Corporate areas. The circulated report represented the first iteration where the IPQR had been integrated with the ADP and the outline quality framework indicators and presented to all Governance Committee through a synchronised approach and would continually be refined. A summarised version would then be presented to NHS Highland Board. All data available within the IPQR was available at service level on a regular basis.

It was stated the IPQR contained an agreed set of measurable indicators across the health and social care system aimed at providing a number of Committees a bi-monthly update on performance and quality based on the latest information available whilst working towards having a truly integrated report based on the emerging quality framework. The format and detail had been modified to bring together the measurable progress aligned to the actions within the Annual Delivery Plan that would be reviewed by both the Finance, Resources and Performance Committee and the Clinical Governance Committee. In addition, a narrative summary table had been provided against each area to summarise the known issues and causes of current performance, how these issues and causes would be mitigated through improvements and what the anticipated impact of these improvements would be. A number of performance and quality additions had been included in the circulated IPQR as indicated, and further performance and quality indicators were in the process of being scoped to ensure additional ADP deliverables can be performance/quality referenced to bolster assurance and evidence successful implementation and delivery.

It was noted the Executive Directors Group approved quarterly updates for submission to Scottish Government, with quarterly updates also submitted to the Finance, resources and Performance Committee. At the time of submission, at Quarter 1 there were 256 current actions or deliverables, representing our transformational objectives across the ADP and medium term plans (MTP). There were 141 ADP deliverables and 115 MTP deliverables. 33 of those deliverables had a delivery target date by the end of Q1. ADP deliverables had been colour coded to represent implementation progress for deliverables, with systematic challenges noted in relation to service sustainability, infrastructure, rural delivery, workforce capacity and resilience, delivering within financial means and recovery of waiting times. The report proposed the Committee take **Limited** assurance.

There followed discussion of the following:

- Revised Reporting Format. Having welcomed the revised format, members were advised it was anticipated this would support clinical leads in discussion of matters such as clinical risk and associated high level considerations. Patient experience data was included, with iterative reporting adopted across all organisational areas. Links to the ADP were key. Members requested graphical representation of data be made clearer in future reports.
- NDAS Service. Noted inclusion of measure of deprivation for first time. Consideration being given to inclusion of public health information for other service areas.
- Plans and Mitigations. Requested inclusion of relevant timeframes.
- Benchmarking Data. Noted absence of upper/lower control limits for some reporting areas and questioned how outliers were identified. Advised reporting format remained in development and would be iterative in nature. As a Governance Committee, it was important to demonstrate consideration of relevant clinical data and information and feed back down to operational level. Members emphasised the need to identify variation and escalate matters appropriately.
- Deep Dive Activity. Noted this would continue to be undertaken at Committee level.
- Lack of Defined Targets. Advised active consideration being given to this element.

After detailed discussion, the Committee:

- **Noted** the report.
- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care Services in delivering on performance and quality metrics aligned to the ADP.
- **Agreed** to take **Limited** assurance.

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

7.1 Argyll and Bute

R Helliwell spoke to the circulated report, summarising key clinical governance topics from each service area within the Argyll and Bute Health and Social Care Partnership and providing assurance of effective clinical governance frameworks being in place. Specific updates were provided in relation to Health and Community Care; Primary Care, including sexual health services; Children, Families and Justice; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Adverse Events and Significant Adverse Events activity, and SPSO Investigations. A response had been provided in relation to an enquiry from the Mental Welfare Commission, in relation to which a formal decision was awaited. There had also been circulated Minute of Meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 15 August 2024. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

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

7.2 Highland Health and Social Care Partnership

M Johnstone spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was underway. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. Detail was provided in relation to relevant Statutory and Mandatory training activity, including development of an updated Violence and Aggression Prevention training curriculum; and it was noted all areas were reporting on issues relating to recruitment and retention, these being taken forward by the Director of People and Culture through relevant management structures. Sickness levels were at 6.99% as at July 2024. Complaints activity and performance for the previous three months was outlined. A complaints process mapping session had been held and an improvement plan had been developed, in relation to which continuous improvement outcomes would be discussed for short and long terms actions. One SPSO case had been opened during the reporting period, with 7 Compliments having been received over the previous three months. There continued to be a weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. An overview of SAER activity was provided. Current issues being highlighted were in relation to Tissue Viability (Community Tool), access to Mental Health Services and Primary Care. A short life working group on vaccination activity had been established to support an options appraisal to explore GP flexibility and service specifications and contracts had been issued to GP Practices covering 9 Enhanced Services. Areas of positivity were indicated as relating to Community Nursing, Allied Health Professions, Community Services and Mental Health Services, as indicated. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 6 August 2024. The report proposed the Committee take **Moderate** assurance.

The following areas were then discussed:

- Governance Framework. Advised work undertaken across districts and communities to review the Senior Management Team and associated activity. Improvements included development of a regular calendar of meetings; provision of clear guidelines and standard reporting templates; and establishment of a Communities Clinical Governance meeting.
- Trauma Training Activity. Confirmed recent training session held.

After discussion, the Committee:

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

The Committee adjourned at 10.50am and reconvened at 11.00am.

7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services. An update in relation to Hospital Acquired Infection (HAI) and associated recent activity was provided. It was reported operational pressures and patient flow continued to be challenging, with significant impact on clinical teams, especially during short notice sickness absence. The number of delayed discharges had been increasing and with additional surge capacity together with short term staff sickness absence this was impacting on the quality of patient care. The flow out of hospital and into community hospitals was limited. Aspects relating to quality and patient care were highlighted, including relevant acute SPSO activity since April 2024, and updates were also provided in relation to progress in relation to relevant workforce challenges. An Acute financial performance summary 2024/25 was given. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 16 July 2024, copy of a report to the Service Transformation Assurance Group relating to the National Trauma Audit, and detail relating to a Significant Adverse Event Review Report. The report proposed the Committee take **Moderate** assurance, for the reasons stated.

The following points were raised in discussion:

- Holistic Patient Flow. Members recognised the challenges being faced and requested a formal update, including on flow out into the community setting, be submitted to the next meeting.
- Workforce. Requested staff be kept regularly informed as to relevant mitigating activity. Emphasised clinical staff need to be assured relevant challenges are being highlighted and considered at the top level of the organisation.
- System Pressures. Noted series of pressures and challenges being escalated to Board level at this time. Acknowledged the level of service being maintained despite these pressures and stated feedback to the NHS Board should appropriately reflect the associated level of assurance being given and taken at this Committee. Medical Director to reflect on relevant messaging.
- Strategic Risks and Clinical Safety. Requested update on recent activity in this area and the associated reassurance being provided to staff. Advised activity remains a work in progress, and whilst relevant risks were appropriately articulated at Operational level, those reported at NHS Board level were Strategic in nature. The ability to capture, articulate and reflect on relevant elements at the appropriate level remained a key consideration for professional and clinical leadership colleagues.
- Service Level Risk. Emphasised need to ensure service level risks were captured and actioned.
- System Capacity Group. K Sutton advised she was to lead this Group, the work of which would have a system-wide impact across all hospital and community settings. One area of activity would be to consider how to develop the ability to create additional capacity at times of need.

After further discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Noted** a further detailed update in relation to Hospital Acquired Infection activity would be provided to the next meeting.
- **Agreed** a formal update on patient flow be brought to the next meeting.
- **Agreed** to take **Moderate** assurance.

7.4 Infants, Children and Young People's Clinical Governance Group

The Nurse Director spoke to the circulated report, advising a new Child Health Commissioner was working with NHS Highland around the future of governance for Children's Services taking cognisance of the partnership landscape but emphasised discussions with the community still

needed to take place prior to any adjustments being made to ensure all proposed work takes a cautious and collaborative approach. The report proposed the Committee take **Moderate Assurance.**

The Committee:

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

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8   Infection Prevention and Control Report

The Nurse Director spoke to the circulated report, she confirmed the report provided an update on the current position and the end of year position. There had been challenges meeting the targets for Clostridium Difficile and E-Coli but they were within predicted limits. She confirmed there had been a smaller number of COVID-19 and Norovirus outbreaks.

The Chair sought clarity around the targets in place and queried whether they were stretch targets. The Nurse Director confirmed they were stretch targets and given the challenges faced and how important it was to have a robust level of infection control it was important those more challenging targets were in place.

M Cockburn suggested the challenges meeting those targets had been ongoing for over a year and sought clarity around the trends and causes, particularly around which locations were experiencing a higher rate of infection. The Nurse Director confirmed the granular detail was a key focus within the Infection Prevention and Control Committee however agreed an update on cases across the Board area could be included in the next update. The report proposed the Committee take **Moderate** assurance overall.

After discussion, the Committee:

- **Considered** the report content.
- **Agreed** to take **Moderate** assurance.

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9   Organ and Tissue Donation Committee – 6 Monthly Update

The Medical Director spoke to the circulated report, advising there had been a change in leadership and the positive work completed to date had been maintained. The Chair commended the performance noted in the six-monthly report and asked that this be fed back to the teams involved. The report proposed the Committee take **Substantial** assurance.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Substantial** assurance.

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10   Duty of Candour Annual Report

A Felce spoke to the circulated report and highlighted there had been 30 cases raised which was similar to the figure declared the previous year. The cases raised were spread evenly throughout services with a slight emphasis on the Acute Division, however she noted there were no specific concerns to highlight. A Felce also confirmed that some benchmarking work was underway and early indication confirmed NHS Highland were not a significant outlier in terms of case numbers compared to similar sized Boards. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:
• **Noted** the report content.
• **Agreed** to take **Moderate** assurance.

11 Clinical Advisory Group (CAG) Assurance Report

The Director of Public Health spoke to the circulated report and highlighted it outlined the work of the CAG. He drew attention to the challenges faced in mental health and learning disability referrals which often need to take place out with Scotland. There had also been challenges around the evidence base for new clinical procedures and requests for treatment of certain conditions to take place in other parts of the country. The report proposed the Committee take **Substantial** assurance.

The Committee otherwise:
• **Noted** the relevant report content.
• **Agreed** to take **Substantial** assurance.

12 Research, Development and Innovation Annual Report

F Hines spoke to the circulated report and confirmed the Association of British Pharmaceutical Industries had provided around £300 million to spend on improving recruitment to commercial drug trials with £9 million allocated to Scotland and subsequently around £1.5 million being allocated to NHS Highland. She highlighted ongoing challenges being experienced with cancer trials, particularly around oncology capacity, however the haematology service was performing well consistently. F Hines also noted there continued to be substantial savings in the drugs budget partially caused by an overall decline in drug trials in the UK.

It was noted a national UK Government quantum strategy was in place and one of their key targets were to ensure all NHS Health Boards in the UK are using quantum technology by 2030 with £2.5 billion invested in this field. F Hines also referenced the financial challenges faced within the department and confirmed work was underway to increase their funding streams through co-ordinated funding applications over the course of the year. The report proposed the committee take **Moderate** assurance.

During discussion the following points were highlighted:

- Committee Members expressed interest in visiting the department, particularly around the work taking place in redesign/development and transformation and suggested there should be some form of formal evaluation process to ensure the team were involved in the wider redesign/transformation across NHS Highland. F Hines confirmed a visit would be welcome and noted discussions were underway with the Head of Strategy and Transformations team to incorporate an evaluation process.
- The Medical Director welcomed the report and suggested members reviewed page seven of the report onwards where there were details of the innovations and research projects.
- E Henry added that her team were working on building upon the work taking place in haematology to encourage interest in the oncology area and drive a similar level of development.

The Committee:
• **Noted** the relevant report content.
• **Agreed** to take **Moderate** assurance.

13 Risk Register – Clinical Risk at Strategic Level

The Committee **Agreed** to **Consider** this matter at the next meeting.

14 PUBLIC HEALTH

14.1 Public Health – Risk Update

The Director of Public Health spoke to the circulated report and highlighted:

- Risk 715: The level of risk associated with the COVID-19 resurgence had fallen below that of strategic risks and it's proposed this risk is moved to the level two register and considered within the Public Health directorate
- Risk 959: This would remain a strategic risk and now incorporates both childhood and adult vaccinations and covers the autumn/winter 2024 COVID and Influenza vaccinations.

The Committee:

- **Noted** the relevant report content.
- **Agreed** to transfer of Risk 715 to the Public Health directorate risk register and **Areed** to retain the level of risk associated with Risk 959.
- **Agreed** to take **Moderate** assurance.

15 MEETING SCHEDULES

15.1 2024 Schedule

7 November

The Committee **Noted** the remaining meeting schedule for 2024

15.2 2025-27 Committee Dates

9am
2025/26
09/01/2025
06/03/2025
01/05/2025
03/07/2025
04/09/2025
06/11/2025
08/01/2026
05/03/2026

9am
2026/27
07/05/2026
02/07/2026
03/09/2026
05/11/2026
07/01/2027
04/03/2027

The Committee **Agreed** the meeting schedule for 2025-2027

15 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the Vaccination report, the update relating to Dentistry services and some elements of the Acute exception report.

The Committee so Noted.

16   ANY OTHER COMPETENT BUSINESS

The Nurse Director suggested a review of Committee Membership out with the meeting to ensure an appropriate level of clinical staff were present.

17   DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 7 November 2024 at 9.00am.

The meeting closed at 11.50am

NHS Highland

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**24 September 2024**
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 Board for:

- Assurance

This report relates to:

Quality and Performance across NHS Highland

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2   Report summary

The NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance, workforce and quality based on the latest information available.

2.1   Situation

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee, Staff Governance Committee and the Health and Social Care Partnership Committee a bi-monthly update on performance and quality based on the latest information available. The Argyll & Bute Integrated Performance Management Framework metrics are included in the NHS Highland Board IPQR as an appendix.

A narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements in the service, and what the anticipated impact of these improvements will be.

As described in the July 2024 IPQR paper to NHS Highland Board the following indicators are either now included or planned for future as it was not possible to complete in time for this meeting.

Item	Area	Narrative
1	Additional vaccination data	Children's vaccinations included
2	Dementia indicators	Planned
3	Long term conditions indicators	Planned
4	Palliative and End of Life Care	Planned
5	CAMHS trajectories and further data	Trajectories not agreed
6	NDAS and postcode analyses	Completed
8	Emergency breakdown of cancer activity	Planned
9	Additional public health indicators	Screening now included
10	Community Services Waiting Lists	Included
11	Dental registrations	Planned

2.2 Background

The IPQR is an agreed set of performance, quality and workforce indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3 Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

It is challenging to put an overall proposed level of assurance on a whole system report as there are areas of improvement and areas of challenge. The level of assurance has been proposed as moderate overall due to the number of services meeting or <5% off meeting ADP performance targets.

However, the system requires to redesign systematically to maximise efficiency opportunities and to enable service changes that bolster resilience and utilise resources that are cost effective for the Board and maximise value for our population including meeting national targets.

3 Impact Analysis

3.1 Quality/ Patient Care
IPQR provides a summary of quality and patient care across the system.

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

3.3 Financial
Financial analysis is not included in this report.

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

3.5 Data Protection
The report does not contain personally identifiable data.

3.6   Equality and Diversity, including health inequalities
No equality or diversity issues identified.

3.7   Other impacts
None.

3.8   Communication, involvement, engagement and consultation
This is a publicly available document.

3.9   Route to the Meeting
Through the relevant Governance Committees.

4   Recommendation

The Board is asked:

- To note moderate assurance level proposed due to improved performance on annual delivery plan targets and / or national target.
- To consider the level of performance across the system and direct any action through the appropriate governance committee.

1. List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – September 2024

Integrated Performance and Quality Report September 2024

Assuring the Board on the delivery of the 3 strategic objectives through our Well outcome themes:

Our Population
Deliver the best possible health and care outcomes

Our People
Be a great place to work

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

NHS Highland
na Gàidhealtachd

Together We Care
With you, for you

PERFORMANCE METRICS FOR OUR POPULATION AND IN PARTNERSHIP

FINANCE, RESOURCES AND PERFORMANCE COMMITTEE

Discussed at Committee on 6th September 2024

231
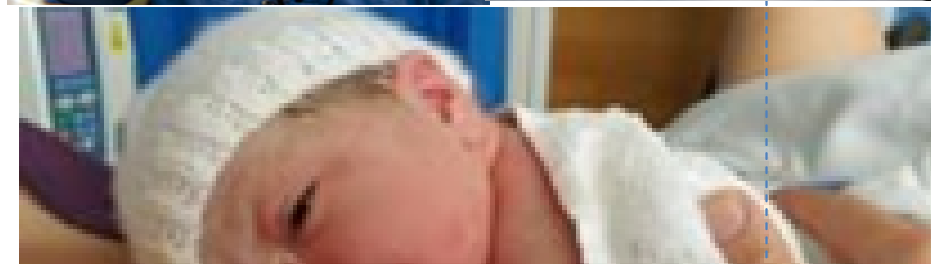
Executive Summary of Performance

Well Theme	Area	NATIONAL TARGETS			PERFORMANCE AGAINST TARGETS	
		Average 23/24 Performance	Current Performance	National Target	ADP Target Set	Performance Rating
Stay Well	COVID Vaccinations		62.6%	70%	No	National Target
Stay Well	Smoking Cessation		229	n/a	Yes	ADP Target
Stay Well	Alcohol Brief Intervention		3323	n/a	Yes	ADP Target
Stay Well	Drug & Alcohol Waiting Times		85.3%	90%	No	National Target
Thrive Well	CAMHS	70.8%	77%	90%	No	National Target
Respond Well	Emergency Access	78.5%	75.3%	95%	No	Although not meeting target 2nd of mainland boards
Care Well	Delayed Discharges	195	207	30% reduction (interm)	No	National Target
Treat Well	Outpatients	39.2%	37.9%	95%	Yes	ADP Target
Treat Well	Treatment Time Guarantee	56.5%	55.1%	100%	Yes	ADP Target
Treat Well	Diagnostics - Radiology	70.3%	78.1%	100%	Yes	ADP Target
Treat Well	Diagnostics – Endoscopy		61.2%	100%		
Journey Well	31 Day Cancer Target	93.6%	91.3%	95%	No	National Target
Journey Well	62 Day Cancer Target	68.8%	69.4%	95%	No	National Target
Live Well	Psychological Therapies	83.1%	84.3%	90%	No	National Target

Legend:

- Above or meeting target (blue)
- <5% off target (green)
- >5% off target (yellow)
- >10% off target (red)

Additional Guidance

Where applicable upper and lower control limits have been added to the graphs as well as an average mean of performance.

Within the narrative section areas where action was highlighted in the previous IPQR all Exec Leads have been asked for assurance of reason for current performance and areas for improvement.
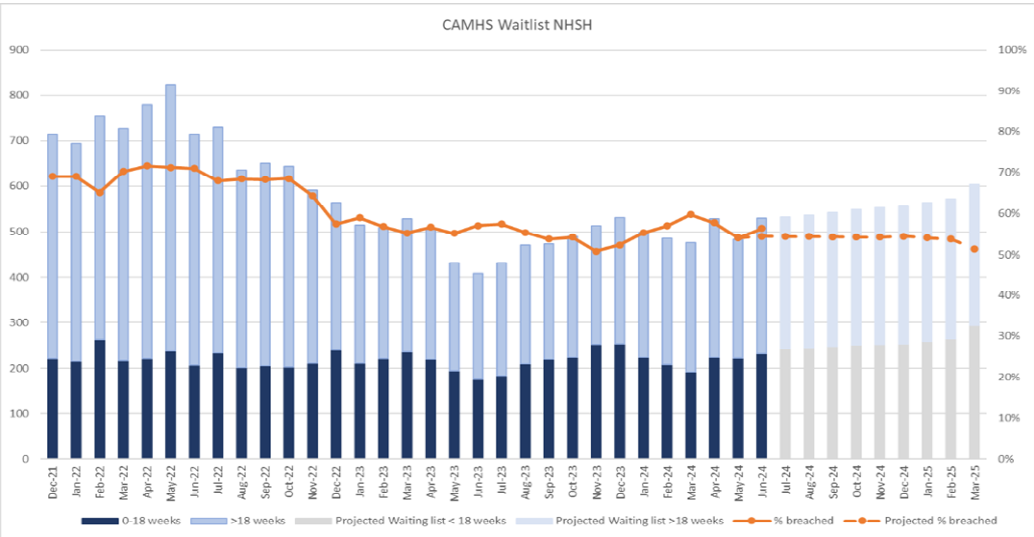
Not all performance indicators are included within this summary table.

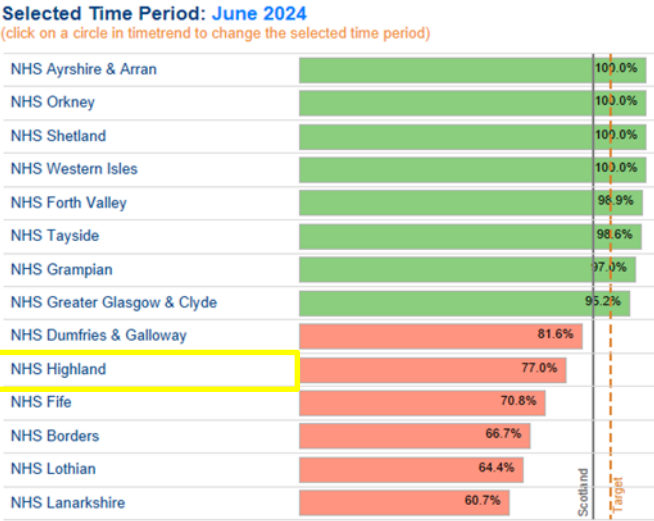| OBJECTIVE	Our Population	OUTCOME	Thrive Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	Child & Adolescent Mental Health
PERFORMANCE OVERVIEW	**TARGET**	90%	**NHS HIGHLAND**	77%	**TREND** ⬈	**BENCHMARK** 85.1%	**POSITION** 10/14

CAMHS Waiting Time < 18 Weeks (P)
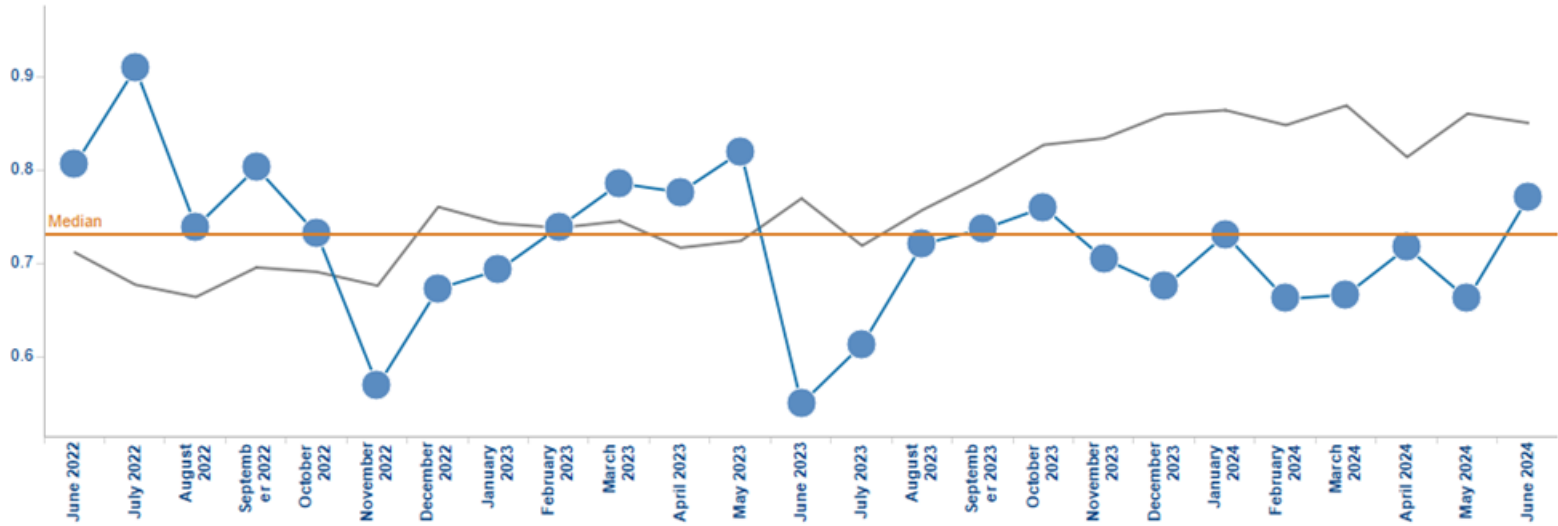
CAMHS Waiting List in Weeks (P&Q)
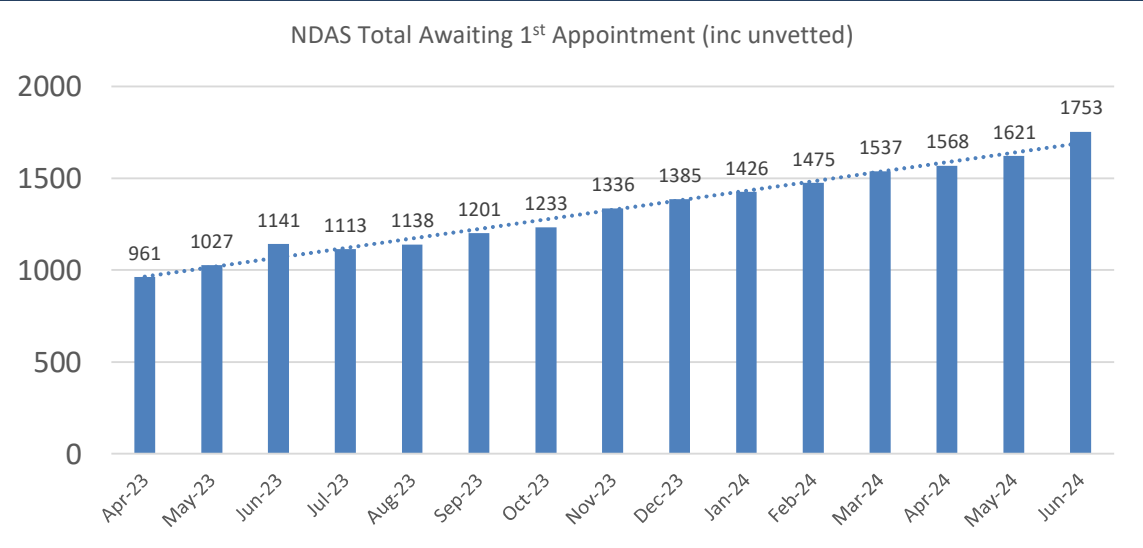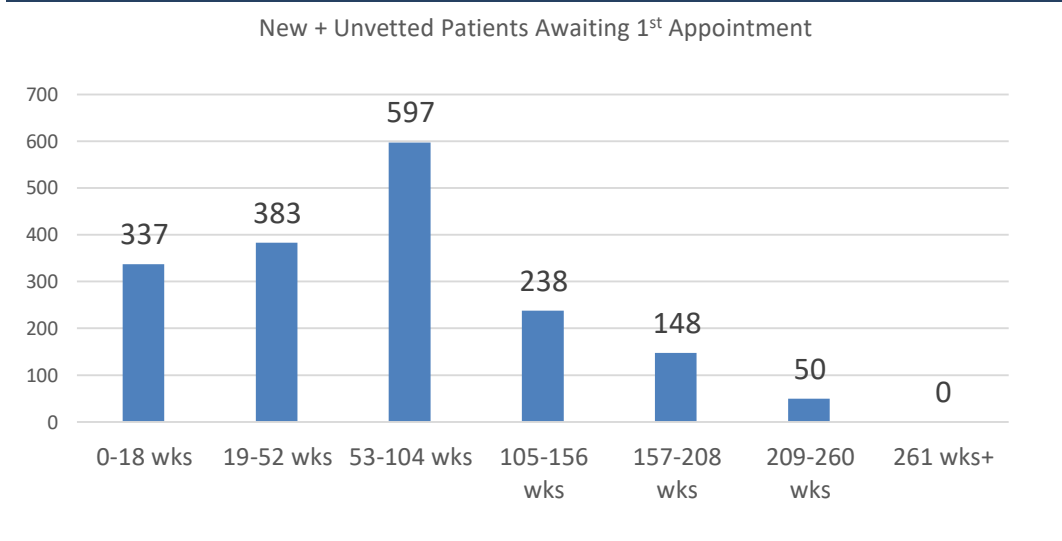*(Draft trajectories currently being reviewed by service)*

Benchmarking across Scotland (P)

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| OBJECTIVE | Our Population | OUTCOME | Thrive Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | Service | Child & Adolescent Mental Health |

Reasons for current Performance	Plan and Mitigation	Expected Impact
CAMHS remains one of, if not the lowest staffed service per population rate in Scotland with approx. 30-35% vacancies **Highland Area** To continue to work towards achieving aims set out in the improvement plan, including improving RTT, it is essential that the service continues to build on the current workforce. Finance and workforce are critical risks. Critical floor of staffing capacity remains low compared to levels of demand. Any loss of clinical capacity will significantly impact on service provision. Reduced clinical capacity is now impacting on service provision and a subsequent decline in overall performance. Data quality is improving, but work is ongoing. Changes to Trakcare are essential and required to improve management of the waitlist. Future planning will need to include the significant work required to take the service up to increase the age range to eighteen across the board	**Highland Area** The service continues with remodelling, cleansing data, performance management measures around activity rates all of which have brought improvements both in waiting times and in clinical quality and outcomes The service is offering engagement appointments for all new referrals to the service. Any unused capacity will be directed to offering engagement appointments to cases most recently placed on the wait list. This will happen in tandem with cases being allocated from the end of the wait list under the old system. The wait list is now being addressed from both ends. Realignment and refocus of the unscheduled care team is working well and there has been significant progress in the home intensive treatment team modelling (full implementation requires additional workforce) A refresh of the CAMHS Programme Board has commenced to provide strategic oversight, governance, and leadership for the next iteration of the Improvement Plan. The Board Nurse Director in her role as Mental Health Executive Lead for the Board will chair future Programme Boards.	**Highland Area** With the clear limiting factor of workforce capacity, improvement to waiting times will be challenging in the service at present.

| PERFORMANCE OVERVIEW | TARGET | No target agreed | NATIONAL TARGET ACHIEVEMENT | N/A | TREND | ⬇ | BENCHMARK | N/A |

Overall Waiting List (P&Q)

NDAS Total Awaiting 1st Appointment (inc unvetted)

Month	Value
Apr-23	961
May-23	1027
Jun-23	1141
Jul-23	1113
Aug-23	1138
Sep-23	1201
Oct-23	1233
Nov-23	1336
Dec-23	1385
Jan-24	1426
Feb-24	1475
Mar-24	1537
Apr-24	1568
May-24	1621
Jun-24	1753

Waiting List in Weeks (P&Q)

New + Unvetted Patients Awaiting 1st Appointment

Weeks	Value
0-18 wks	337
19-52 wks	383
53-104 wks	597
105-156 wks	238
157-208 wks	148
209-260 wks	50
261 wks+	0

Deprivation (Q)

NDAS Deprivation – Referrals by SIMD Quintile

1 (most deprived)   2   4   5 (least deprived)

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| OBJECTIVE | Our Population | OUTCOME | Thrive Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | Service | Neurodevelopmental Assessment (NDAS) |

| Reasons for current Performance	Plan and Mitigation	Expected Impact
The service has been under significant pressure since it was first established in 2017. Governance (clinical, financial and staff) arrangements, accountability, performance reporting, assurance mechanisms were not wholly in place when the service started. Service capacity has reached a critical level with > 1800 C&YP on the waitlist and limited provision to provide assessments from September onwards. The service does not have a clear clinical or service model in place. Referral criteria needs to be established with a more robust vetting/triage gate keeping process. Approx 95% of referrals come from education. There are wide ranging training requirements across the full ND pathway Critical to redesign and delivery of the service will be a whole systems approach to the national neurodevelopmental specification via the Programme Board	The first ND Programme Board has taken place to provide strategic oversight, governance, and leadership for the development, implementation, and evaluation of the redesign of NDAS and the ND pathway. • Recruitment to the clinical director post has taken place which will provide clinical leadership and review of clinical and workforce model. • Commence waitlist cleansing and validation • Develop a comms strategy for the C&YP, their families and stakeholders	Reduced waiting list and improve outcomes and experience through timelier access to NDAS assessment. with only those patients who require services on the waiting list. Referral and vetting process to ensure referral is appropriate, reduce demand, and ensure right pathways are followed. Integration between NHSH and THC to ensure joined up approach and governance. Communications to C&YP waiting to ensure expectations are managed and improved experiences.

OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Tim Allison, Director of Public Health	Service	Screening Services – Adults (6) - Bowel Ca, Breast Ca, Cervical Ca, AAA, Diabetic Eye, Pregnancy Children (3) – bloodspot and hearing; vision screening

PERFORMANCE OVERVIEW	TARGET	1 out of 4 meeting target	NATIONAL TARGET ACHIEVEMENT	See graph	TREND	See graph	BENCHMARK	See graph

Screening Programme Uptake KPIs in NHS Highland

Reflects the most recent results from Public Health Scotland: annual AAA (data to 31 Mar 2023), rolling two-year data for Bowel (data to 30 Apr 2023), and rolling three-year for Breast (data to 31 Mar 2023).

2024 publication of Cervical KPI results is pending. The graph reflects the most recent annual cervical result (data to 31 Mar 2022).

- SCOTLAND (data to 2021)
- SCOTLAND (data to 2022)
- SCOTLAND (data to 2023)
- NHSH (data to 2021)
- NHSH (data to 2022)
- NHSH (data to 2023)
- Target

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Inequality in Screening
Comparison of NHS Highland and Scottish uptake levels
(for least and most deprived SIMD)

- SIMD 5 (SCOTLAND)
- SIMD 1 (SCOTLAND)
- SIMD 5 (HIGHLAND)
- SIMD 1 (HIGHLAND)
- Target

OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Tim Allison, Director of Public Health	Service	Screening Services – Adults (6) - Bowel Ca, Breast Ca, Cervical Ca, AAA, Diabetic Eye, Pregnancy Children (3) – bloodspot and hearing; vision screening

Reasons for current Performance	Plan and Mitigation	Expected Impact
A comparison of screening performance against Scottish benchmarks, shows that the overall participation for NHSH is higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical and AAA screening programmes. The most recent result for AAA screening, shows a successful recovery from pressures in the Argyll & Bute service where a backlog of uninvited men had accumulated. Actions taken by the Health Board to improve and recover service performance was delivered during 2022, and the results show an improvement in the most recently published PHS programme statistic for men tested before age 66 years and 3 months. For performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet are on-going. Provision of Diabetic Eye Screening (DES) KPIs and KPI monitoring from Public Health Scotland is pending, so it is not possible to report on performance for DES, and Pregnancy & Newborn.	Work continues to drive improvements within the screening programmes. The NHS Highland Screening Inequalities Plan 2023-26 outlines focused activities to specifically address equality gaps and widen access to screening.	Improved uptake in screening programmes

OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Tim Allison, Director of Public Health	Service	Vaccinations and Immunisations

PERFORMANCE OVERVIEW	TARGET	c.70% uptake in general for each programme	NATIONAL TARGET ACHIEVEMENT		TREND		BENCHMARK

COVID Vaccine Uptake at 14/07/24

Legend: ■ NHS Highland ■ Scotland
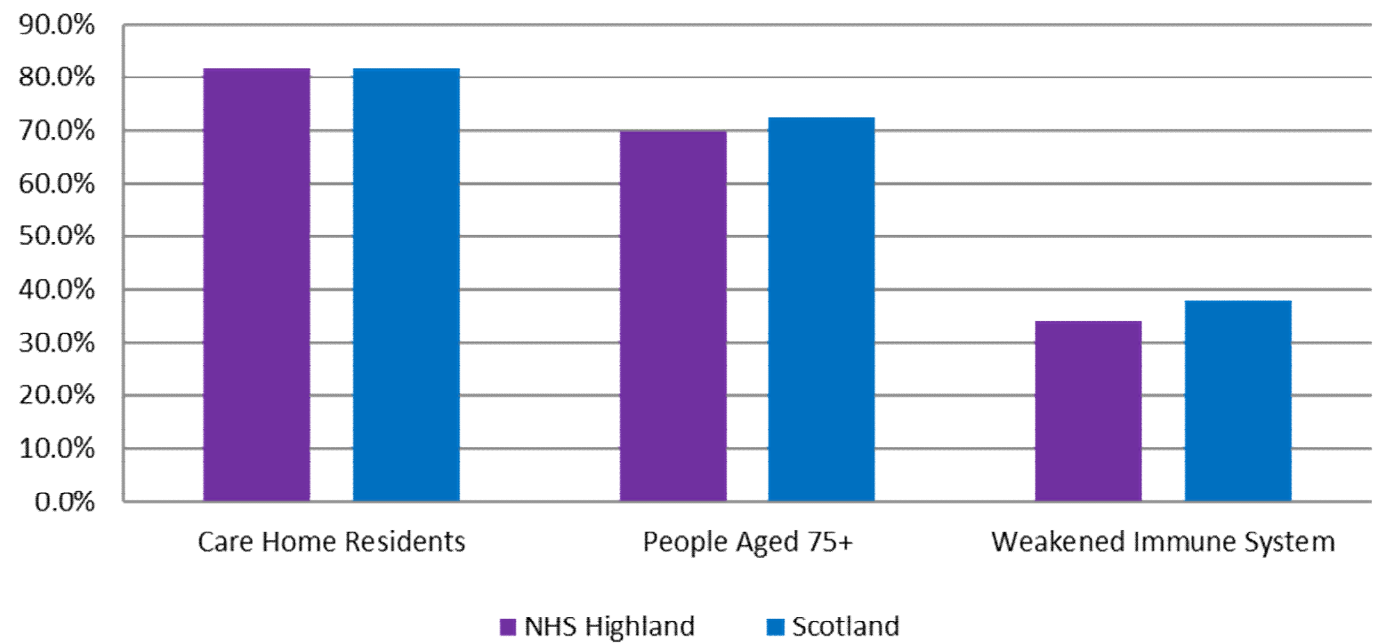
Comparative Covid vaccine uptake for all eligible people at 14/07/24:

NHS Board	Covid
Ayrshire & Arran	66.4%
Dumfries & Galloway	69.3%
Fife	67.1%
Grampian	68.6%
Highland	63.5%
Tayside	70.1%

PERFORMANCE OVERVIEW	TARGET	95% Uptake	NATIONAL TARGET ACHIEVEMENT		TREND		BENCHMARK

6 in 1 @24 weeks	Q3 23/24	Q4 23/24	April/May 24
Highland HSCP	96%	97%	96%
Argyll & Bute HSCP	95%	99%	98%
NHS Highland	95%	97%	96%

Scotland 4/5 24: 97%

MMR 1 @16m	Q3 23/24	Q4 23/24	April/May 24
Highland HSCP	77%	85%	84%
Argyll & Bute HSCP	91%	88%	87%
NHS Highland	79%	86%	84%

Scotland 4/5 24: 88%

MMR 2 @3y 8m	Q3 23/24	Q4 23/24	April/May 24
Highland HSCP	72%	77%	68%
Argyll & Bute HSCP	78%	85%	76%
NHS Highland	73%	79%	70%

Scotland 4/5 24: 81%

12 Month View of Complaint and Feedback Activity: Vaccination Service for North Highland and A&B

Progress Made	Next Steps	Timescale
• Vaccination related complaints have reduced, however, improvement work continues for the following years programme of vaccinations	• Analysis on Actions and impacts	• October 2024

- The total volume of vaccinations administered in 12 months has been 347363 (Excludes Child vaccination for A&B), with a total of 14 complaints received; giving a conversion rate of 0.004%

- Within the 12-month period a total of 6 complaints involve minors, regarding consent and questions about when vaccinations are available to children

- Within the 12-month period there has been a total volume of 206 incidents raised relating to Vaccinations, giving a conversion rate of 0.06%

NHS Highland – Listening and Responding to our Patients

Vaccination Complaint Issues

- 14% Accessibility to Vaccination Service/Clinic
- 4% Cancellation
- 4% Care and Treatment
- 50% Communication
- 14% Consent for Minors
- 9%
- 5%

Complaint Outcomes

- Fully Upheld 57%
- Not Upheld 7%
- Partially Upheld 36%

The Patient Said..
To their MSP the service does not recognise their need for home vaccinations and their letters are, therefore, incorrect

What We Did..
Apologised, explained how letters are distributed, and gave reassurance that their needs have been placed on a register so will be contacted going forward for home vaccinations

The Patient Said..
The vaccination clinic locations in their letter was inaccurate, causing confusion.

What We Did..
Apologised for the location error in the letters. Reassurance the letters have been rectified and the learning shared with relevant teams and staff.
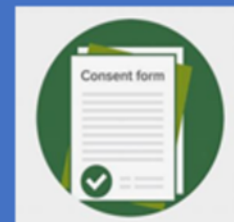
The Patient Said..
They were upset and concerned that they were not asked for consent for their child to be vaccinated.

What We Did..
A case review investigation was carried out, apology provided to the parents of child. Actions taken to revise the process for communicating vaccinations to parents, and a pre-consent process put in place prior to vaccinations being given.

The Patient Said..
There was an error in how the vaccination was administered.

What We Did..
Thoroughly investigated the matter. Issued an apology to the patient and reassurance on actions taken to update procedures and to provide additional training to staff.

Since July 2023, 9 complaints have been logged with improvement actions and activity attached to them.

Together We Care
with you, for you

Reasons for current Performance	Plan and Mitigation	Expected Impact
•Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination. •The spring COVID vaccination programme has been undertaken for people aged 75+ and those more vulnerable. Other adult and child programmes also continue. •There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations.	•Scottish Government is working with Highland HSCP in level 2 of its performance framework. •Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented. •Options are being considered for delivery models in Highland HSCP. •The Vaccination Improvement Group has a detailed action plan for service improvement	Improved uptake rates for vaccinations Improved service with better satisfaction from public and staff

OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Tim Allison, Director of Public Health	Service	Alcohol Brief Interventions

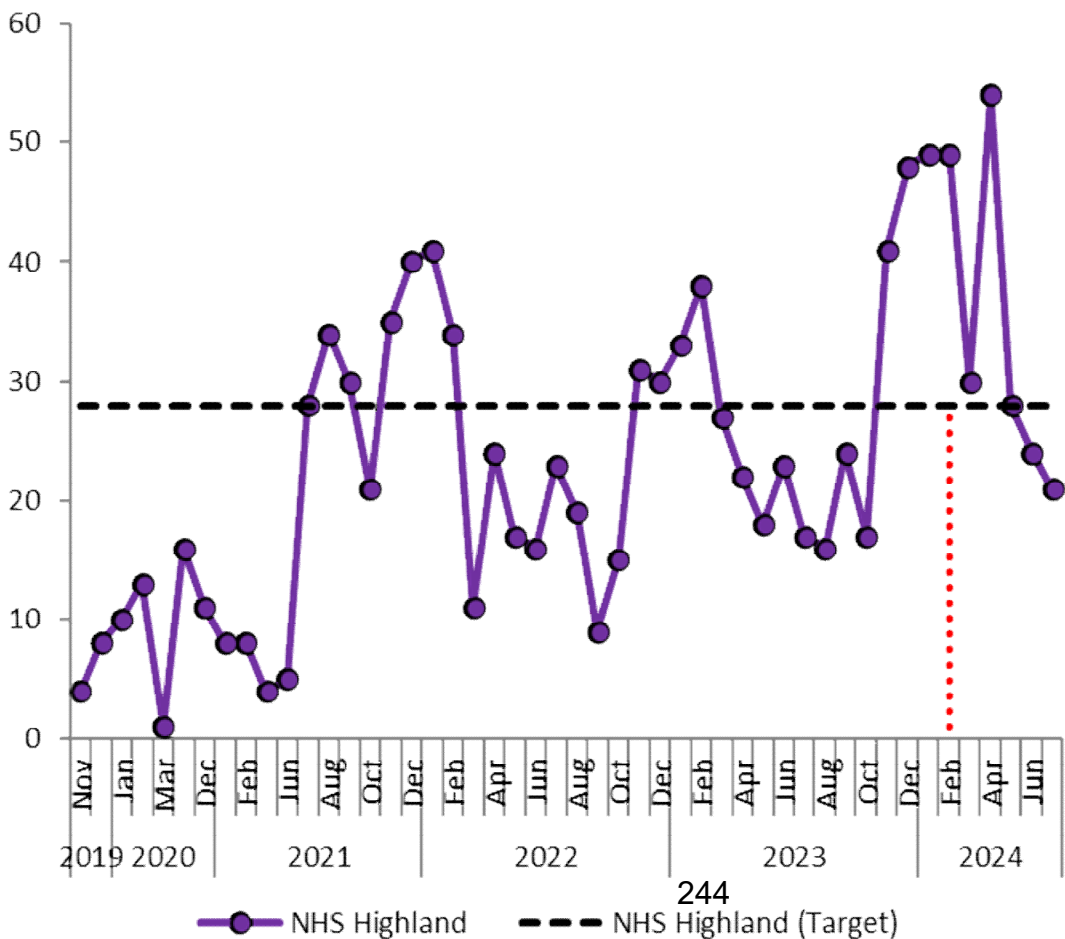| PERFORMANCE OVERVIEW	TARGET	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	NATIONAL TARGET ACHIEVEMENT	TREND	See data	BENCHMARK	

NHS Highland - Alcohol Brief Interventions 2023/24 Q4
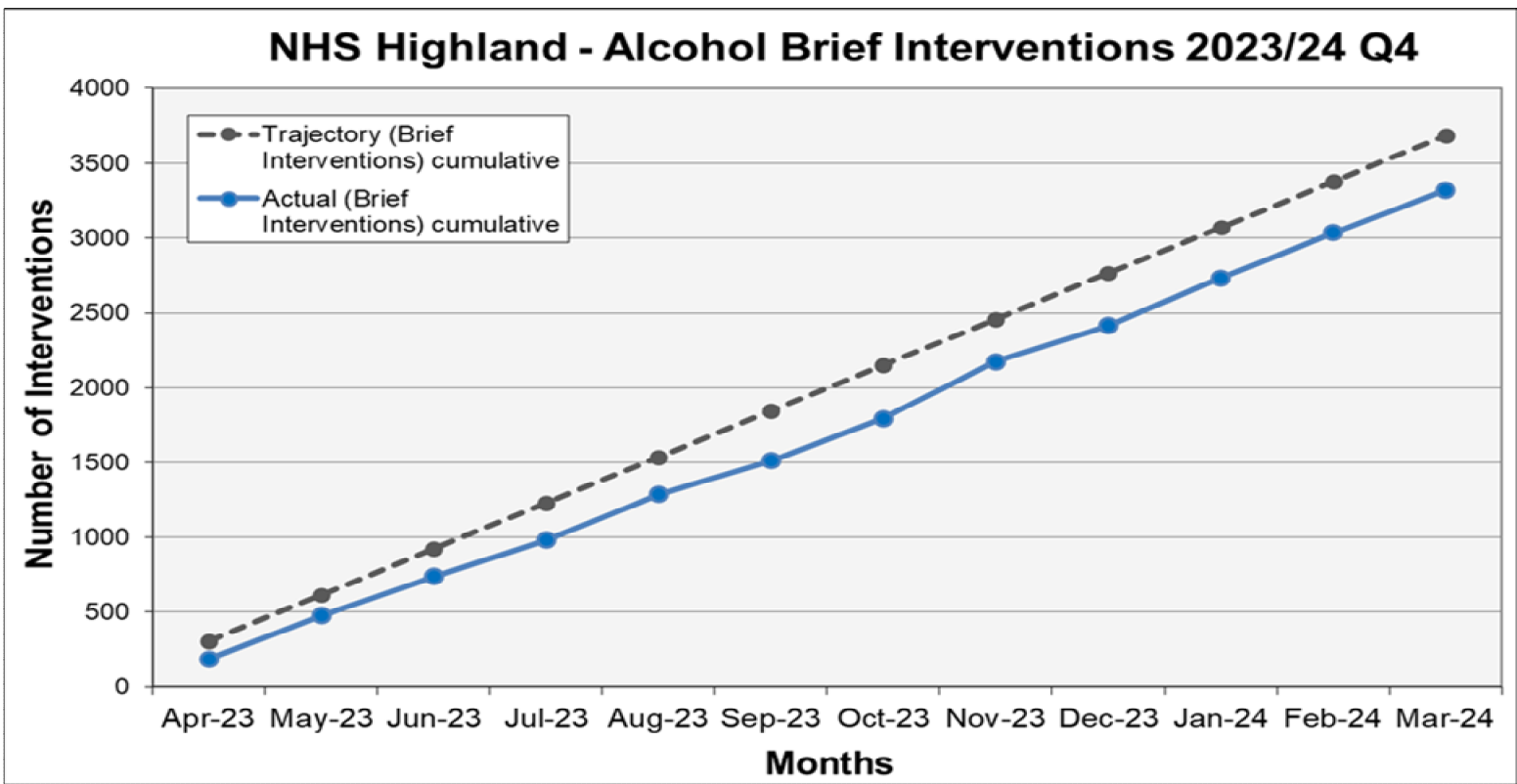
Area	Q1 Trajectory	Q1 Delivery	Q2 Trajectory	Q2 Delivery	Q3 Trajectory	Q3 Delivery	Q4 Trajectory	Q4 Delivery
Highland	919	739	1841	1514	2764	2415	3688	3323
NH	664	739	1330	1491	1995	2317	2660	3137
A&B	255	0	511	23	769	98	1028	186
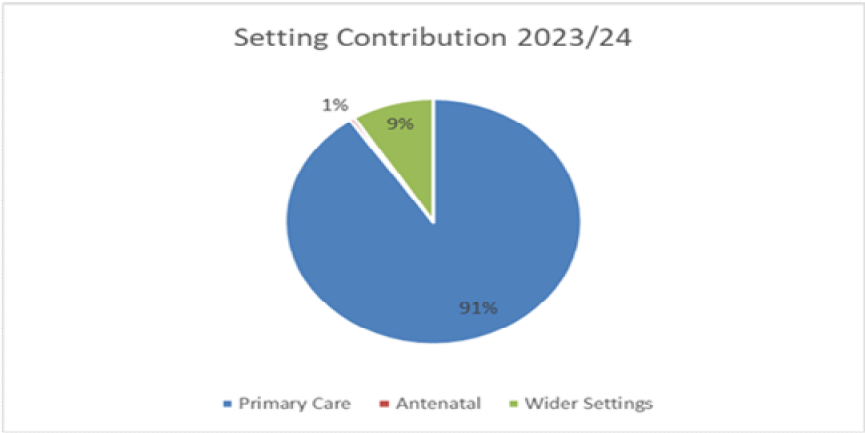
243

Setting Contribution 2023/24

Primary Care 91%, Antenatal 1%, Wider Settings 9%

OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Tim Allison, Director of Public Health	Service	Smoking Cessation

PERFORMANCE OVERVIEW	TARGET	336 successful quits in 12 weeks in 40 most deprived SIMD areas	NATIONAL TARGET ACHIEVEMENT	Not met	TREND		BENCHMARK

LDP 12-week smoking quits by month of follow up - NHS Highland

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PERFORMANCE OVERVIEW	TARGET	NHS HIGHLAND	TREND	BENCHMARK	POSITION

Highland ADP Performance against Standard for Completed Waits

87.0% ... 94.9%

Legend: Highland ADP — Scotland — Standard

Highland ADP - % Ongoing waits at quarter end waiting more than 3 weeks (breached target)

52.1%

Legend: Highland ADP % > 3 weeks — Scotland % > 3 weeks
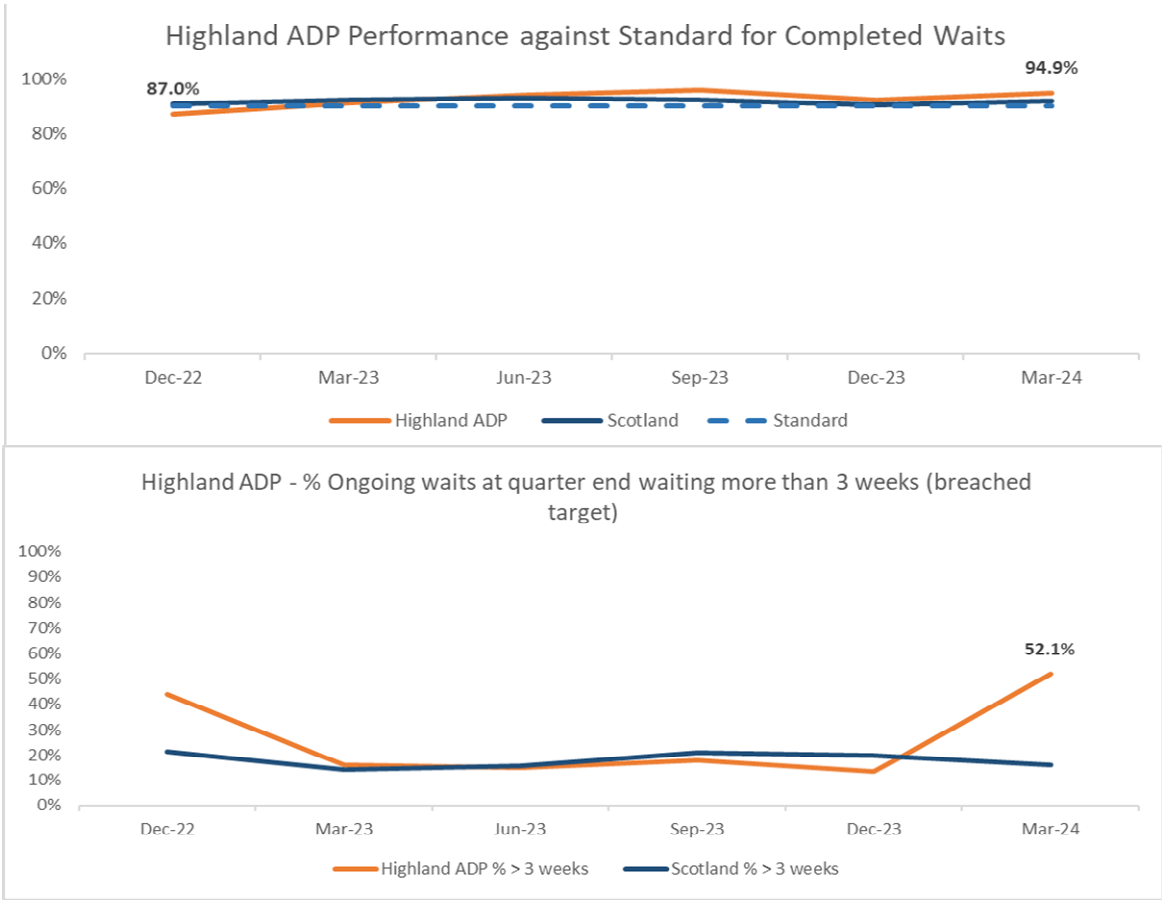
HHSCP - Highland ADP only

No. of referrals to community based services completed in quarter end 31/03/2024	Highland ADP	
Alcohol	172	
Drug	145	
Co-dependency	32	
Total completed	349	
% of referrals to community based services completed within target in quarter end	Highland ADP	Scotland
% completed <= 3 weeks - Alcohol	91.2%	90.5%
% completed <= 3 weeks - Drug	98.4%	94.3%
% completed <= 3 weeks - Co-dependency	100.0%	91.2%
% completed <= 3 weeks - All	**94.9%**	**91.9%**
TARGET	**90%**	**90%**
> 3 weeks	5.1%	8.1%

Ongoing referrals to community based services at quarter end 31/03/2024	Highland ADP	
Alcohol	78	
Drug	22	
Co-dependency	21	
Total ongoing	121	
<= 3 weeks	58	
> 3 weeks	63	
% breached ongoing waits as at quarter end 31/03/2024	Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol	53.8%	56.3%
% ongoing > 3 weeks - Drug	45.5%	58.3%
% ongoing > 3 weeks - Co-dependency	52.4%	58.1%
% ongoing > 3 weeks - All	52.1%	57.0%

| The Issue and Cause	Plan and Mitigation	Expected Impact
• Struggled to maintain previous performance due to increased demand coupled with reduced capacity. • Recruitment delayed by limited access to finance support • Financial instability has delayed tender for support to individuals misusing substances	• Exploration of shifting balance of NHSH DARS teams towards dependant substance use and tender to third sector for non-dependant use • Finance support now available and time has been prioritised to confirming posts for recruitment	• Waiting list targets met

| OBJECTIVE | Our Population | OUTCOME | Stay Well | EXEC LEAD | Tim Allison, Director of Public Health | Service | Alcohol Brief Interventions Smoking Cessation |

Reasons for current Performance	Plan and Mitigation	Expected Impact
ABIs •Over the 12 months reported, 2023/24 ABI delivery has remained below the target trajectory in each month for NHS Highland. •ABI delivery remains above trajectory for Highland H&SCP area largely due to delivery in GP Settings. Progress with Locally Enhanced Service (LES) has stalled. •There has been a small number of ABIs recorded in Q4 in Argyll & Bute for wider settings. **Smoking Cessation** • Renewed focus on pregnant women particularly in the 40% most deprived areas. • TEAMS training with Community Pharmacies from throughout the NHS Highland area on the evening of 6th August. • Early exploratory discussions have taken place to pilot smoking cessation support for patients in 2 wards in Raigmore Hospital.	**ABIs** Progress with updating LES. Develop 2024/2025 ABI plan. Audit of ABI trainer numbers and course provision due to staff changes. Continue further evaluation of training to determine practical application. Review end Q2 2024-25 **Smoking Cessation** • Monthly review of missing follow up data at both 1 month and 3 months • Smoking Cessation Midwives to develop a plan for a one year pilot of a financial incentive stop smoking scheme for pregnant women who are eligible for NHS Highland Family Nurse Partnership (FNP). • Work has begun to refresh NHSH Tobacco Strategy and action plan	**ABIs** Improved waiting times and number of ABIs undertaken, to meet national targets **Smoking Cessation** Improved successful quits in most deprived areas to meet targets.

OBJECTIVE	Our Population	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP	Service	**Delayed Discharges**

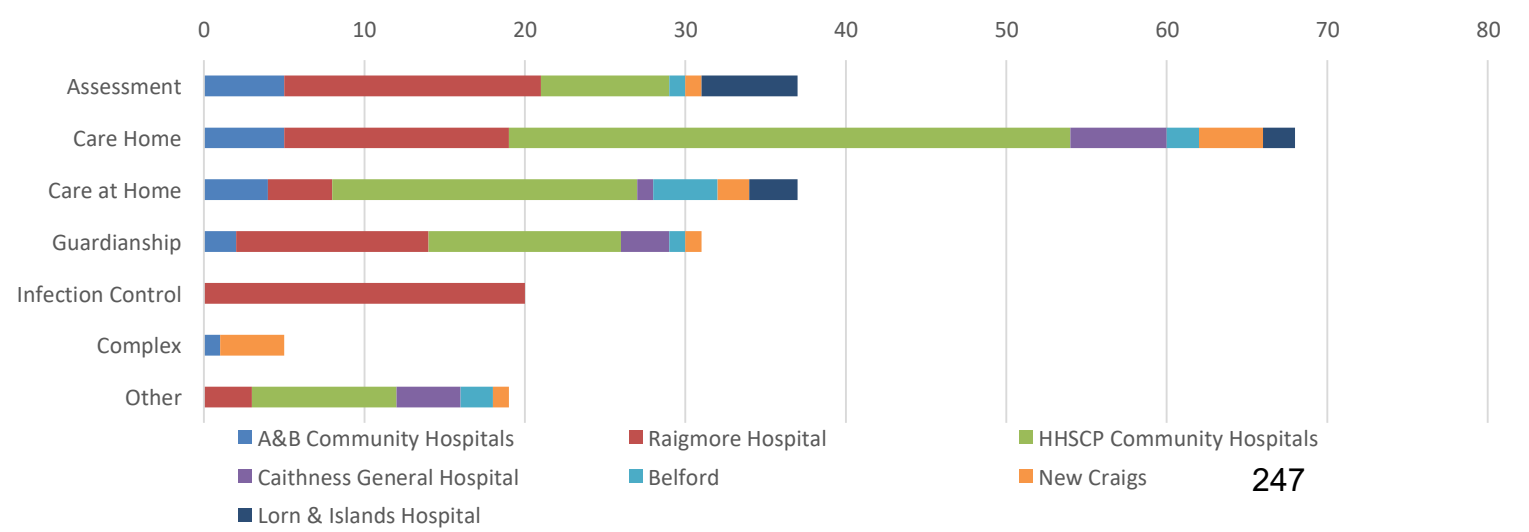| PERFORMANCE OVERVIEW	TARGET	Reduction of 30% or 65% (to be agreed)	NHS HIGHLAND	207 DDs at June Census Point 6600 bed days lost	TREND	↓	POSITION	**14/14**

Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B
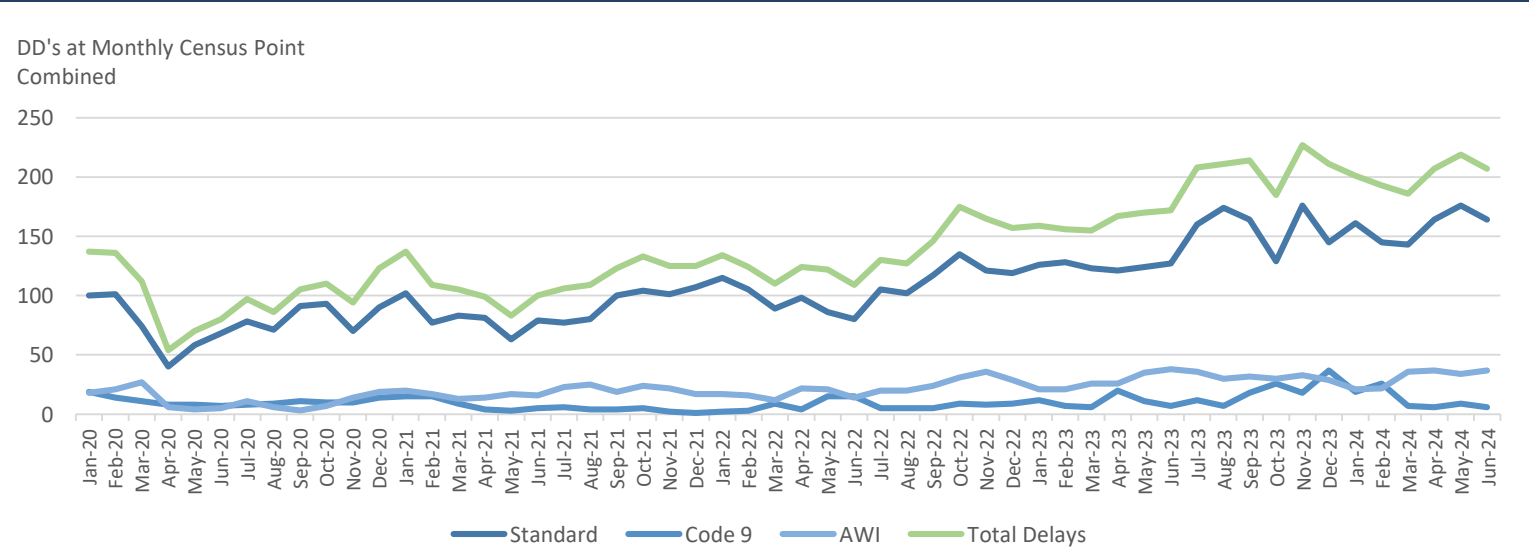
Benchmarking across Scotland (P)
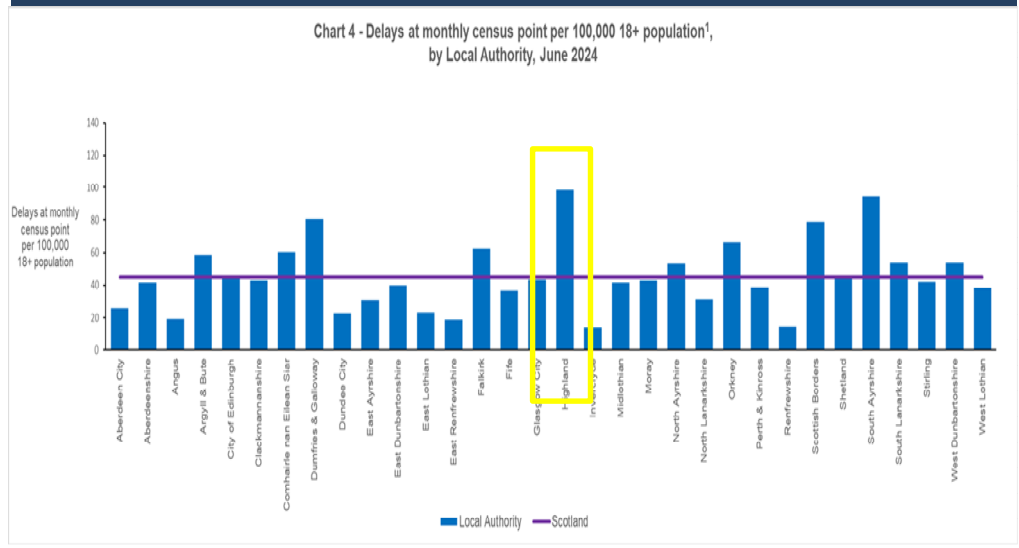
Delayed Discharge – Location and Code (P&Q)

HHSCP Delayed Discharge – Patients Added VS Discharged (Q)

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| OBJECTIVE | Our Population | OUTCOME | Care Well | EXEC LEAD | Pam Cremin, Chief Officer, HHSCP | Service | Delayed Discharges |

Reasons for current Performance	Plan and Mitigation	Expected Impact
We continue to be challenged with high numbers of delayed hospital discharges and wider unmet Care at Home and Care Home need. Several initiatives are making progress to support provision. Deliverables have been combined into a geographically focused plan for Inverness to improve flow and reduce delays, these include: - Discharge to Assess - Home is best redesign	• NHSH has developed a 90 day Urgent & Unscheduled Care recovery plan • We have submitted targets to Scottish Government for a short term improvement in reducing standard delays • We have established a daily operational group to provide organisational reassurance that we are addressing delays	• Reduce the duration and number of people affected by delayed discharges

OBJECTIVE	Our Population	OUTCOME	Respond Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	Emergency Department Access

PERFORMANCE OVERVIEW	TARGET	95%	NHS HIGHLAND	75.3%	TREND	⬇	BENCHMARK (SCOTLAND AVERAGE)	68.8%	POSITION	5/14

People seen in ED within < 4 hours (P)

Benchmarking across Scotland

Selected Time Period: July 2024
(click on a circle in timetrend to change the selected time period)

NHS Western Isles	92.9%
NHS Tayside	92.8%
NHS Orkney	91.7%
NHS Shetland	88.9%
NHS Highland	75.3%
NHS Dumfries & Galloway	74.6%
NHS Fife	71.9%
NHS Grampian	68.4%
NHS Greater Glasgow & Clyde	68.2%
NHS Lothian	67.4%
NHS Ayrshire & Arran	66.9%
NHS Borders	66.1%
NHS Lanarkshire	57.6%
NHS Forth Valley	57.6%
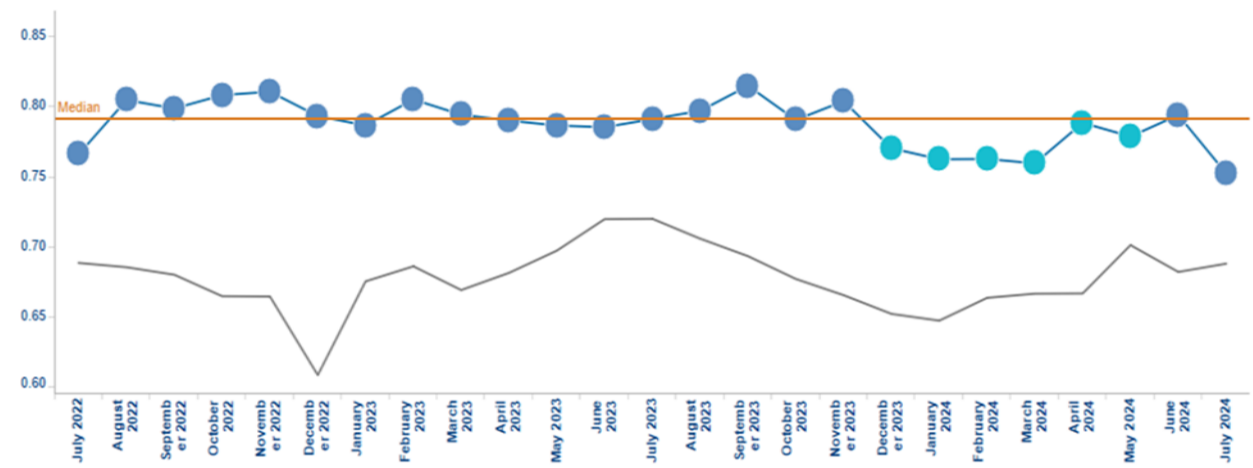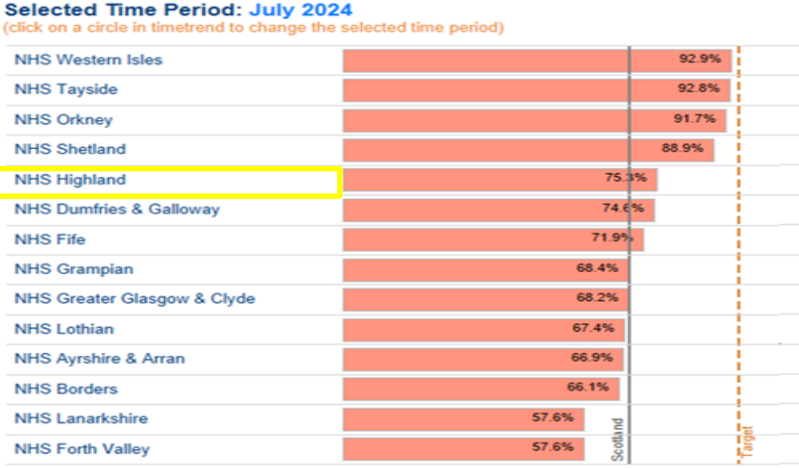
Ambulance Handover < 60 mins (Q)

NHS Highland : System Pressures
Weekly Ambulance Handover Results : Under 60 minutes
Source : Scottish Ambulance Service (SAS) weekly report

Patients waiting > 12 hours in ED (Q)

Weekly ED Patients Waiting 12-hours plus
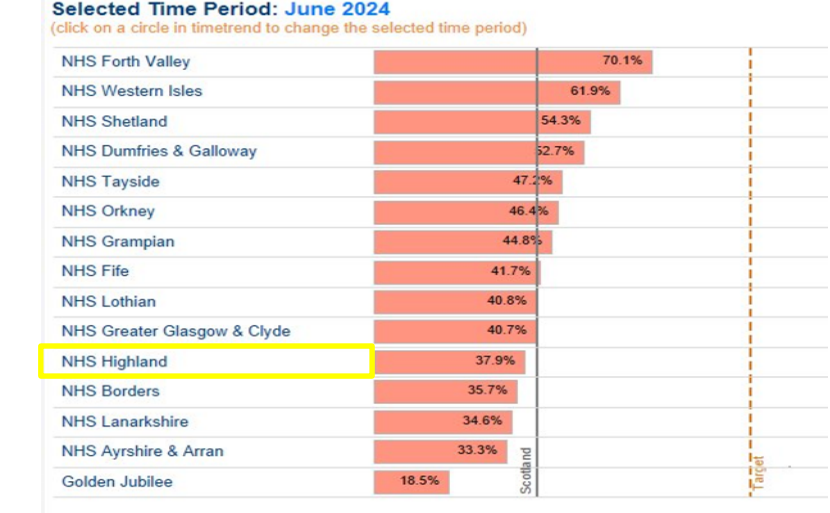Source : EDIS First Attendance Unplanned plus Unplanned Returns

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Reasons for current Performance	Plan and Mitigation	Expected Impact
Progress being made on all Deliverables within strategic area of focus – due dates March 2025	**Acute Front Door & Optimising Flow** Data analysis requested via LIST (PHS) to support identification of priorities • Restructure of OPEL escalations/actions • Extended Phased Flow hours when on level 4/5 • Community AHP in reach into ED to support Frailty pathways currently being tested • Flow Group 2 process mapping • Working with P&P and CSD to map out trajectories for improvement • Assess to admit model testing in AMU • Standardised working models for AMU consultants (3rd October) • Data review with SAS - 60% of incident conveyed (in line with national benchmarking) **AEC** • Reduce overall MLOS in dept to under 4:30hrs. • Average weekly attendance increased by 20% (45/week – 56/week) • Direct ED consultant admitting rights to AEC slots. • Increase specialty to include surgical & ortho AEC. **OPEL** Whole system OPEL group stood up to link with resilience and business continuity	**Acute Front Door** • Reduce ED presentations by providing alternatives **Optimising Flow** • Reduce length of stay by redesigning clinical pathways • Reduce time spent in ED prior to admission **OPEL** • Reduce frequency of high level escalations

OBJECTIVE	Our Population	OUTCOME	Treat Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	Outpatients

PERFORMANCE OVERVIEW	TARGET	95%	NHS HIGHLAND	37.9%	TREND	➡	BENCHMARK	41%	POSITION	11/14

Outpatients Seen <12 Weeks (P)

Benchmarking across Scotland (P)

Selected Time Period: June 2024
(click on a circle in timetrend to change the selected time period)

NHS Forth Valley	70.1%
NHS Western Isles	61.9%
NHS Shetland	54.3%
NHS Dumfries & Galloway	52.7%
NHS Tayside	47.2%
NHS Orkney	46.4%
NHS Grampian	44.8%
NHS Fife	41.7%
NHS Lothian	40.8%
NHS Greater Glasgow & Clyde	40.7%
NHS Highland	37.9%
NHS Borders	35.7%
NHS Lanarkshire	34.6%
NHS Ayrshire & Arran	33.3%
Golden Jubilee	18.5%

Referrals, Patients Seen & Trajectories (P)

New Outpatient Referrals, Patients Seen & Trajectories

Net NOP referrals — Total NOP Seen — Trajectories

Yearly Trajectory	YTD	Patients Seen-June 24	Overall
64,045	15,368 (23.99%)	15,278 (23.85%)	0.14% below target

251

Long Waits (P&Q)

OP Patients Waiting Over 52 Weeks

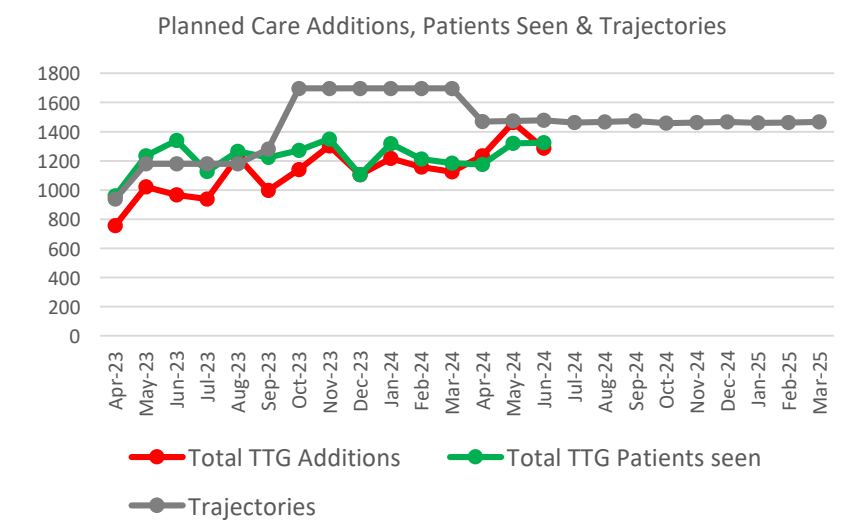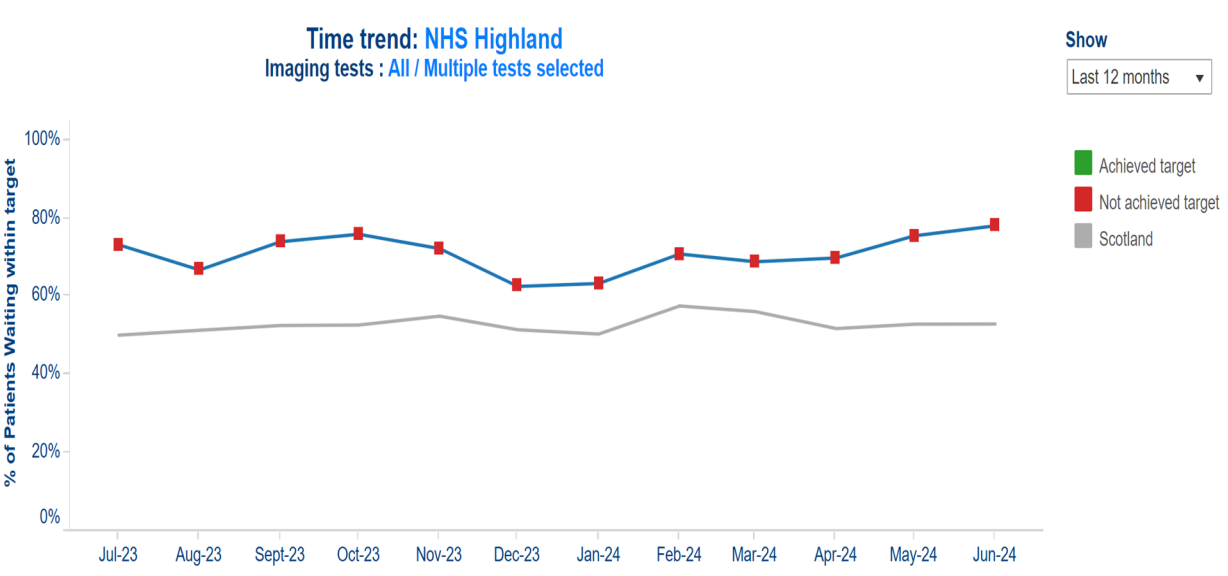| Reasons for current Performance	Plan and Mitigation	Expected Impact
Temporary drop in NOP seen is due to waiting list initiative funding commencing mid-financial year.	Waiting list clinics have been commissioned and are commencing late September 2024/beginning October 2024. The booking process for these clinics will adhere to strict patient access policy rules and will be booked in date order i.e. longest waiting patients first. This booking process adheres to the financial management framework of waiting list monies and tendering process.	Increase in NOP seen, reduction in long waits and ensuring waits > 2 years are brought to 0
	Job planning to review volume of clinics through Attention to Detail	This will ensure all clinicians deliver the number of clinics they are job-planned for
	Review of clinic templates and virtual clinic usage	Reducing the variation within clinic templates, this standard approach will maximise clinic slot availability. Clinic types are being adjusted to address long waiters.
CfSD measures are in progress for implementation	Ehealth are in working in tandem with the clinical teams and service managers towards full implementation	Less additions to our waiting lists resulting in more capacity to book long waiters, reducing waiting times overall

OBJECTIVE	Our Population	OUTCOME	Treat Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	Treatment Time Guarantee

PERFORMANCE OVERVIEW	TARGET	100%	NHS HIGHLAND	55.1%	TREND	↓	BENCHMARK	59%	POSITION	8/15

TTG Seen <12 Weeks (P)

Benchmarking across Scotland (P)
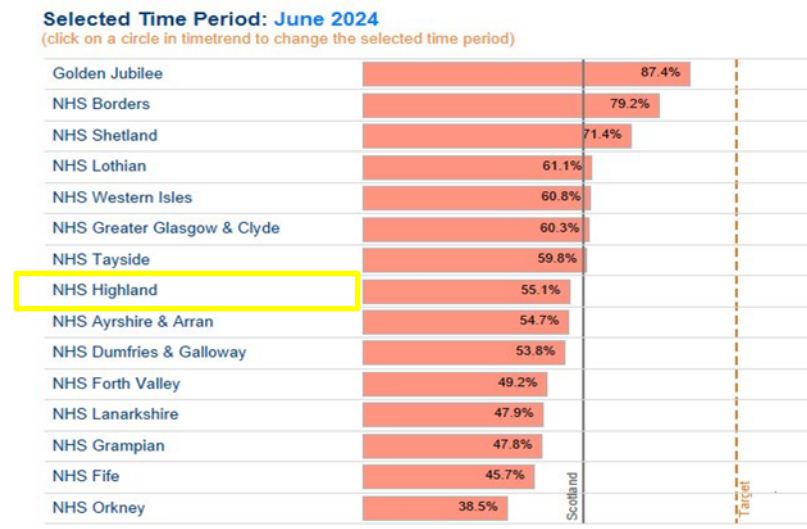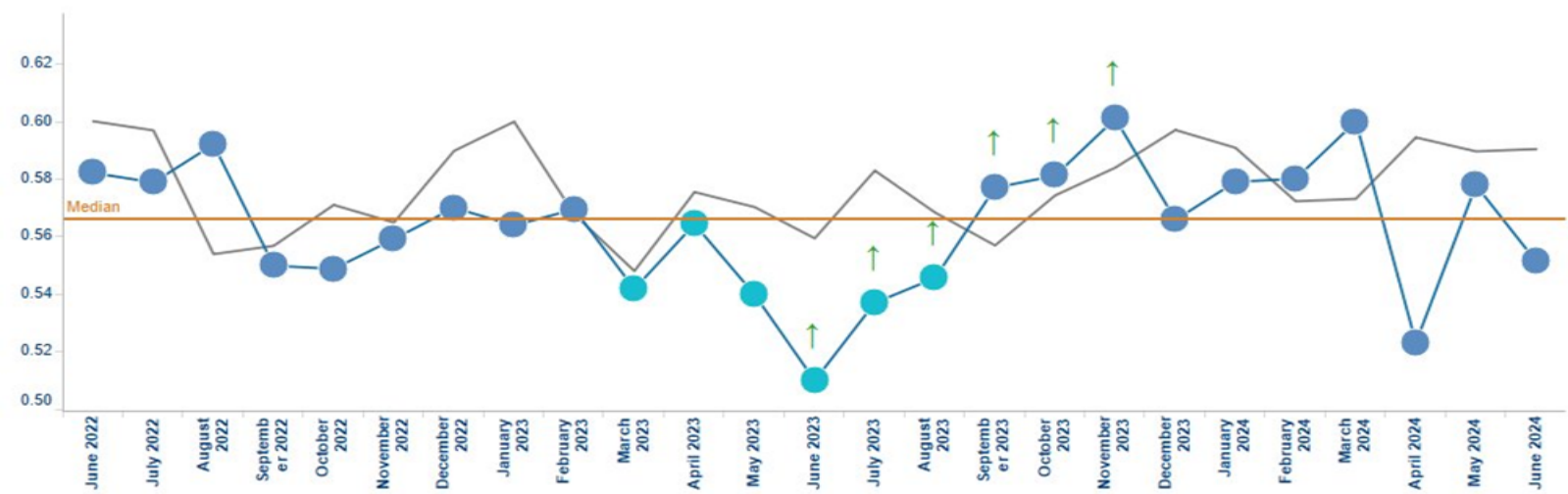
Selected Time Period: June 2024
(click on a circle in timetrend to change the selected time period)

Golden Jubilee	87.4%
NHS Borders	79.2%
NHS Shetland	71.4%
NHS Lothian	61.1%
NHS Western Isles	60.8%
NHS Greater Glasgow & Clyde	60.3%
NHS Tayside	59.8%
NHS Highland	55.1%
NHS Ayrshire & Arran	54.7%
NHS Dumfries & Galloway	53.8%
NHS Forth Valley	49.2%
NHS Lanarkshire	47.9%
NHS Grampian	47.8%
NHS Fife	45.7%
NHS Orkney	38.5%

Referrals, Patients Seen & Trajectories (P)

Planned Care Additions, Patients Seen & Trajectories

Yearly Trajectory	YTD	Patients Seen-June 24	Overall
17,603	4,420 (25.10%)	3,819 (21.69%)	3.41% behind target

Long Waits (P&Q)

TTG Patients Waiting over 78/104 Weeks

TTG waits over 78 weeks ■ TTG Waits over 104 weeks ■

Reasons for current Performance	Plan and Mitigation	Expected Impact
Increasing demand and complexity. Lack of workforce to deliver care pathways. Lack of waiting list scrutiny resulting in lack of ownership / knowledge of patients' journeys through services. Patients referred into services with long waits who may realise better outcomes if care managed in primary care.	Service planning implemented through ISP workstreams to realise efficiencies in process and alternative workforce models. Implementation of CfSD initiatives. Awareness and delivery of new WTG to ensure that only those who are fit, willing, and able are on a waiting list. Delivery of NHSH waiting times dashboard to support appropriate management of care pathways.	Improved performance against TTG. Improved patient experience through timelier access to care and delivery of locally enhanced services.

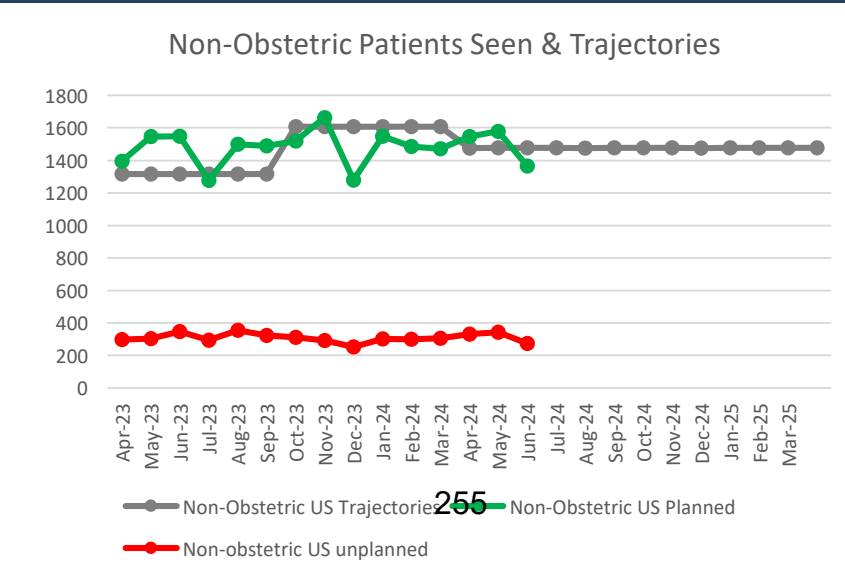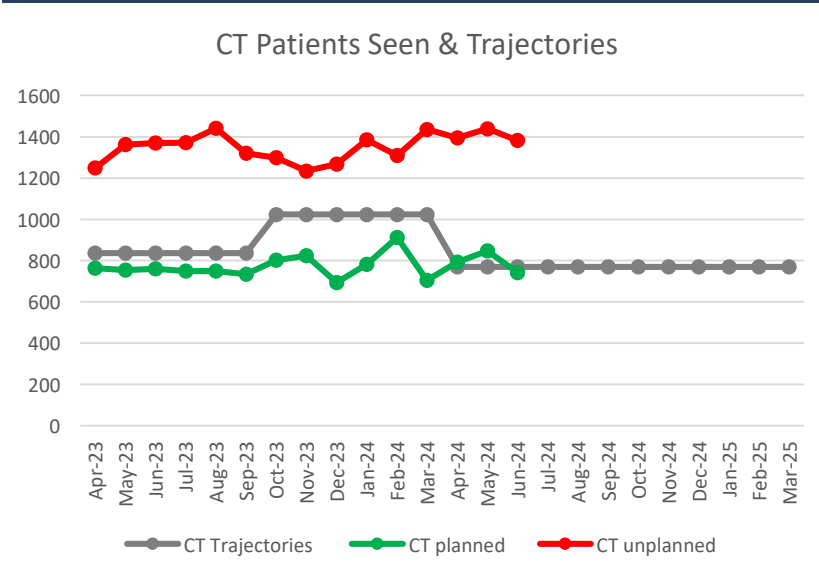| OBJECTIVE	Our Population	OUTCOME	Treat Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	Radiology
PERFORMANCE OVERVIEW	TARGET	100%	NHS HIGHLAND	78.1%	TREND ↑	BENCHMARK 52.9%	POSITION 5/14

Imaging Tests: Maximum Wait Targets 6 Weeks (P)

Time trend: NHS Highland
Imaging tests : All / Multiple tests selected

Show
Last 12 months ▼

- ■ Achieved target
- ■ Not achieved target
- ■ Scotland

Yearly Trajectory	YTD Target	Patients Seen- April 2024	Overall
33,229	8,306 (25%)	8872 (26.70%)	1.70% Above target

Benchmarking Across Scotland (P)

NHS Orkney	94.6%
NHS Borders	90.0%
NHS Western Isles	86.6%
NHS Dumfries & Galloway	85.1%
NHS Highland	78.1%
NHS Shetland	70.2%
NHS Fife	63.2%
NHS Greater Glasgow & Clyde	59.9%
NHS Ayrshire & Arran	55.5%
NHS Tayside	53.6%
NHS Scotland	52.9%
NHS Grampian	52.2%
Golden Jubilee	49.4%
NHS Lothian	48.2%
NHS Lanarkshire	37.8%
NHS Forth Valley	36.6%

Referrals, Patients Seen & Trajectories (P)

CT Patients Seen & Trajectories

- ━ CT Trajectories
- ━ CT planned
- ━ CT unplanned

Non-Obstetric Patients Seen & Trajectories

- ━ Non-Obstetric US Trajectories
- ━ Non-Obstetric US Planned
- ━ Non-obstetric US unplanned

MRI Patients Seen & Trajectories

- ━ MRI Trajectories
- ━ MRI planned
- ━ MRI unplanned

255

OBJECTIVE	Our Population	OUTCOME	Treat Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	**Endoscopy**

PERFORMANCE OVERVIEW	TARGET	100%	NHS HIGHLAND	61.2%	TREND	↓	BENCHMARK	40.0%	POSITION	5/14

Endoscopy Tests: Maximum Wait Targets 6 Weeks (Q)
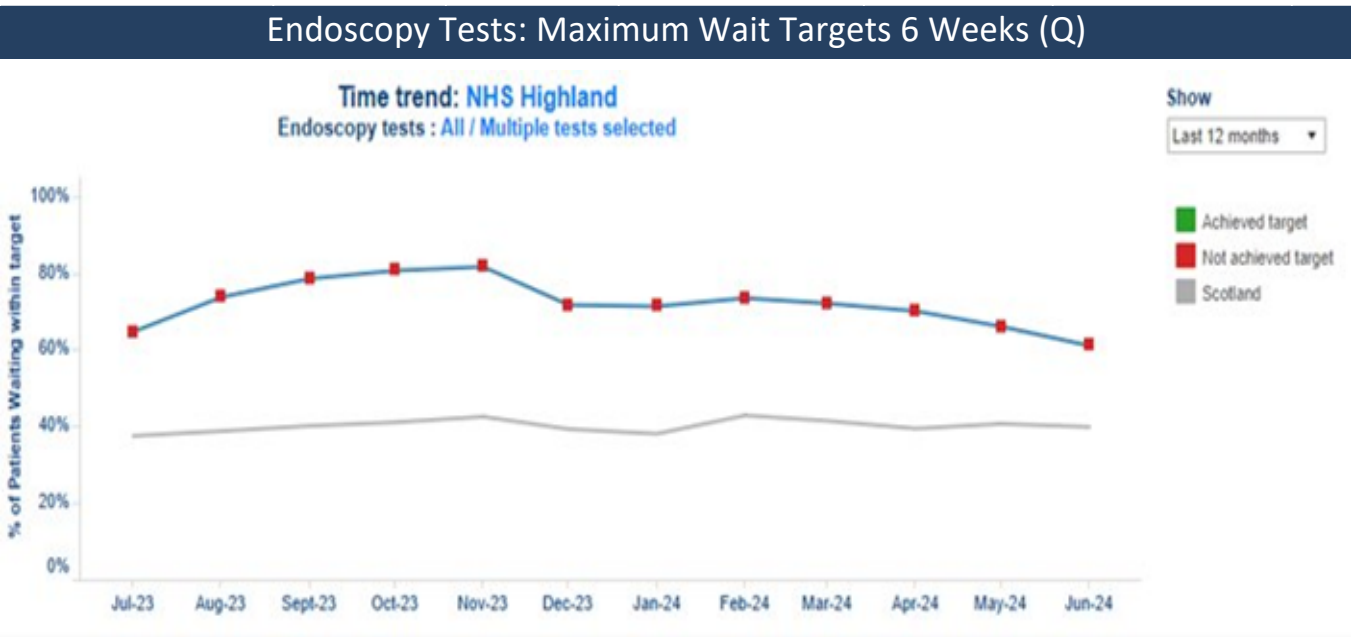
Yearly Trajectory	YTD Target	Patients Seen	Overall
6,576	1,644 (25.00%)	1,646 (25.03%)	0.03% over target

Benchmarking Across Scotland (P)

Referrals, Patients Seen & Trajectories (P)

Colonoscopy & Cystoscopy: Patients Seen & Trajectories

Flexi Sig & Upper GI: Patients Seen & Trajectories

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Reasons for current Performance	Plan and Mitigation	Expected Impact
Overall performance in diagnostics is positive however demand on diagnostic overall is increasing. Diagnostic services are demand led with no control over activity levels or budget. Workforce vacancies exist and there is a dependence on locum / agency staffing. Pathology and radiology are heavily dependent on outsourcing, resulting in cost pressures. Historic models of testing exist that are not based on shared decision making. Testing schedules are protocolised rather than being person centred.	Two programmes of work focused on creating sustainable services, underpinned by the principles of realistic medicine. Focus will be on: - Creating a sustainable workforce - Adherence to standards & best practice to reduce demand for tests that add little / no clinical value - Optimising digital technologies to reduce manual processes / inefficiencies - Meaningful and transparent data to demonstrate value and healthcare benefits - Collaborative working with our population and communities to tackle inequalities and improve patient experience Radiology working group and Laboratory working group established. Diagnostics governance group in place to provide accountability and assurance.	Reduction in testing requests Reduction in costs through reduction in outsourcing and reliance on locum workforce Reduction in inequalities / unwarranted variation Improved patient outcomes

| PERFORMANCE OVERVIEW | TARGET | No target defined | NHS HIGHLAND | 8443 on waiting list | TREND | | BENCHMARK | Not available | POSITION | Not applicable |

NHS Highland Non Reportable Specialties- Outpatient WL (excludes Raigmore and A&B)

Legend: June 2024, May 2024
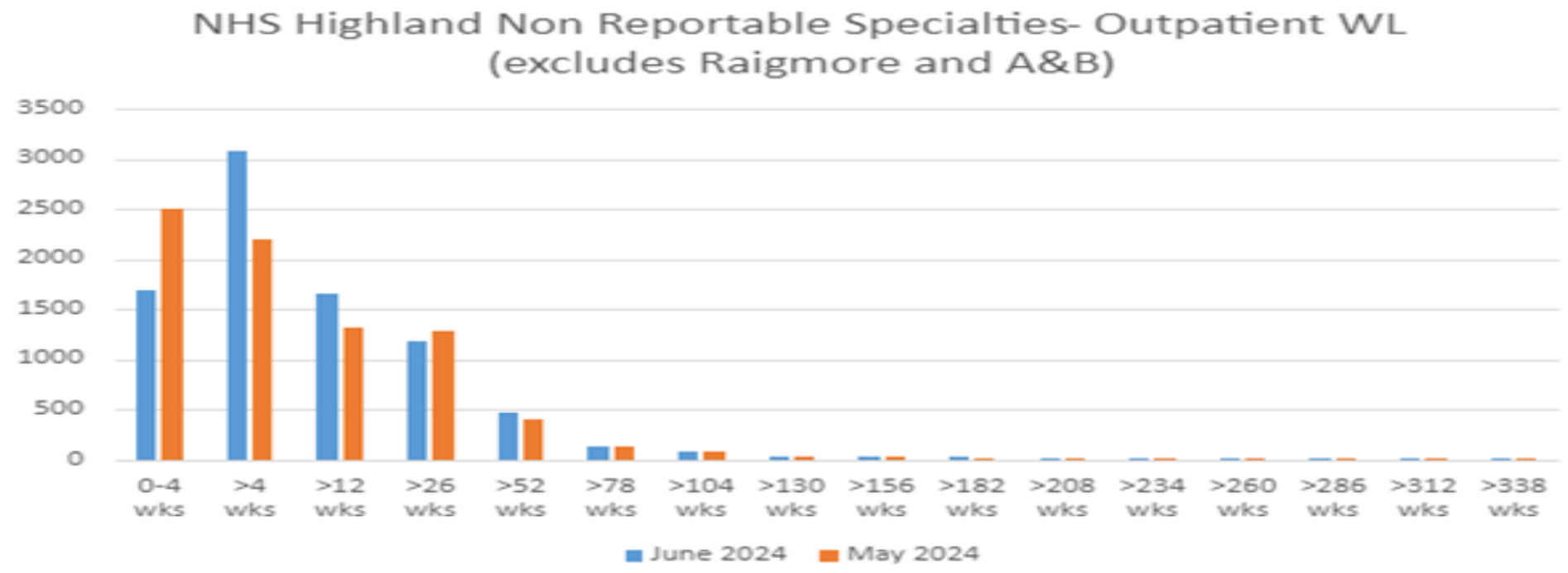
MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	Total
Chiropody	516	607	223	17													1363
Dietetics	149	177	175	129	25	6	8	1	2	1		1		1	1		676
Obstetrics Antenatal	7	1		1													9
Occupational Therapy	17	31		1					1		1						51
Physiotherapy	625	783	647	441	172	5	3	2	5	2					1		2686
General Psychiatry	155	209	268	406	188	36	8	1	2								1273
Learning Disability	13	927	191	113	80	82	66	24	15	23	10	11	16	6	5		1582
Learning Disability Nursing	39	152															191
Psychiatry of Old Age	94	86	65	46	6	3											300
Psychotherapy				1	1		1										3
GP Acute	75	101	81	29	2		1										289
Investigations and Treatment Room	4	3		2	4	1	1						1				16
Social Work						1			1		2						4
Current Report	1694	3077	1650	1186	478	134	88	28	26	26	13	12	16	8	6	1	8443
Previous Report	2505	2203	1321	1281	397	138	77	30	30	20	14	14	14	15	3	1	8063

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PODIATRY - The Issue and Cause	Plan and Mitigation	Expected Impact
Vacancies main issue for longer waits, solutions for cover being exhausted. Vacancies, having biggest impact in Skye and Caithness/Sutherland.	• Working tightly to prioritisation framework within service spec to ensure highest risk patient seen first, rearranged clinics and geographic spread of staff for best cover as able within workforce policies	• Minimise effect on highest risk patients, however lower risk patients likely to experience impacted service,

DIETETICS - The Issue and Cause	Plan and Mitigation	Expected Impact
Community dietetics team working with 50% capacity due to vacancies and long-term absence.	• All staffing working maximal hours to cover, no bank staff available Agency cover being sought. Recruitment challenges impacting on service delivery.	• Minimise risk to patients and impact on secondary care.

PHYSIO - The Issue and Cause	Plan and Mitigation	Expected Impact
vacancies/demand out strips capacity/challenges in leadership posts being vacant/increase in capacity in other areas impacting on physio outpatient capacity. Data quality work still on going.	• Physiotherapy: continued review of vacancies and use of Sup staffing to fill these, wider discussions about team lead roles (3/8 vacant) and how to best support - currently district managed services so movement of resource difficult. Standardisation work being undertaken within current models, however full MSK/Ortho pathway review required. SBAR on increase in NTC ortho surgery impact on physio outpatients to be developed - collect data on increased referrals and impact on capacity.	• Physiotherapy: support for teams in capacity/demand decisions and maximise use of all staffing available. Ensure equity across North highland physio outpatient clinics.

OT - The Issue and Cause	Plan and Mitigation	Expected Impact
Data being checked and verified		

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| OBJECTIVE | In Partnership | OUTCOME | Treat Well | EXEC LEAD | Pamela Cremin, HSCP Chief Officer | Service | Mental Health & GP Acute |

GENERAL PSYCHIATRY - The Issue and Cause	Plan and Mitigation	Expected Impact
• Source data and recording does not reflect the current delivery of services therefore this heading consists of a number of different teams. Issue relates to waits for both psychological therapy group work, first OP appointment and CMHT waits.	• Work is ongoing to adjust TRAK to ensure accurate data recording and gathering.	• Accurate data gathering and reporting

LEARNING DISABILITIES - The Issue and Cause	Plan and Mitigation	Expected Impact
• The LD service have recently moved to the use of TRAK to record LD Health Checks and service activity. The waits are mostly in relation to LD Health Checks. The funding received will not enable all people to receive a HC and agreed prioritisation.	• LD Health Checks are underway and therefore the "waits" will reduce as individuals receive a HC.	• Reduction in waits

PSYCHIATRY OLD AGE - The Issue and Cause	Plan and Mitigation	Expected Impact
• Recruitment difficulties in relation to substantive medical Psychiatric staffing.	• Short term locum staff employed, substantive staff fulfilling additional sessions, exploration of ANP staff and alternative models	• Reduction in waits

PSYCHOTHERAPY - The Issue and Cause	Plan and Mitigation	Expected Impact
• The data identifies that there are 3 people waiting for Psychotherapy interventions. As for General Psychiatry there is an issue in relation to the source data and the team the code refers to is unknown.	• Further deep dive into the source data to ensure re-alignment to services	Accurate data gathering and reporting

GP ACUTE - The Issue and Cause	Plan and Mitigation	Expected Impact

OBJECTIVE	Our Population	OUTCOME	Journey Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	Cancer Waiting Times (31 Day)
PERFORMANCE OVERVIEW	TARGET	95%	NHS HIGHLAND	91.3%	TREND ↓	BENCHMARK	95.4%	POSITION	14/15

31 Day Cancer Waiting Times (Q)

Benchmarking across Scotland

Selected Time Period: June 2024
(click on a circle in timetrend to change the selected time period)

NHS Forth Valley	100.0%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Ayrshire & Arran	99.0%
NHS Dumfries & Galloway	97.9%
NHS Borders	97.8%
NHS Lanarkshire	97.7%
NHS Tayside	97.3%
NHS Lothian	97.2%
Golden Jubilee	95.8%
NHS Greater Glasgow & Clyde	95.8%
NHS Fife	95.0%
NHS Highland	91.3%
NHS Grampian	87.2%

Patients Seen (P)

Patients Seen on 31 Day Pathway

Legend: Eligible Referrals — Eligible Referrals treated within standard
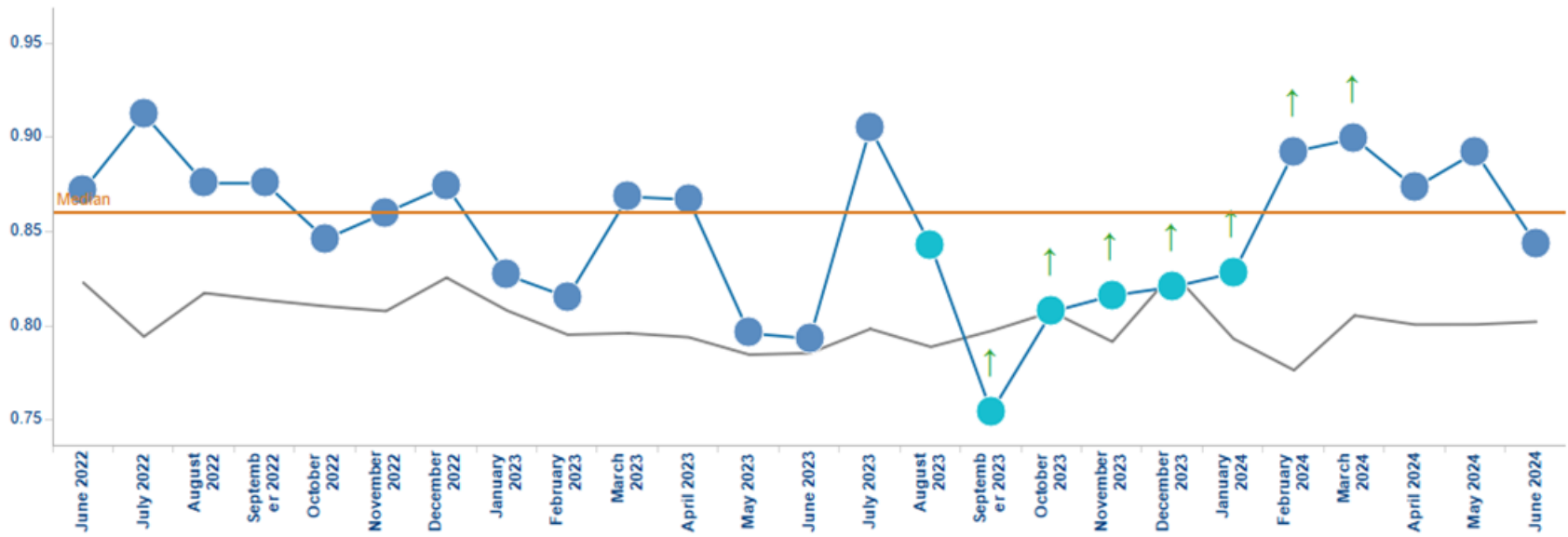
261

OBJECTIVE	Our Population	OUTCOME	Journey Well	EXEC LEAD	Katherine Sutton, Chief Officer, Acute	Service	Cancer Waiting Times (62 Days)

PERFORMANCE OVERVIEW	TARGET	95%	NHS HIGHLAND	69.4%	TREND	↓	BENCHMARK	70.9%	POSITION	8/15

62 Day Cancer Waiting Times (Q)

Benchmarking in Scotland (P)

Selected Time Period: June 2024
(click on a circle in timetrend to change the selected time period)

NHS Dumfries & Galloway	91.9%
NHS Lanarkshire	87.7%
NHS Forth Valley	81.5%
NHS Ayrshire & Arran	81.1%
NHS Lothian	76.7%
NHS Fife	71.1%
NHS Western Isles	70.0%
NHS Highland	69.4%
NHS Borders	68.4%
NHS Greater Glasgow & Clyde	66.1%
NHS Tayside	55.8%
NHS Grampian	54.9%
NHS Shetland	33.3%
NHS Orkney	0.00

Patients Seen (P)

Patients Seen on 62 Day Pathway

— Eligible Referrals
— Eligible Referrals treated within standard

62 Day Standard Breached by Specialty Type

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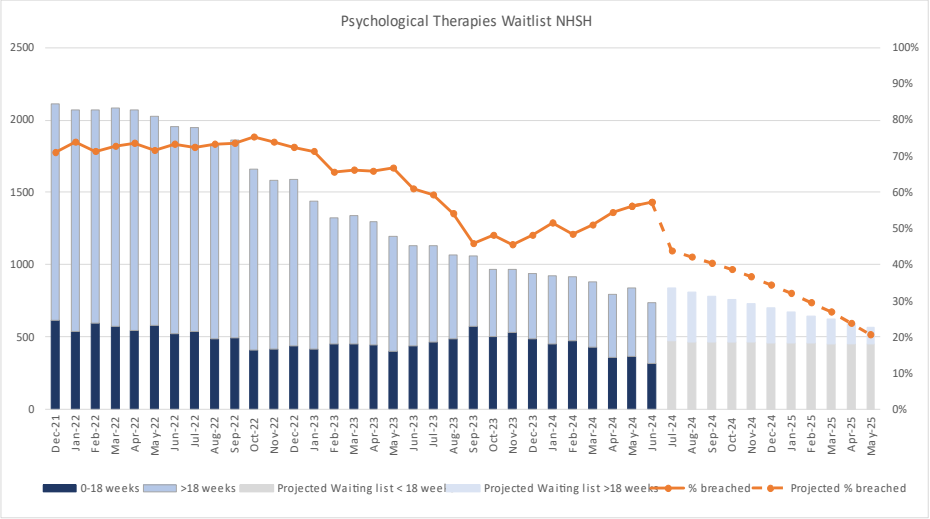| OBJECTIVE | Our Population | OUTCOME | Journey Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | Service | Cancer Waiting Times |

Reasons for current Performance	Plan and Mitigation	Expected Impact
Cancer services witing times: Increasing demand and lack of workforce to manage / deliver oncology services. Diagnostics: Lack of accountability / governance around clinical standards, increase in demand and complexity, lack of digital systems to support efficient processes. Demand driven with limited control over own budget.	Cancer services: Development of national oncology target operating model. Finance and workforce gap analysis underway to realise national working. Diagnostics: Laboratory and Radiology improvement groups working to deliver governance around clinical standards, alternative workforce models, and digital efficiencies	Cancer services: Improved patient and workforce experience, robust service, waiting times standards met for all reportable cancer types, reduced costs. Diagnostics: Improved reporting speed, reduction in demand through implementation of "right test, right time", cost reduction through removal of tests of low clinical value.

OBJECTIVE	Our Population	OUTCOME	Live Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP	Service	**Psychological Therapies**

PERFORMANCE OVERVIEW	TARGET	90%	NHS HIGHLAND	84.3%	TREND	➡	BENCHMARK	80.2%	POSITION	4/14

Patients Seen < 18 Weeks (P)

Waiting List (P)

Psychological Therapies Waitlist NHSH

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Benchmarking across Scotland (P)

Selected Time Period: June 2024
(click on a circle in timetrend to change the selected time period)

NHS Orkney	100.0%
NHS Greater Glasgow & Clyde	90.4%
NHS Ayrshire & Arran	87.9%
NHS Highland	84.3%
NHS Lothian	83.7%
NHS Grampian	80.1%
NHS Forth Valley	78.5%
NHS Lanarkshire	76.1%
NHS Tayside	72.4%
NHS Borders	71.1%
NHS Dumfries & Galloway	70.4%
NHS Shetland	68.8%
NHS Fife	67.8%
NHS Western Isles	53.3%

| OBJECTIVE | Our Population | OUTCOME | Live Well | EXEC LEAD | Pam Cremin, Chief Officer, HHSCP | Service | Psychological Therapies Waiting Times |

Reasons for current Performance	Plan and Mitigation	Expected Impact
As at June 2024: • 564 of our population waiting to access PT services in North Highland. • 259 patients are waiting >18 weeks (45.9% breached), a significant reduction from 738 waiting >18 weeks in March 2023. Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage.	• The development of Primary Care Mental Health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their Psychological Therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology. This is currently being addressed by the Board and Director of Psychology. • Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date with the development of our Clinical Neuropsychology service which has proved effective in reducing a large number of our extended waits.	• There will always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan. • De-escalation is expected given improvement

CLINICAL AND CARE GOVERNANCE METRICS

CLINICAL AND CARE GOVERNANCE COMMITTEE

Discussed at Committee on 5th September 2024

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Complaint Activity: Last 3 months

| Progress Made	Next Steps	Timescale
• Child Friendly Complaint Process rolled out and website updated	• Re-visit SPSO guidance with working group to develop training	• Sept 2024
• Training for Medical Division regarding Quality scheduled	• Training sessions arranged on how to construct a robust and quality response	• 2 Sept 2024
• HHSCP - Drivers Diagram workshop scheduled	• Workshop to define actions for improvements in performance and quality	• 6 Sept 2024

Latest Performance (Target 60%)	June 42%

Highland wide Stage 2 Complaint Volumes Received & % Performance Achieved
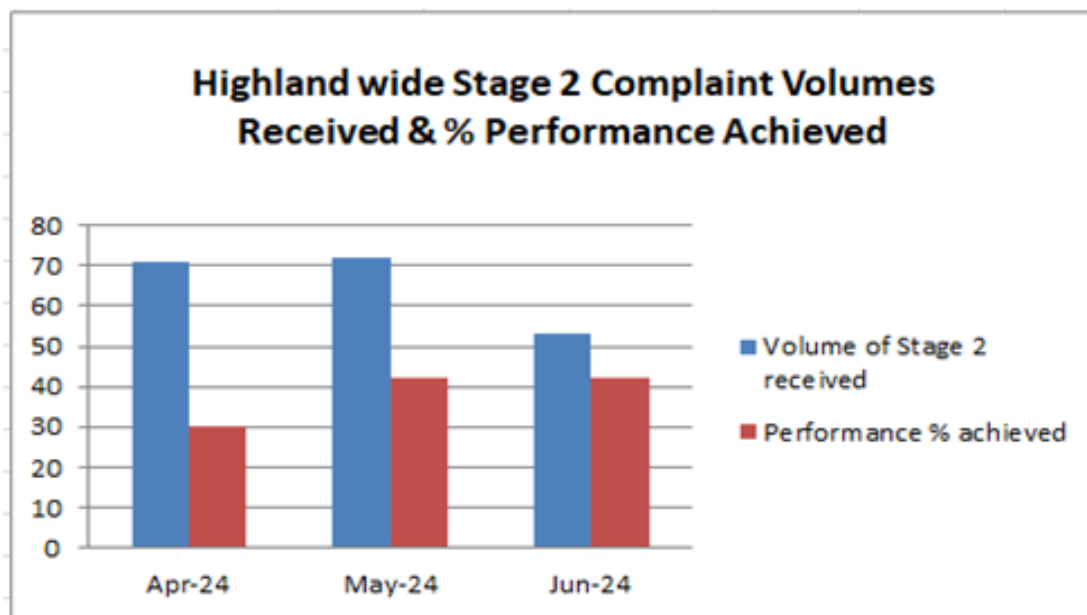
Factors which Influenced complaint volumes has been:
- CAMHS and NDAS assessment delays
- Delays in Urology referrals and appointments
- Weight Management - issues with treatments
- Adult Social Care – lack of care provisions
- Mental Health services and ADHD assessments and care
- Community mental health support for children
- Emergency admissions to community hospitals
- Nursing care and behaviours

Factors which influenced performance has been:
- Quality of investigations and responses creating multiple re-drafts
- Administrative delays in sign-off
- Complaint handler changes and delays caused
- Seasonal period of leave for staff over the summer
- Complaints are more complex impacting investigation times

The aim of this slide is to review aspects of Feedback Team workstreams which may give indication on the standards of NHS Highland complaint handling.

Further Correspondence Activity: Since September 2023 total of 766 Stage 2 have been logged and 32 of those became a Further Correspondence (4% conversion rate)

Volumes of Reason for Raising Further Correspondence

21	13	12	3	6
Request Further Information or action	Response did not answer all points of complaint	Response raised further queries	Unhappy with quality of response	Disagrees with response or outcome
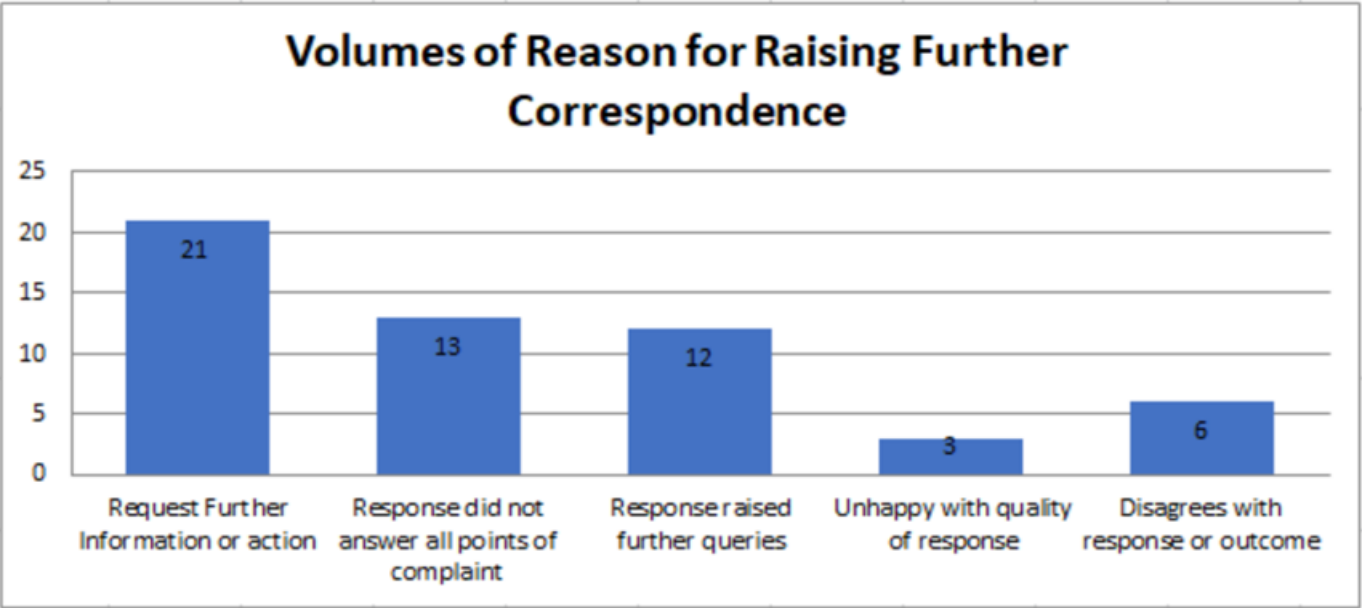
Quality Improvement Recommendations for Complaint Handling

- Mandatory contact made with complainant when the complaint is received
- To not enter the complaint handling process until contact is made and clarifications on the complaint have been secured with full understanding and expectations given to complainant
- More meetings with complainants/families to explain outcomes of investigations
- Training on drafting a quality response
- Quality Management System with audits and structured feedback for continuous improvement
- Improved contacts lists for ensuring Professional Leads are involved at earlier stages of the complaint process
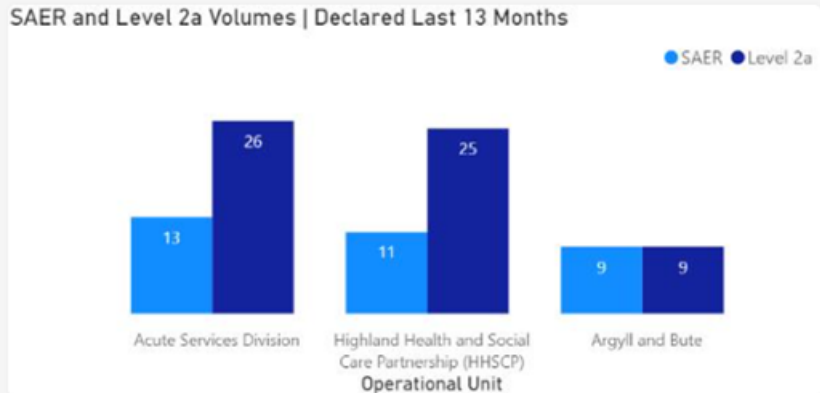
SPSO Activity June 2024 - July 2024

3 New SPSO Enquiries Received. All were for Acute

Topics of new complaints:
Care and Treatment
Discharge practices and communication

6 closed SPSO Enquiries. 2 Not Upheld, 2 Not Taken Forward and 2 Fully Upheld
Upheld complaints regarding care and treatment, quality of nursing notes and delays in communication. Apology letters sent and actions completed

SAER and Level 2A (Case Reviews): Last 13 months

Progress Made	Next Steps	Timescale
• Building capacity to Lead and support SAERs. SAER session held on 13 August 2024 for HHSCP • Working with each operational area to ensure open actions are progressing. A review of Mental Health actions has been undertaken	• Incident management training for A&B • SAER training arranged for HHSCP on 24 and 26 August	• By end of September 2024

All incidents reported in Datix are reviewed through the Quality Patient Safety review structure.

In the 13-month period a total of 17420 incidents have been raised across North Highland and A&B. A total of 33 SAERs have been declared, giving a conversion rate of 0.19%.

Current Status :
- 49 Major and Extreme cases awaiting decision
- 25 Active level 1 cases
- 43 Active Level 2 cases

Clinical Governance support team continues to help ensure investigations are efficient , and the correct people are involved at the earliest opportunity.

SAER and Level 2a Volumes | Declared Last 13 Months

● SAER ● Level 2a

	SAER	Level 2a
Acute Services Division	13	26
Highland Health and Social Care Partnership (HHSCP)	11	25
Argyll and Bute	9	9

Operational Unit

OUTSTANDING ACTIONS	LEVEL 1 / SAER	LEVEL 2A
Acute	24	14
HHSCP	17	0
Argyll	21	12
Corporate	0	3
NHS Highland	62	29

All Level 1 / SAER are overdue, apart from 1 due in the next month.
All Level 2A actions are overdue apart from 2 due this month.

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Clinical Governance

Hospital Inpatient Falls | Run Chart and Site Harm/No Harm Outcome

Progress Made	Next Steps	Timescale
• Reduction in all falls and falls with harm over last 4 months • Focus on areas of highest falls using revised audit tool continues, reporting back through steering group monthly meeting • Review of lifting equipment across all sites underway • Testing of post fall review document to commence on 4 wards, across acute, RGH and MH	• NHSH Falls and Frailty conference scheduled for 20th September • Falls newsletter to be September 9Week of 16th is Falls awareness week) • Literature review of lighting under beds	20/9/24 30/9/24 15/10/24

Number of Hospital Inpatient Falls
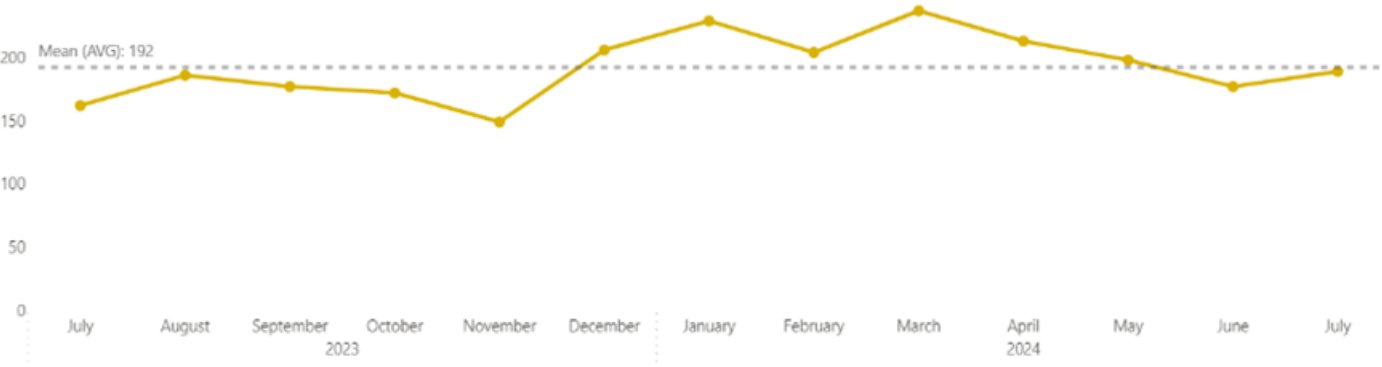
Number of Hospital Inpatient Falls with Harm
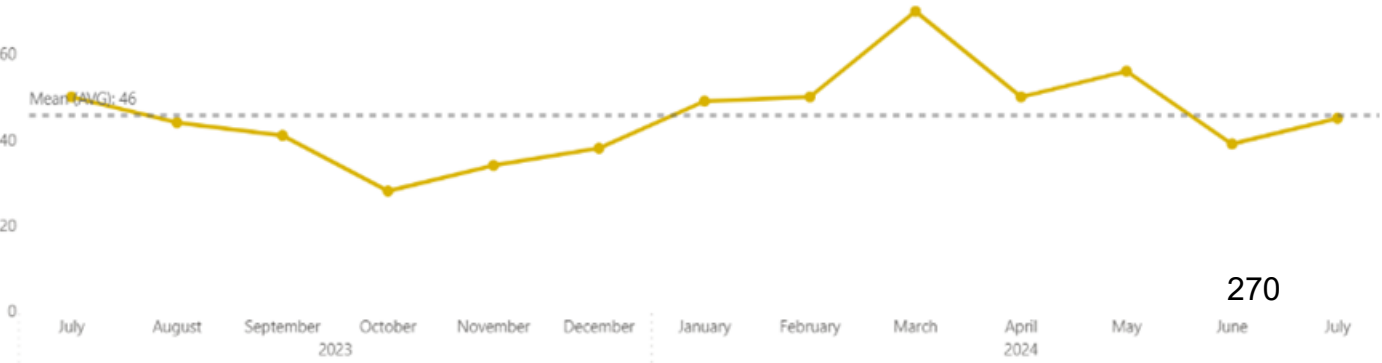
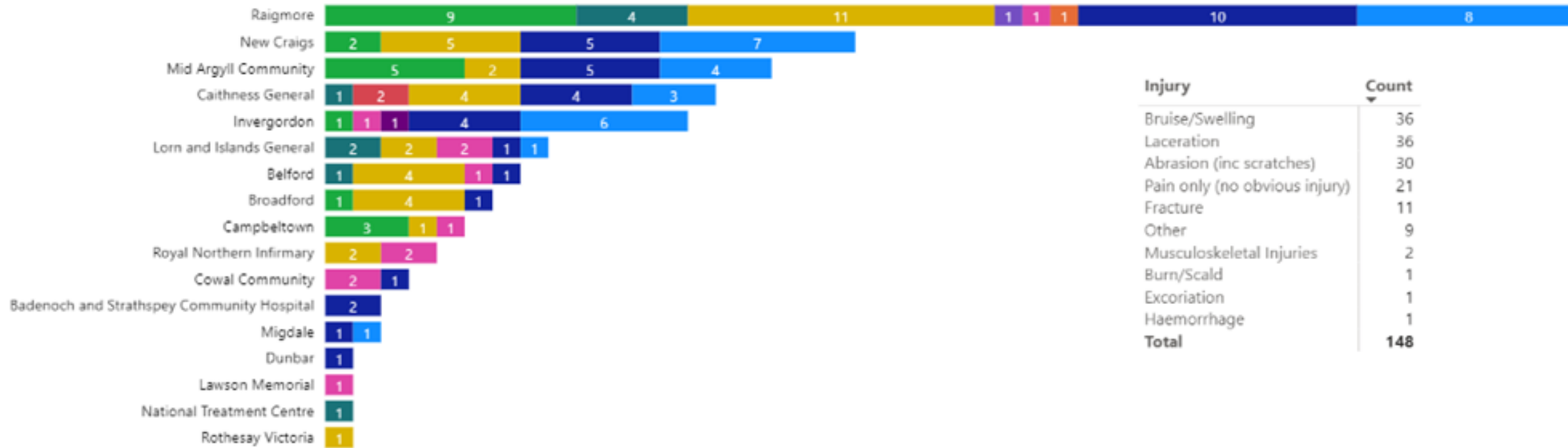### Number of Hospital Inpatient Falls | Sites | Result | Last 3 Months

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Infection Control | SAB, CDIFF and ECOLI

Progress Made	Next Steps	Timescale
• The current reduction aims are: Clostridioides difficile healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by April 2024. Staphylococcus aureus bacteraemia rate of 15.3; and EColi bacteraemia rate of 17.1 • Data published by Public Health Scotland in July 2024 identified that NHS Highland did not meet the above reduction aims above. When analysing trends over the past three years however we remain within predicted limits and are not above normal variation. • None of the Local Delivery Plan reduction aims were achieved at NHS Scotland level and no boards achieved the standards across all three HCAI reduction aims • The Infection Prevention and Control Team actively monitor each patient with a reported episode of infection for learning and to prevent future occurrences. Information is disseminated to the wider teams for shared learning • Following the increase in CDI cases noted antimicrobial prescribing has been updated and implemented. As of August 2024, a downward trend in the prescribing of certain antibiotics has been noted.	• Nationally there is a review of the current reduction aims, which are based on 2018/19 rates. NHS Highland await the outcome of this review. Whilst awaited the current rate reduction aims are being utilised. • IPC annual work plan continues to be monitored, and a detailed report is submitted to Clinical Governance Committee for assurance. • Local review of the management of CDIFF cases in acute care settings continues. The outcome from the changes to the antimicrobial prescribing guidance will continue to be monitored.	• Local review of the management of CDIFF cases underway, antimicrobial changes to be measured Dec 24 • Await forthcoming publication of national reduction aims for 2024/25, expected within next 4 weeks

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2024/2025
Includes validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data when unavailable

Period	Apr -Jun 2024 Q1 (unvalidated data)		
SAB	HCAI		
NHS HIGHLAND	8		
SCOTLAND	-		
C. DIFFICILE			
NHS HIGHLAND	24		
SCOTLAND	-		
E.COLI			
NHS HIGHLAND	25		
SCOTLAND	-		

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Staphylococcus Aureus Bacteraemias (SABs)

NHS Highland data on Staphylococcus Aureus Bacteraemia infections positive rate for healthcare associated cases per quarter. Apr-June validated data not available until September 2024.


Quarterly rates of Healthcare Associated SAB infection per 100000 bed days including ARHAI Scotland & NHS Highland data
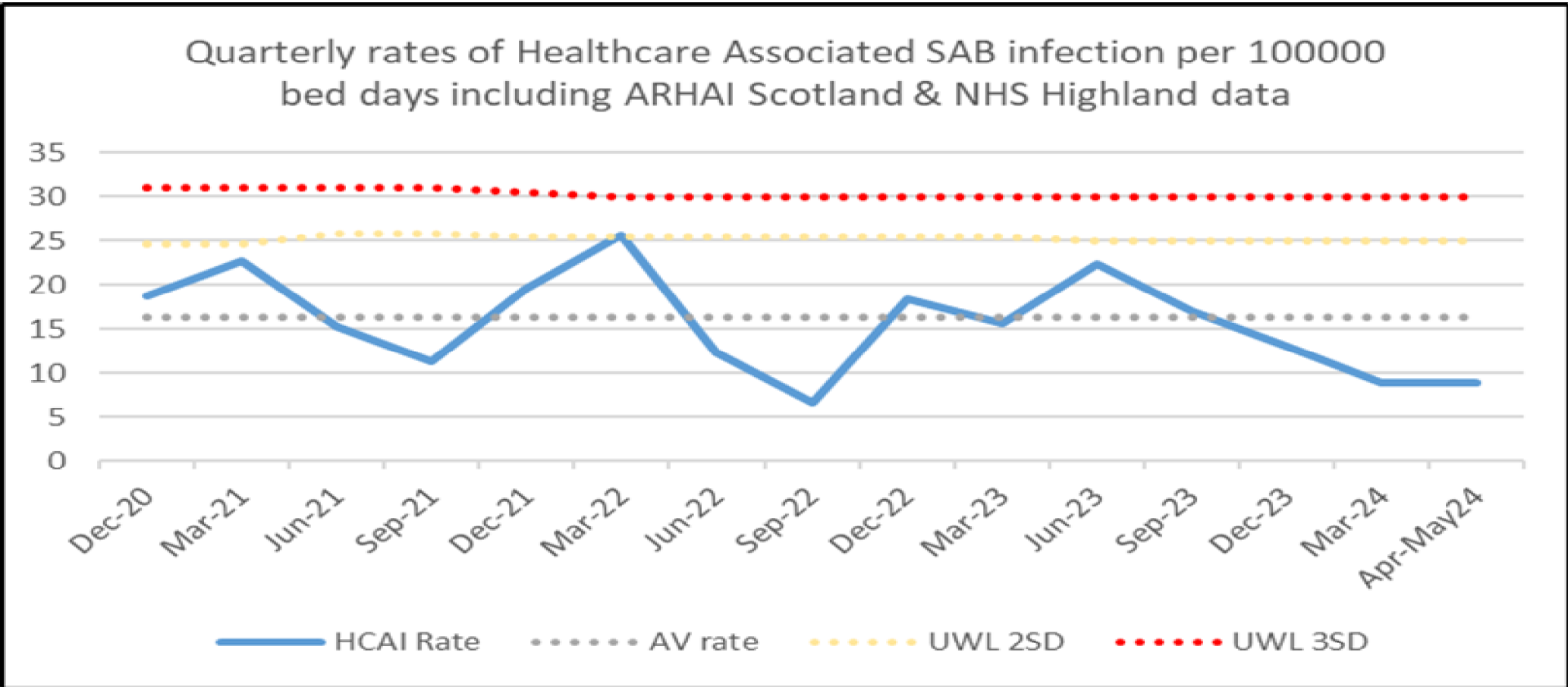
Clostridioides difficile infection (CDIFF)

NHS Highland data on *CDI* toxin positive rate for healthcare associated cases per quarter. Apr-June validated data not available until September 2024.
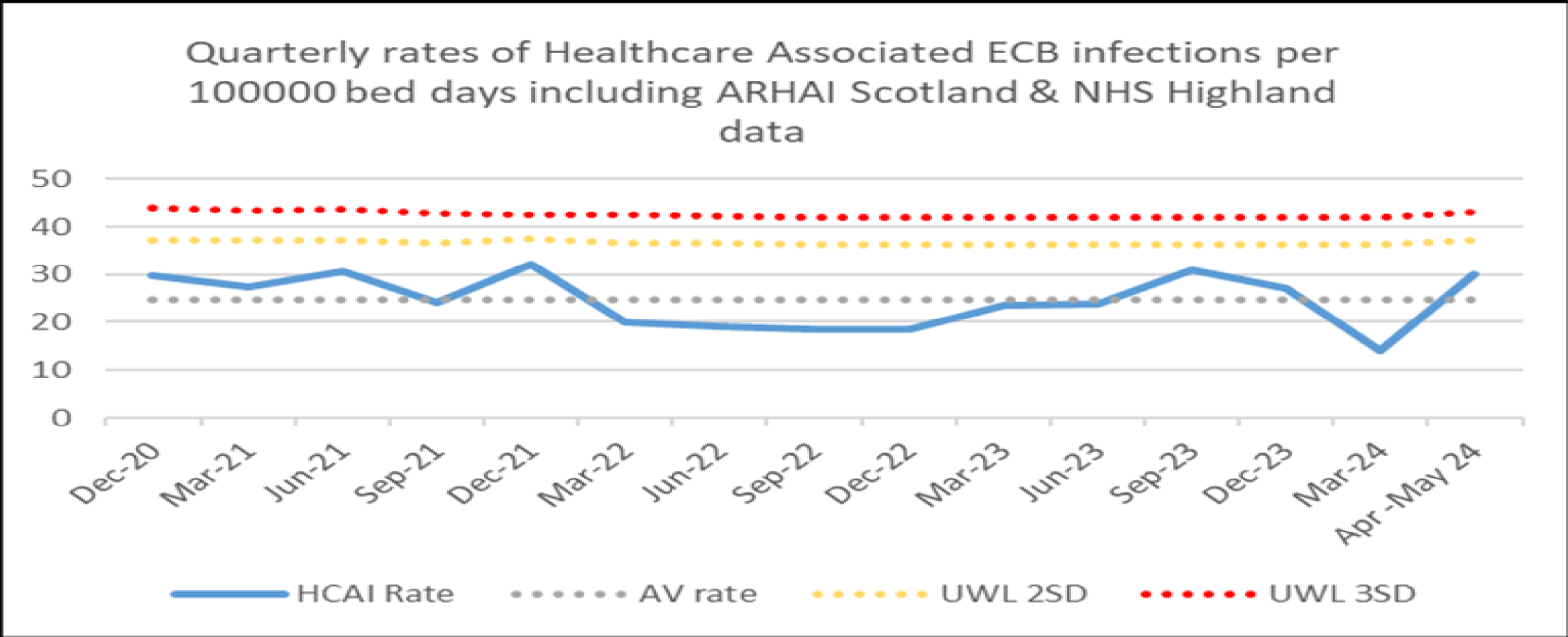

Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data
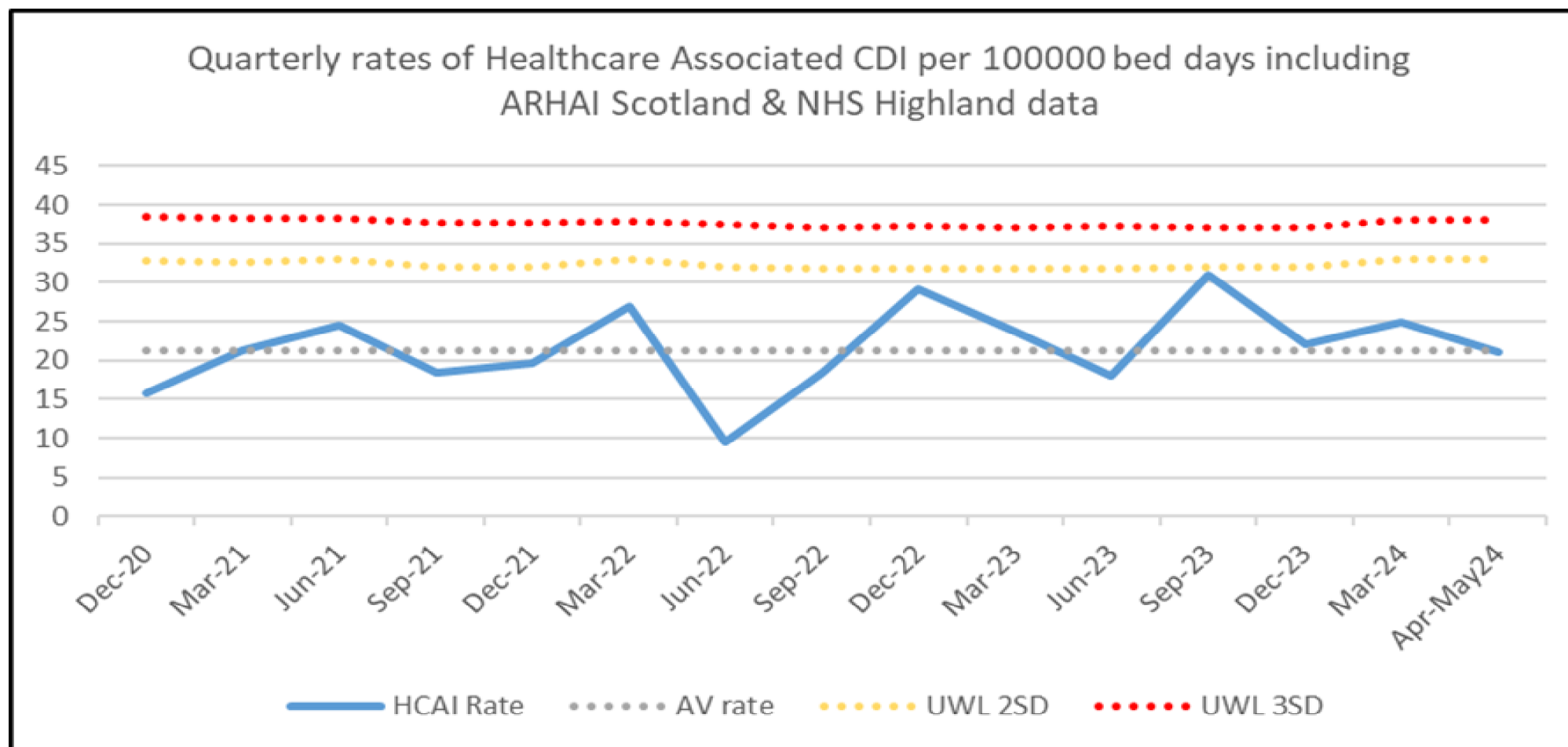
E.coli Bacteraemia (ECOLI)

NHS Highland data on *E.Coli Bacteraemia* Healthcare associated cases per quarter. Apr-June validated data not available until September 2024.

Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data

Progress Made	Next Steps	Timescale
• Target aim to reduce pressure ulcers agreed and progressing steadily • Discussions undertaken with SAS re pilot pressure damage risk assessment and implementation of risk reduction measures for patients delayed waiting in ambulances.- SAS looking into new toppers/equipment currently • aSSKINg model - have commenced trials on some Raigmore wards and now for community beds. • Identified potential improvements to patient care from the standardisation of the Red Day Tool (HIS document) across acute and community settings - potential to improve compliance, interventions and communication across patient journey. • aSSKINg model to be trialled in community- Phase 1 succesful, now phase 2 • ELearning for pressure ulcers in progress • Hybrid mattress evaluation and results being compile- completed and • HIS consulted on need to reduce Grade 1 and Grade 2 PUs rather than overall reduction in line with hybrid mattress evaluation results. Discussion with other TVNs suggest similar pattern	• Reduction of community acquired pressure ulcers • SAS investigating options to access pressure relieving equipment.- • Consideration of including pressure damage risk assessment in SAS triage tool. • Development of an aide memoir for all users for aSSKINg • Plan community team trial to commence aSSKINg- Phase 1 successful, now progressing phase 2 • Evaluate acute trial with QI team for Hybrid mattress in progress • TV Lead to liaise with HIS re potential to make changes and next steps after trial of aSSKINg tool • ELearning for Pressure ulcers with updated tools ongoing • Follow up with HIS re: Grade 1 and Grade 2 % r • TVLG in abeyance so work continues areond above steps, pending TOR review • HIS has highlighted that Grade 1 and Grade 2 reporting is acceptable and if agreed by NHSH can go ahead	As TVLG is in abeyance until October 2024, actions will be updated therafter • Aim November 2024 for further updates
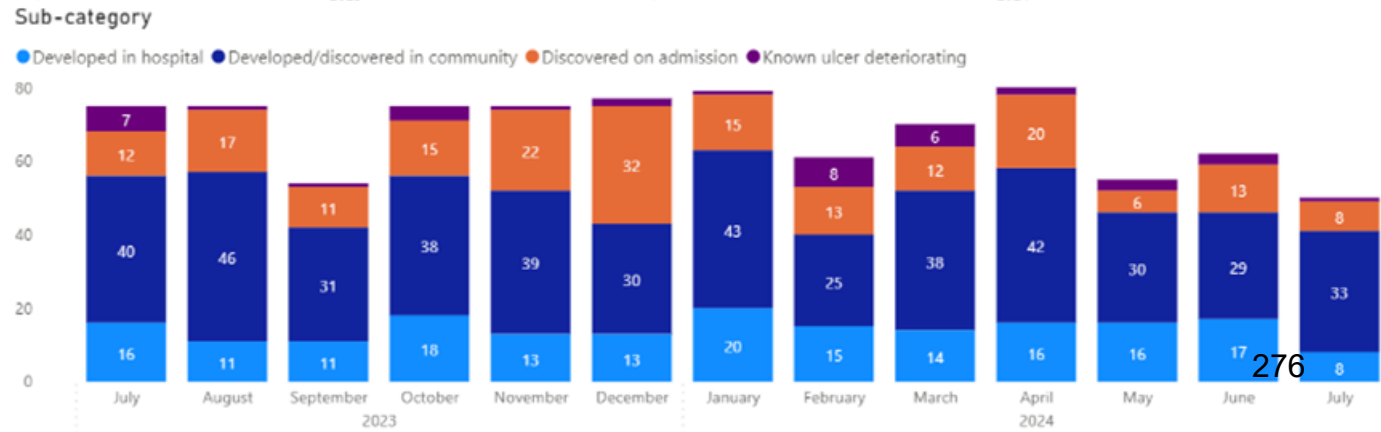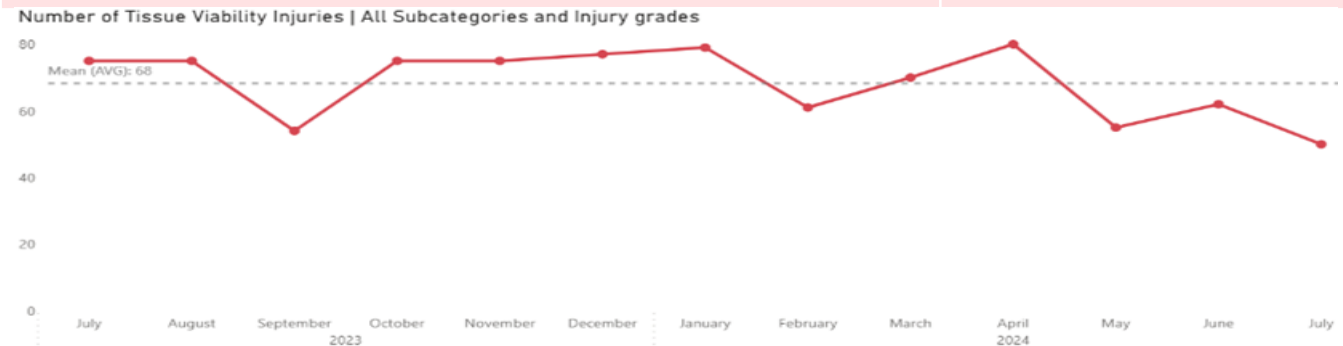
Number of Tissue Viability Injuries | All Subcategories and Injury grades

Sub-category

276

PEOPLE METRICS
STAFF GOVERNANCE
COMMITTEE

Data as of 31st July 2024

Organisational Metrics Jul 2024

Sickness Absence Rate (%)
5.99

Long Term SA Rate (%)
3.22

Short Term SA Rate (%)
2.75

Recorded Absence Reason (%)
75.10

Vacancy Time to Fill (Days)
128.93

Annual Employee Turnover (%)
8.74

Sickness Absence Rates (%) by Month

Legend: LT SA Rate, ST SA Rate, Target, Overall SA Rate
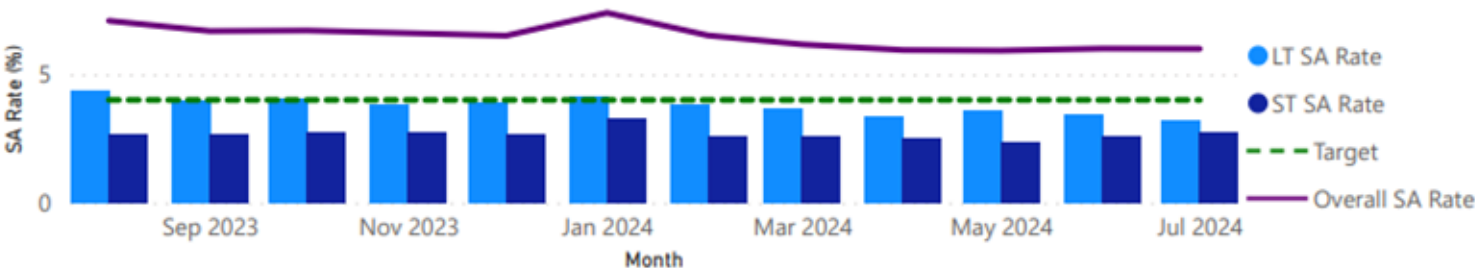
Vacancy Time to Fill (Days) by Month

Annual Employee Turnover (%) by Month

Legend: Annual Turnover, Target

Recorded Absence Reason (%) by Month

278

Training Metrics Jul 2024

Mandatory eLearning Completion (%)
68.2

Note that from Jul 2024 V&A e-Learning module has been reintroduced to Mandatory Training compliance figures as a new course was launched in June for all Job Families. V&A Practical figures have dropped due to a new template report which is mirroring the new V&A training pathway requirements.

V&A Practical Training Completion Rate (%)
9.3

M&H Practical Training Completion Rate (%)
34.5

Appraisal Completion Rate (%)
30.3

Core Mandatory eLearning Completion Rate (%) by Month
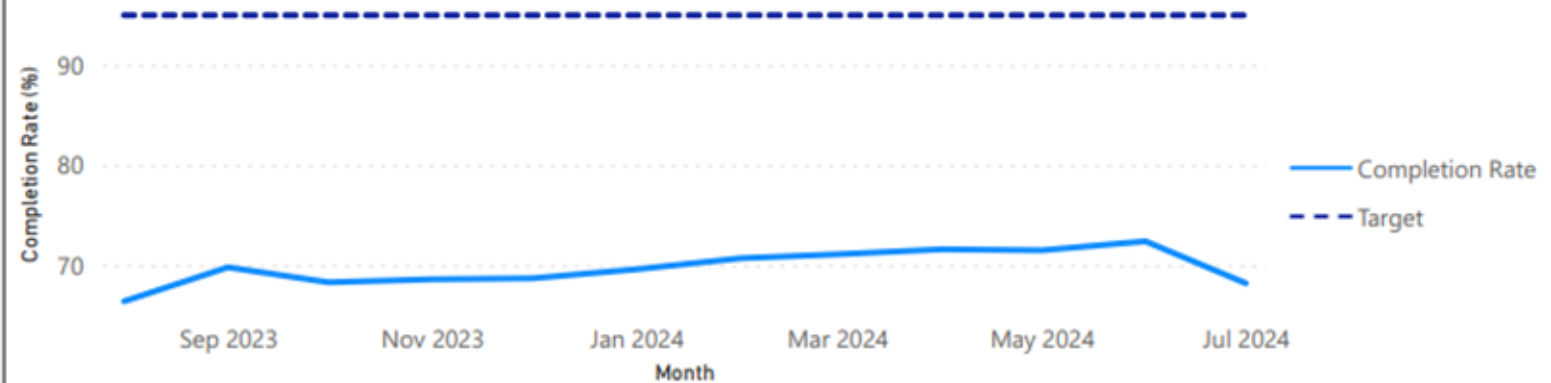
Legend: Completion Rate, Target
Y-axis: Completion Rate (%) — 70, 80, 90
X-axis: Month — Sep 2023, Nov 2023, Jan 2024, Mar 2024, May 2024, Jul 2024

Practical Training Completion Rate (%) by Month

Legend: M&H Practical Training, V&A Practical Training, Target
Y-axis: Completion Rate (%) — 0, 50, 100
X-axis: Month — Sep 2023, Nov 2023, Jan 2024, Mar 2024, May 2024, Jul 2024

Appraisal Completion Rate (%) by Month

Legend: Completion Rate, Target
Y-axis: Completion Rate (%) — 20, 40, 60, 80, 100
X-axis: Month — Sep 2023, Nov 2023, Jan 2024, Mar 2024, May 2024, Jul 2024
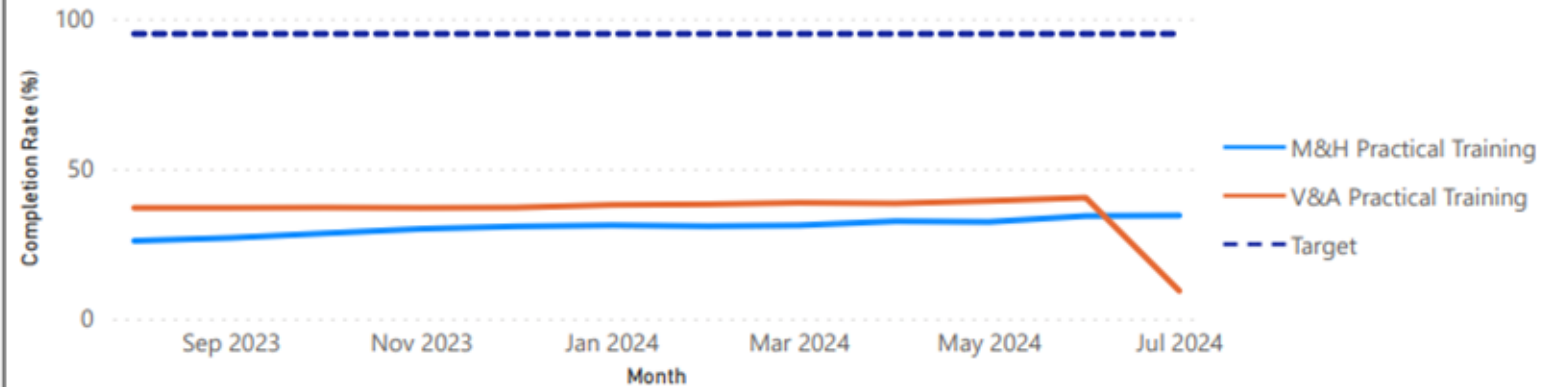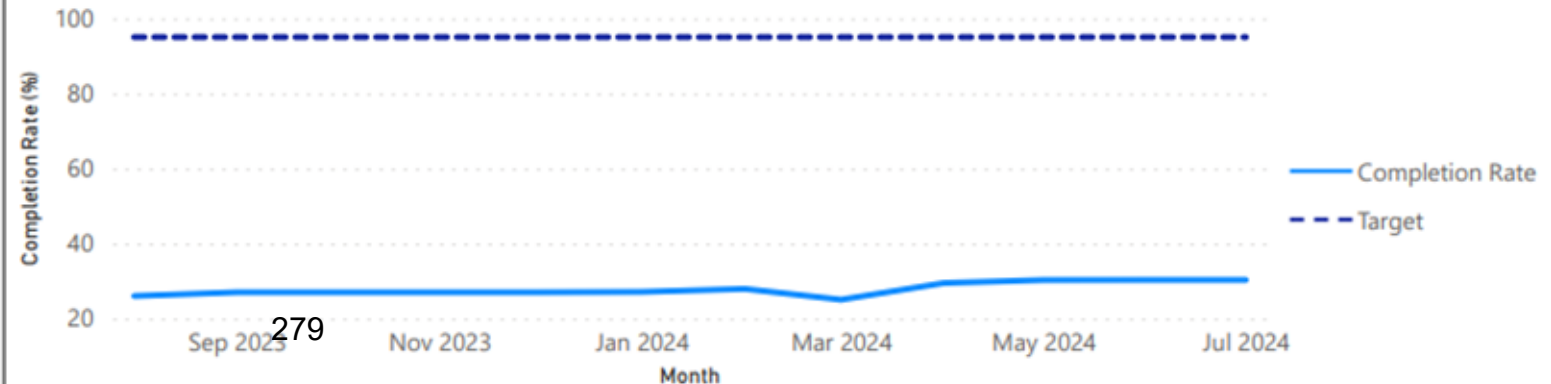
- NHS Highland absence remains above the national 4% target and has levelled at around 6% for April, May June and July 2024 . The absence rate has decreased since a peak of 7.39% in January this year. 24% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (20.5% of short-term absences) remain high as well as gastro-intestinal problems (14.3% of short-term absences). Covid related illness accounts for 6.2% of short-term absence.

- Absences with an unknown cause/not specified remaining high (accounting for around 25% of all absence). Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Sickness absence workstream is being progressed to focus on specific areas with high sickness absence rates. Targeted support will be planned to enable changes which may see a reduction in the level of absence. Absence dashboard is now live for managers to use for their areas.

- Manger attendance remains low on Once for Scotland courses Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.

- Sickness absence workstream is being established to focus on areas with high sickness absence rates. Targeted support will be planned to enable changes which may see a reduction in the level of absence. An audit regarding attendance management is underway with outcomes expected in September.

- The NHS Highland Health and Wellbeing Strategy consultation has concluded and the final document being prepared for the Governance Committees. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long term actions has been developed and is being progressed by the Health & Wellbeing Group.

- The average time to fill vacancies remains above the NHS Scotland KPI of 116 days at 128.9 days. This data includes vacancies approved at the vacancy management group only and not those vacancies that have not been but not those before this pre vacancy management group approvals or where staff have left post and the manager hasn't started the replacement process. To support the progression of vacancies in the system, hiring managers can help by ensuring that they have time arranged to review applications and undertake the process of shortlisting as soon after the closing date as possible and interview dates are arranged well in advance. An Executive Vacancy Monitoring group has been established to consider all vacancies across North Highland

- NHS Highland's annual turnover sits at 8.74% for July 2024 compared to 9.12% in July 2023. The National Turnover rate was 7.2% as of March 2024, having been 10% in March 2023. In July 2024 we continued to see high levels of leavers related to retirement (35%) and voluntary resignation (25%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 22% of our leavers. Further encouragement is required to capture leaving reasons.

- Refreshed awareness sessions for managing PDP&R has been launched in the organisation and attendance being monitored. The sessions provide information on how to successfully and meaningfully undertake a PDP&R with individuals An improvement plan is being progressed regarding the completion of PDPs commencing with senior managers.

- The agreed 6-month monitoring period has been completed for improvement in compliance with statutory and mandatory training. Each month reports are shared with EDG colleagues and their direct reports on the compliance levels against the agreed improvement trajectory for the core elearning modules. An oversight group is established reporting to EDG and APF consisting of representatives from across the organisation. An action plan is being progressed to support overall compliance.
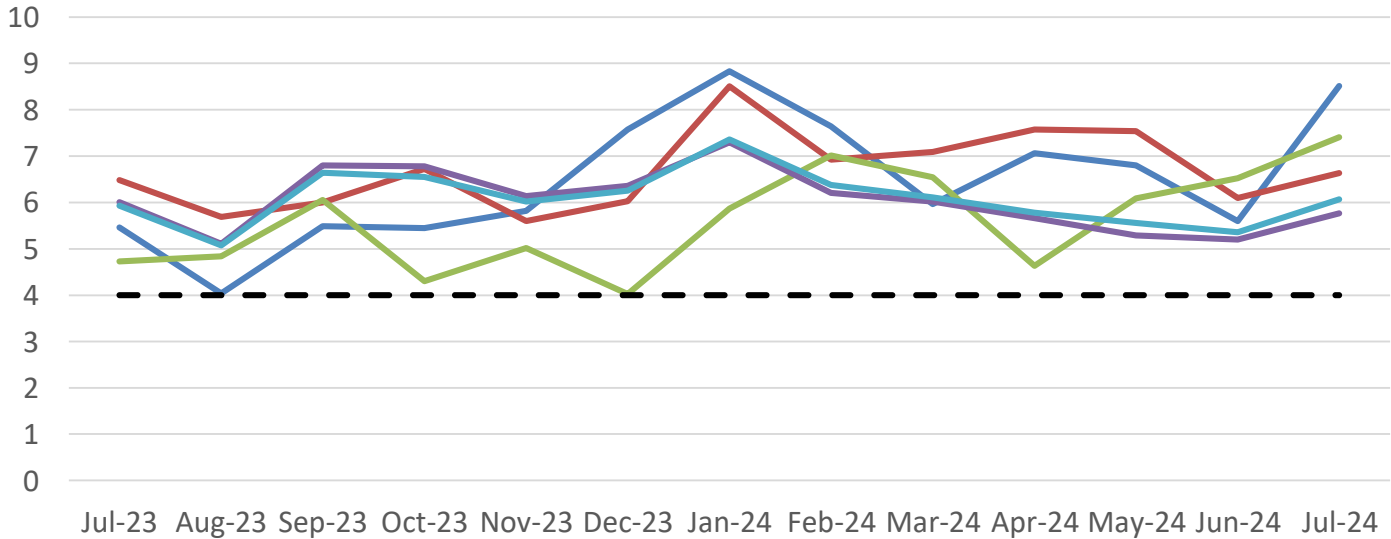
PEOPLE METRICS Acute SERVICES

July 2024

Sickness Absence

% Absence Rate

The graph presents absence rates across Acute Services over the past year. In July all areas within Acute Services increased from the previous month, with a significant increase in Belford from 5.6% to 8.51%

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Belford	5.46	4.04	5.49	5.45	5.82	7.57	8.83	7.64	5.97	7.06	6.8	5.6	8.51
CGH	6.48	5.69	6	6.72	5.6	6.03	8.51	6.92	7.09	7.57	7.54	6.1	6.63
NTC-H	4.73	4.84	6.06	4.3	5.02	4.02	5.87	7.01	6.54	4.63	6.09	6.52	7.41
Raigmore	6.01	5.11	6.8	6.78	6.14	6.36	7.3	6.21	6.02	5.66	5.29	5.2	5.77
Acute Services	5.93	5.07	6.64	6.55	6.02	6.26	7.36	6.38	6.11	5.78	5.56	5.36	6.07
Target	4	4	4	4	4	4	4	4	4	4	4	4	4

—— Belford   —— CGH   —— NTC-H   —— Raigmore   —— Acute Services   282 — Target

Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

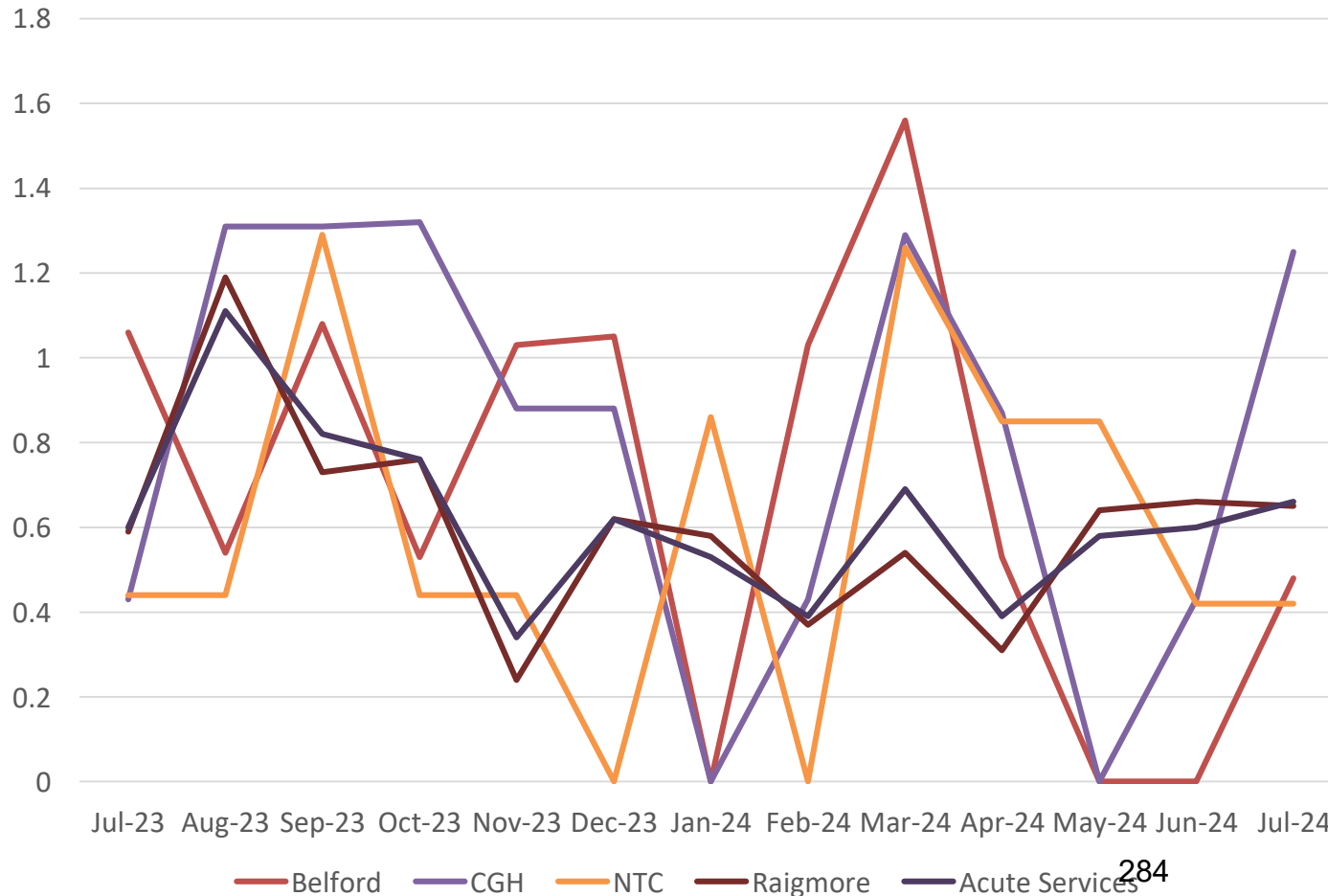Across the Board the average time was 128.9 days for July, from the graph Caithness, Belford and NTC were lower.

The time to fill NHS Scotland KPI is 116 days.


Average Days

283
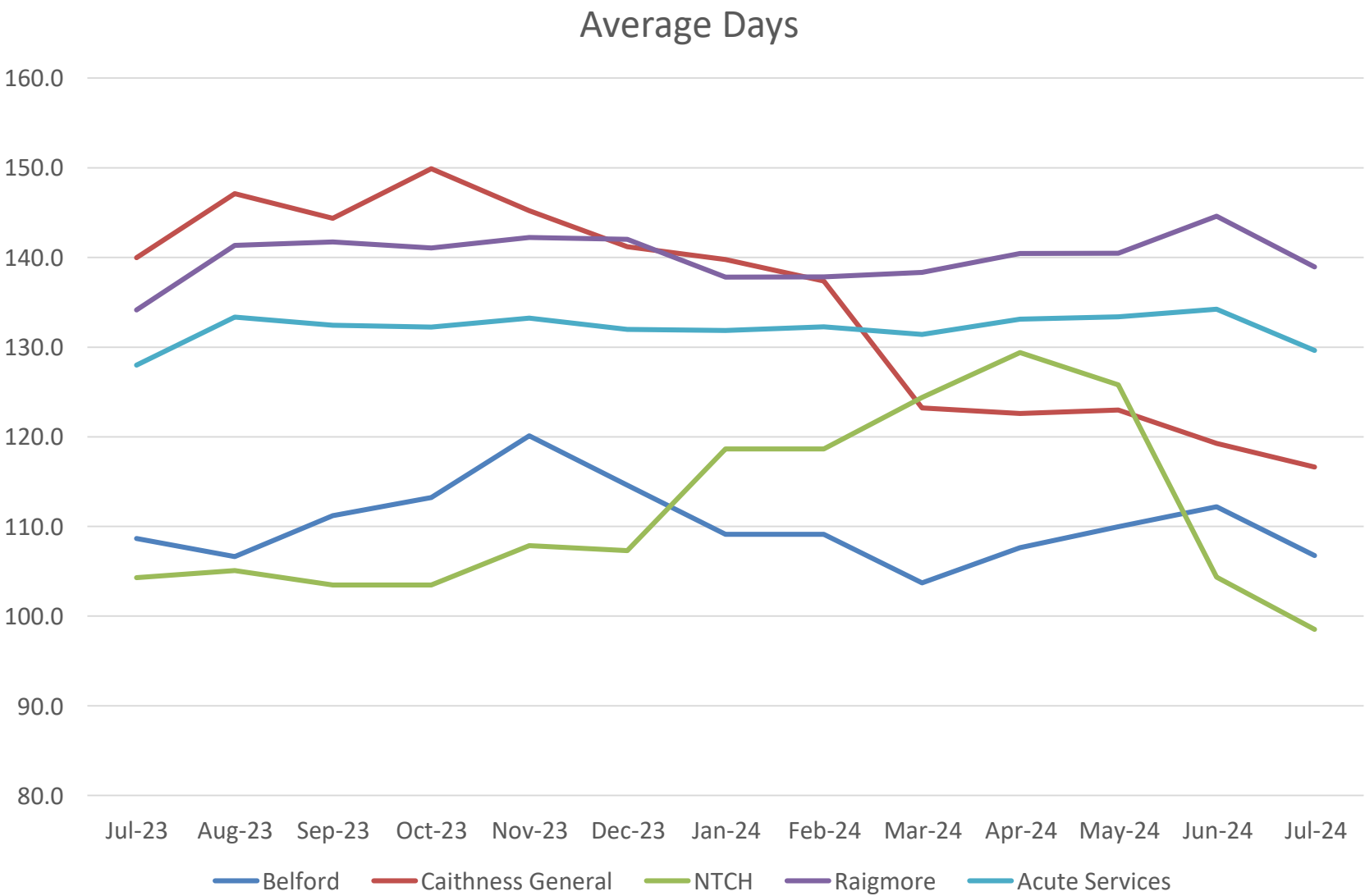
Turnover

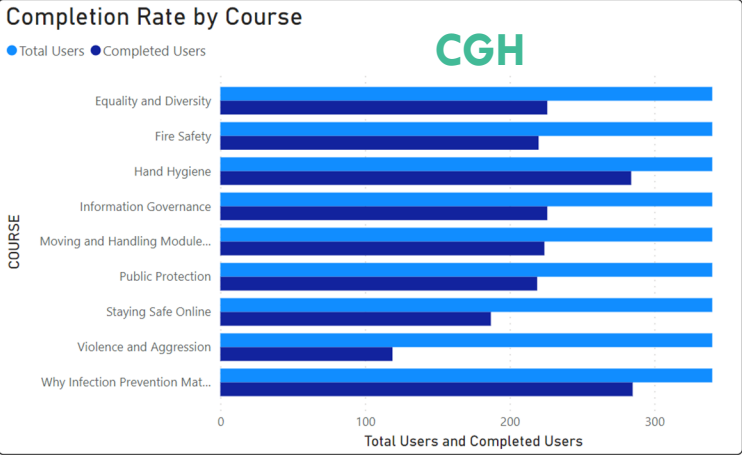Monthly Turnover (%) By Division – to July 2024

The graph presents the leavers over the past 12 months in Acute Services. Since May there has been a significant increase in leavers from Caithness General Hospital.
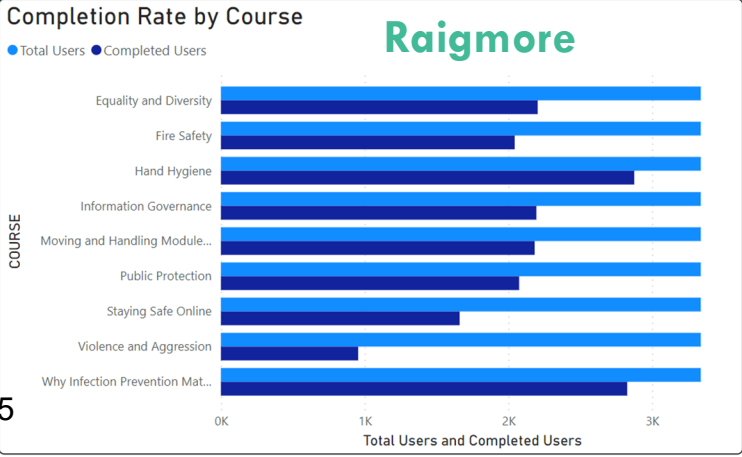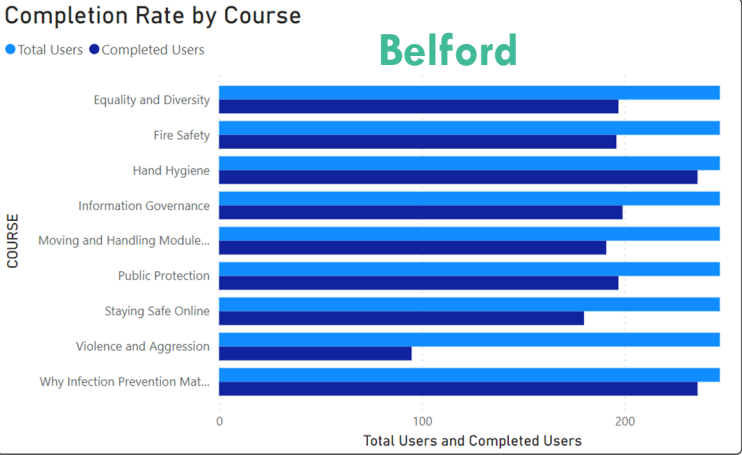
284

Statutory/Mandatory Training (July 31st, 2024)

Acute Services

Completion Rate by Course

Completion Rate for all Courses Jul-2024
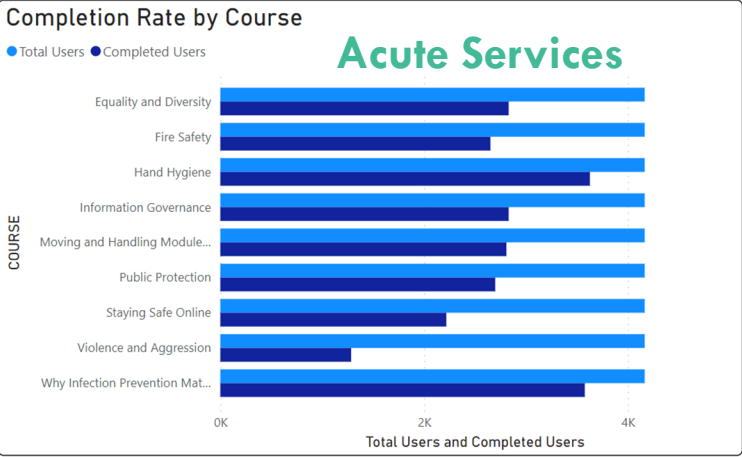
Course	Current Completion Rate
Equality and Diversity	67.9%
Fire Safety	63.6%
Hand Hygiene	87.1%
Information Governance	67.9%
Moving and Handling Module A	67.4%
Public Protection	64.8%
Staying Safe Online	53.3%
Violence and Aggression	30.8%
Why Infection Prevention Matters	85.9%
Total	**65.4%**

Belford

Completion Rate by Course

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	79.8%
Fire Safety	79.4%
Hand Hygiene	95.5%
Information Governance	80.6%
Moving and Handling Module A	77.3%
Public Protection	79.8%
Staying Safe Online	72.9%
Violence and Aggression	38.5%
Why Infection Prevention Matters	95.5%
Total	**77.7%**

CGH

Completion Rate by Course

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	66.5%
Fire Safety	64.7%
Hand Hygiene	83.5%
Information Governance	66.5%
Moving and Handling Module A	65.9%
Public Protection	64.4%
Staying Safe Online	55.0%
Violence and Aggression	35.0%
Why Infection Prevention Matters	83.8%
Total	**65.0%**

NTC

Completion Rate by Course

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	84.9%
Fire Safety	79.9%
Hand Hygiene	96.7%
Information Governance	87.9%
Moving and Handling Module A	87.9%
Public Protection	86.6%
Staying Safe Online	79.5%
Violence and Aggression	48.1%
Why Infection Prevention Matters	95.8%
Total	**83.0%**

Raigmore

Completion Rate by Course

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	66.0%
Fire Safety	61.2%
Hand Hygiene	86.1%
Information Governance	65.7%
Moving and Handling Module A	65.4%
Public Protection	62.1%
Staying Safe Online	49.7%
Violence and Aggression	28.6%
Why Infection Prevention Matters	84.7%
Total	**63.3%**

285

Completed Appraisals
01/04/2023 - 31/07/2024 (AfC staff only)
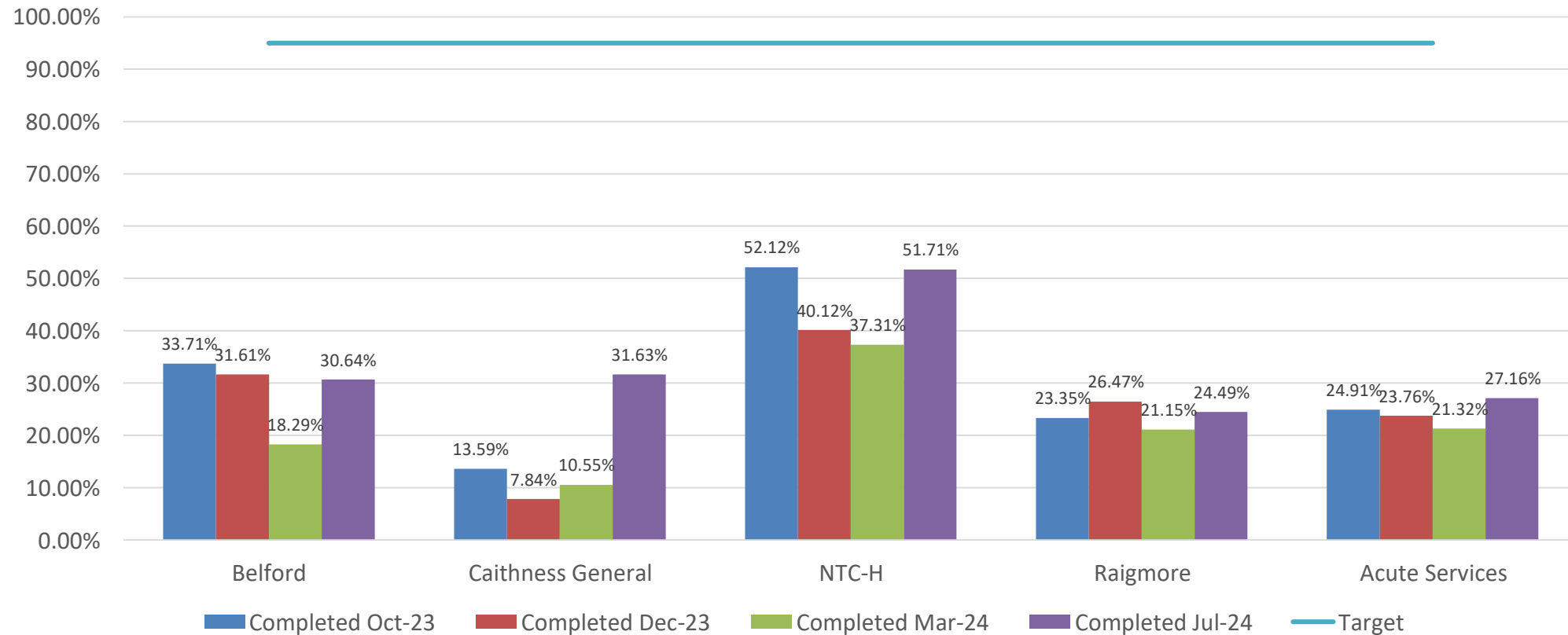
PEOPLE METRICS Corporate Services

July 2024

Sickness Absence

% Absence Rate

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Business Support Directorate	4.53												
Corporate	3.53	2.77	3.93	4.46	5.07	4.18	5.57	5.76	3.92	4.07	3.71	3.65	3.48
NHSH Facilities North Highland	7.34	7.07	8.72	7.55	7.43	6.88	7.74	6.46	6.95	6.79	6.43	7.32	6.5
Total	5.13	4.51	5.87	5.71	6.02	5.27	6.45	6.04	5.14	5.18	4.82	5.15	4.71
Target	4	4	4	4	4	4	4	4	4	4	4	4	4
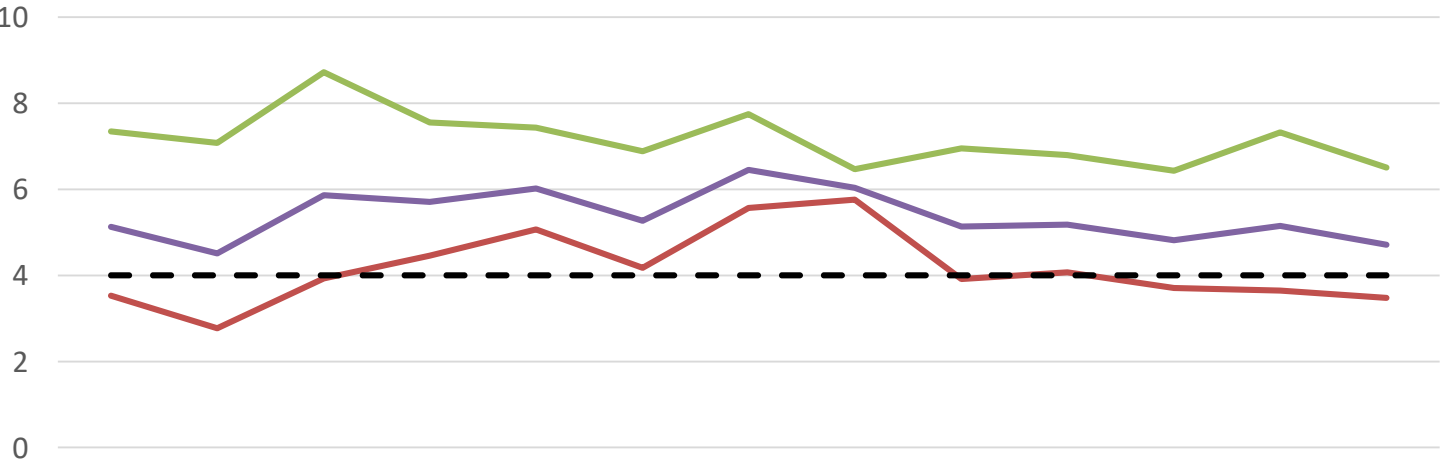
This graph contains data for all corporate services with Facilities being reported separately. Since April Corporate services (minus Facilities) absence rates have been decreasing and have remained under the 4% national target. The absence rates in Facilities have fluctuated reporting 6.5% in July

Legend: Business Support Directorate — Corporate — NHSH Facilities North Highland — Total — Target

288

Time to Fill

Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

Across the Board the average time was 128.9 days for July, in Corporate Services all were below this figure.

The time to fill NHS Scotland KPI is 116 days.

Average Days

Legend: Business Support Directorate, Corporate Services, NHSH Facilities North Highland, Total

289

Turnover

Monthly Turnover (%) By Division
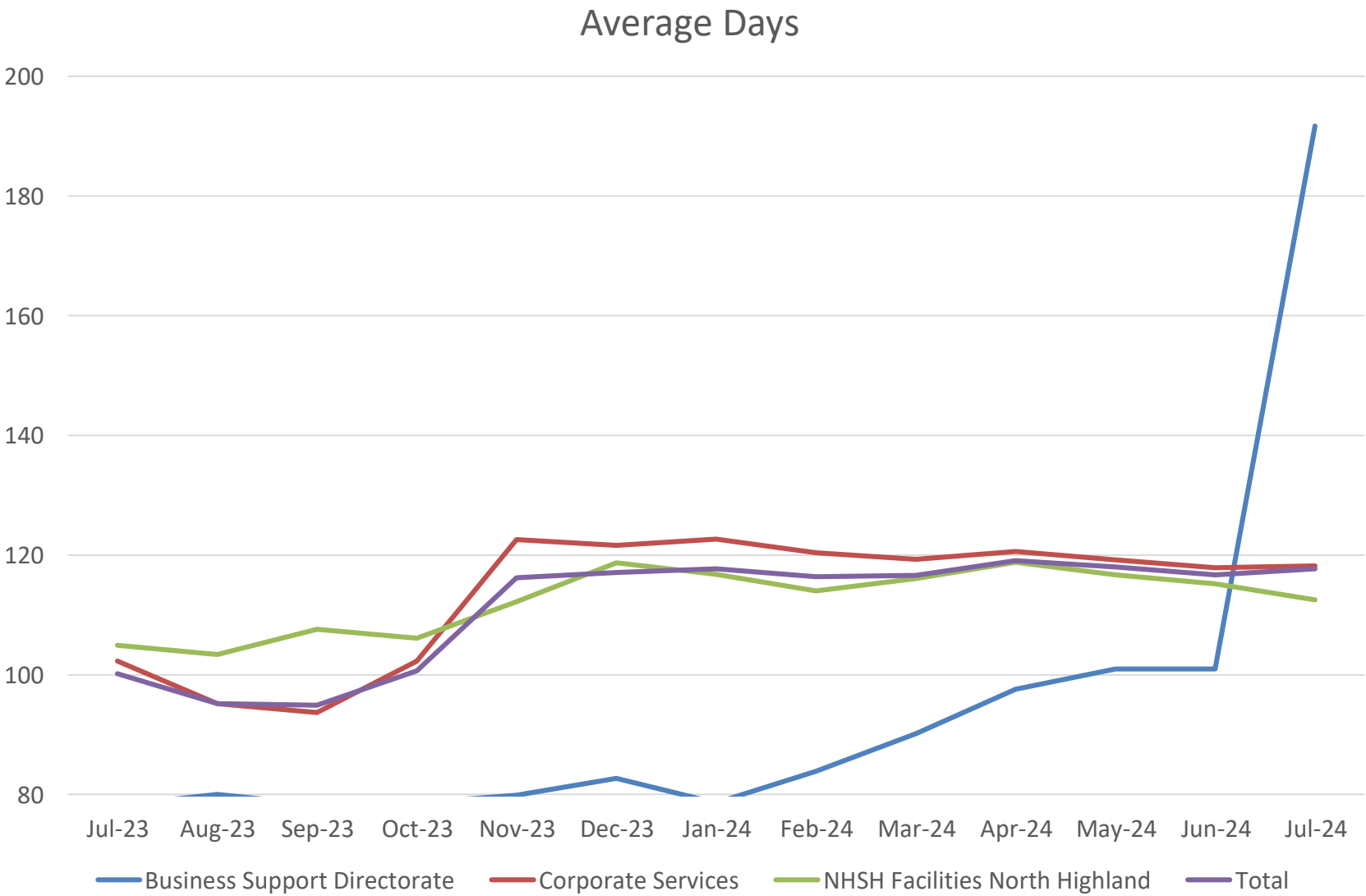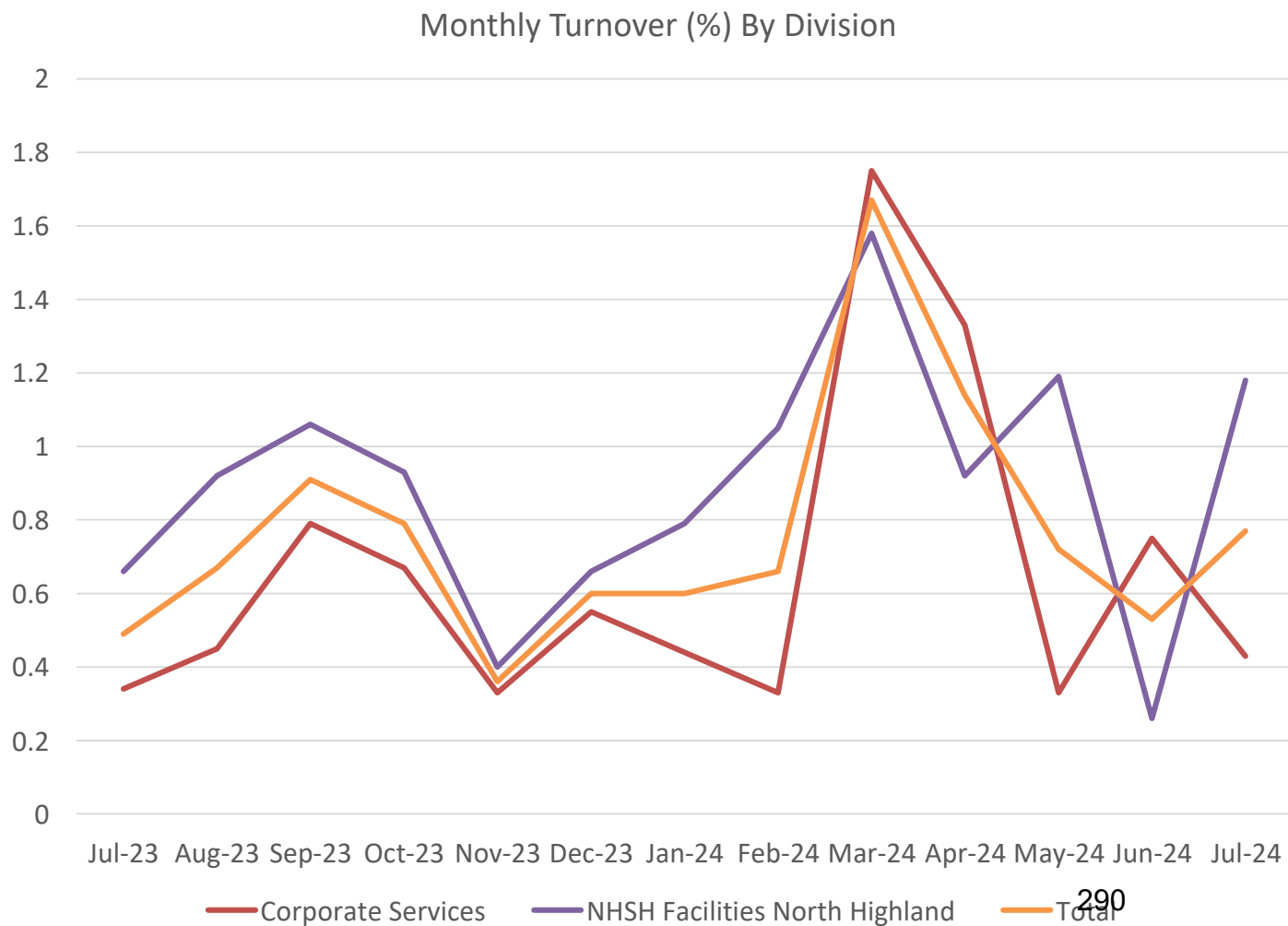
The graph presents the leavers over the past 12 months in Corporate Services.
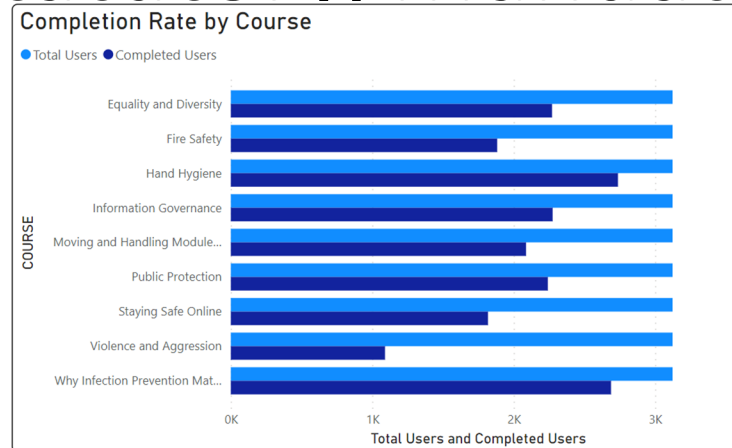
Corporate Services — NHSH Facilities North Highland — Total

290

Statutory/Mandatory Training (July 31st, 2024)

Completion Rate by Course

Total Users • Completed Users

COURSE: Equality and Diversity, Fire Safety, Hand Hygiene, Information Governance, Moving and Handling Module..., Public Protection, Staying Safe Online, Violence and Aggression, Why Infection Prevention Mat...

Total Users and Completed Users (0K, 1K, 2K, 3K)

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	72.7%
Fire Safety	60.3%
Hand Hygiene	87.6%
Information Governance	72.8%
Moving and Handling Module A	66.8%
Public Protection	71.8%
Staying Safe Online	58.2%
Violence and Aggression	34.9%
Why Infection Prevention Matters	86.1%
Total	**67.9%**

Trajectory (percent competed)

Target 95%

AREA: • Corporate Operating Unit

% Completed (0%, 50%, 100%)

Month: Sep 2023, Nov 2023, Jan 2024, Mar 2024, May 2024, Jul 2024

Trajectory (percent competed)

Target 95%

COURSE:
• Equality and Diversity
• Fire Safety
• Hand Hygiene
• Information Governance
• Moving and Handling Module A
• Public Protection
• Staying Safe Online
• Violence and Aggression
• Why Infection Prevention Matters

% Completed (0%, 50%, 100%)

Month: Sep 2023, Nov 2023, Jan 2024, Mar 2024, May 2024, Jul 2024

291

*Note that prior to July 2024, V&A figures are only for Administrative Services job family, a new course has now been launched so from July 2024 onwards all job families are included in this figure

Completed Appraisals 31/07/2024 (AfC staff only)

292
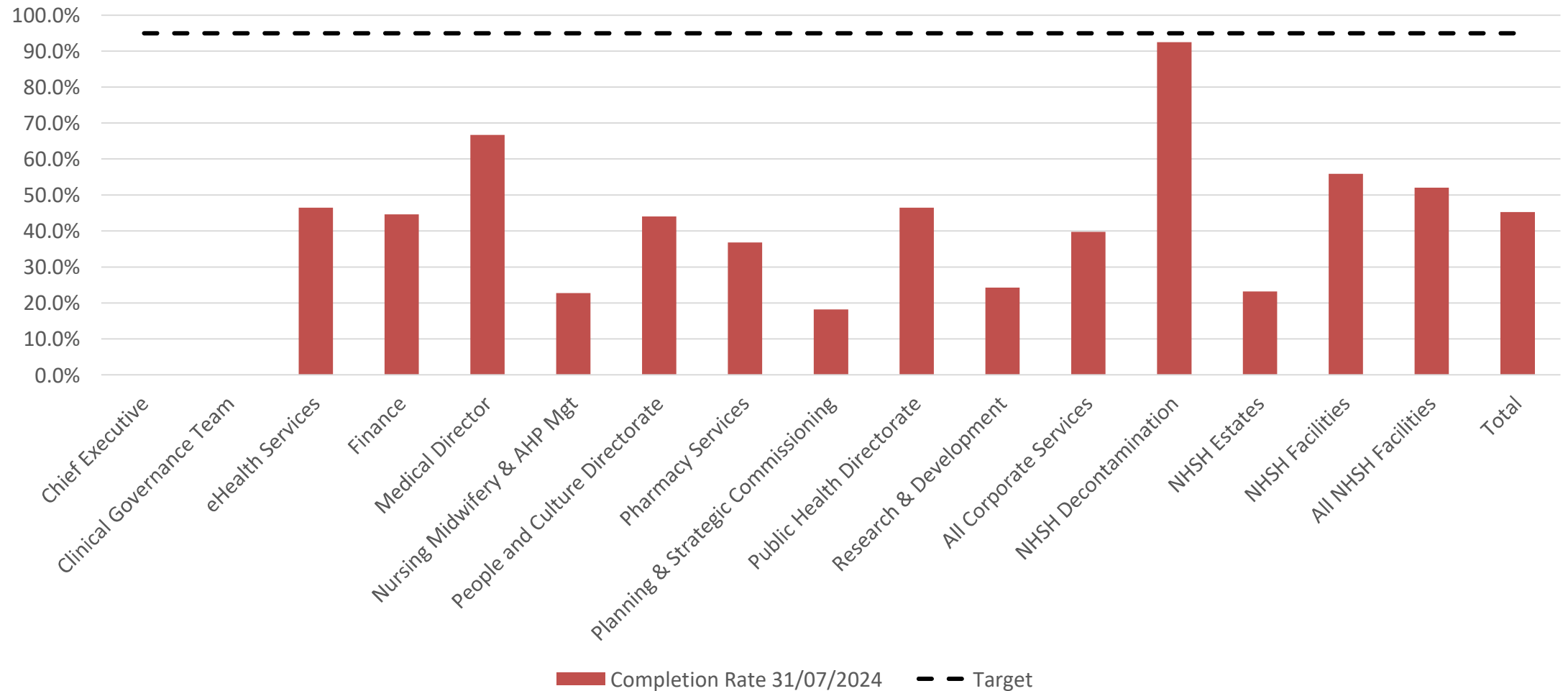
PEOPLE METRICS Community HHSCP

July 2024

Sickness Absence

% Absence Rate Jul-24

The graph presents absence rates across Community Services (HHSCP)

There has been a significant decrease in Adult Social Care in July decreasing from 16.28 to 8.72. There has been a 1% increase in Mental Health but slight decreases in the other areas.
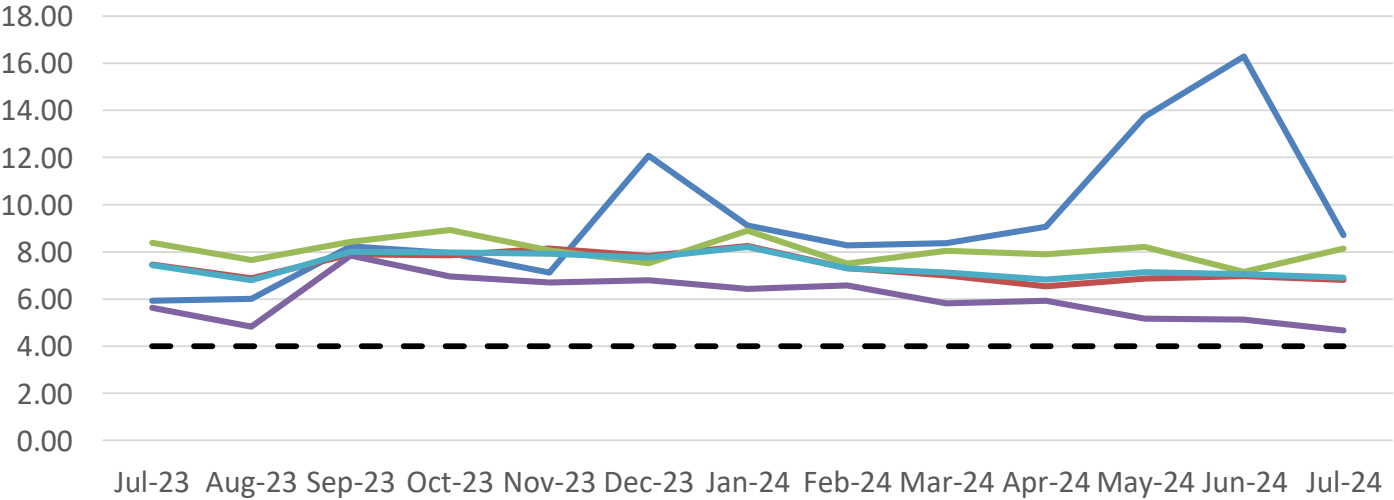
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Adult Social Care	5.92	6.01	8.24	7.96	7.13	12.07	9.13	8.28	8.38	9.07	13.74	16.28	8.72
Communities	7.47	6.89	7.90	7.86	8.14	7.83	8.25	7.31	7.00	6.54	6.86	6.98	6.82
MH & LD	8.40	7.65	8.43	8.93	8.06	7.51	8.90	7.51	8.05	7.90	8.21	7.15	8.15
Primary Care	5.63	4.83	7.84	6.96	6.70	6.80	6.43	6.58	5.83	5.93	5.17	5.13	4.67
HHSCP	7.44	6.79	8.01	7.99	7.93	7.76	8.21	7.30	7.13	6.83	7.15	7.06	6.90
Target	4	4	4	4	4	4	4	4	4	4	4	4	4

294

Time to Fill

Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

Across the Board the average time was 128.9 days for July, from the graph Adult Social Care, Mentalhealth and Primary caer were lower than this nut Communities slighlt higher.

The time to fill NHS Scotland KPI is 116 days.

Average Days

Legend: Adult Social Care — Communities — MH & LD — Primary Care — HHSCP

X-axis: Jul-23, Aug-23, Sep-23, Oct-23, Nov-23, Dec-23, Jan-24, Feb-24, Mar-24, Apr-24, May-24, Jun-24, Jul-24

Y-axis: 50.00, 60.00, 70.00, 80.00, 90.00, 100.00, 110.00, 120.00, 130.00, 140.00

295
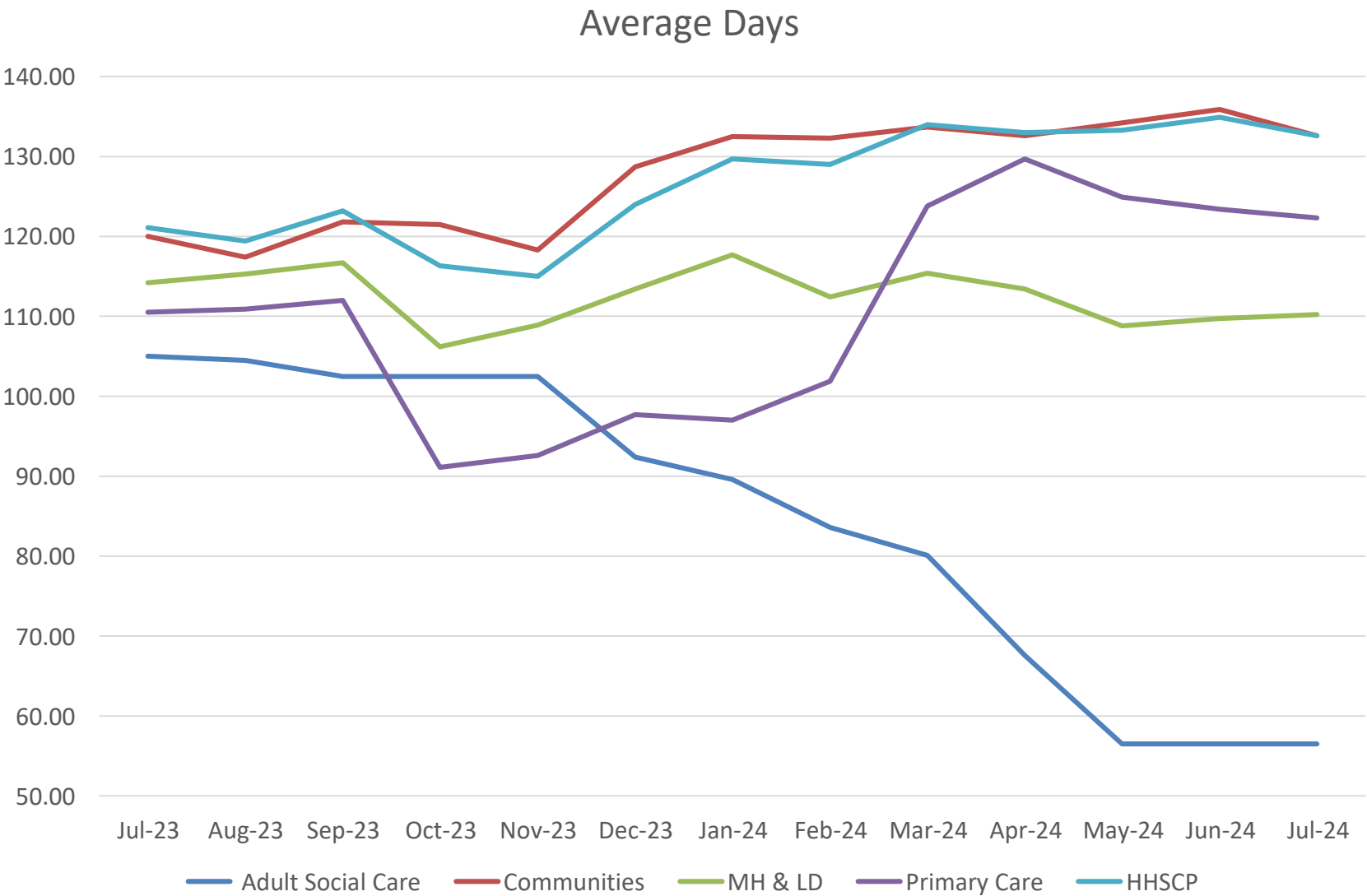
Turnover

Monthly Turnover (%) By Division – to June 2024
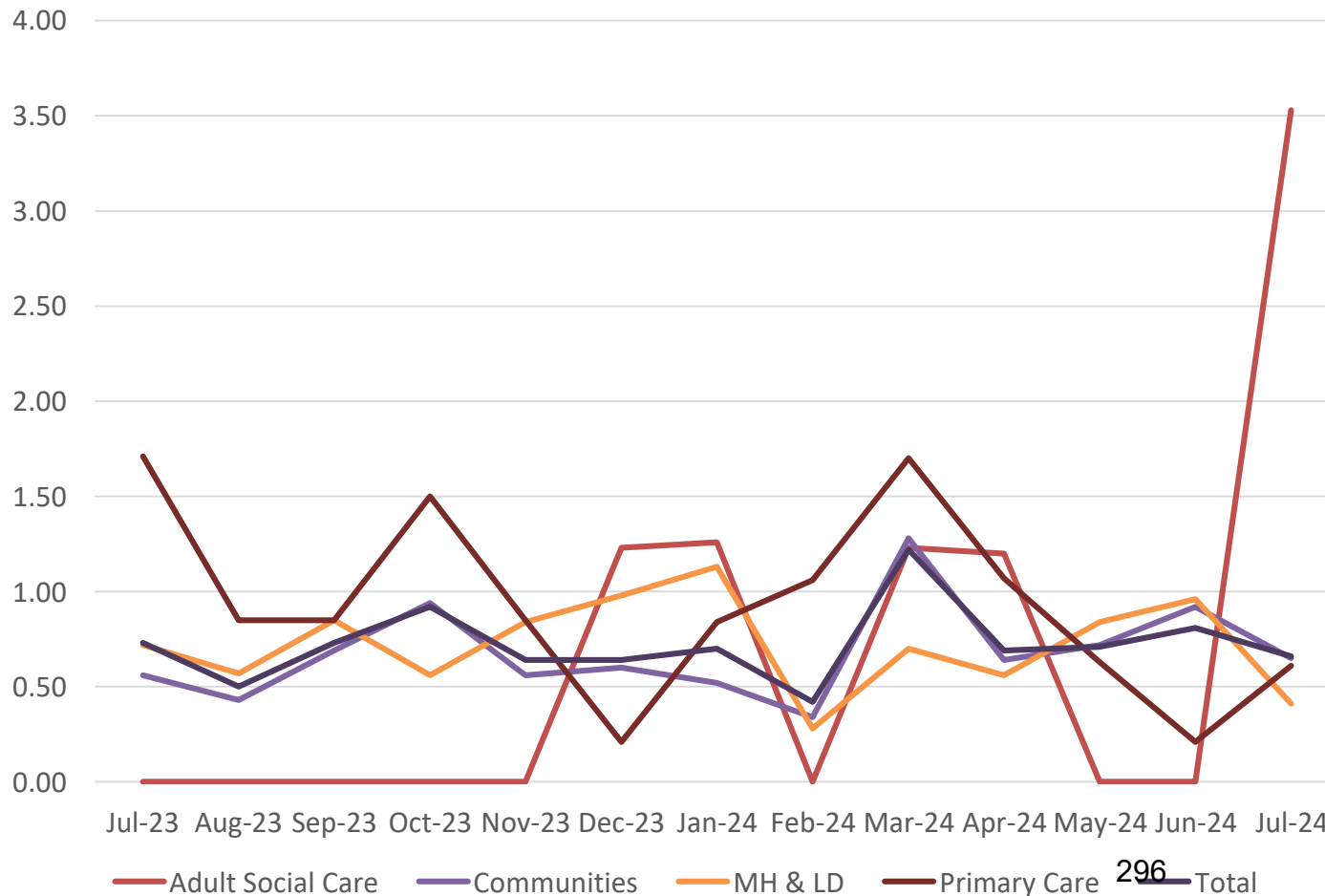
The graph presents the leavers over the past 12 months in Community Services. Since May there has been a significant increase in leavers from Adult Social Care

296

67

Statutory/Mandatory Training (July 31st, 2024)

Adult Social Care

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	76.9%
Fire Safety	61.9%
Hand Hygiene	89.8%
Information Governance	74.8%
Moving and Handling Module A	72.8%
Public Protection	76.9%
Staying Safe Online	51.7%
Violence and Aggression	26.5%
Why Infection Prevention Matters	88.4%
Total	**68.9%**

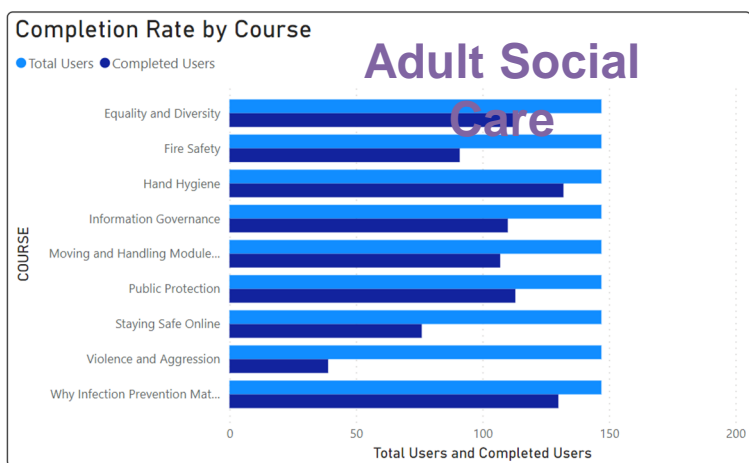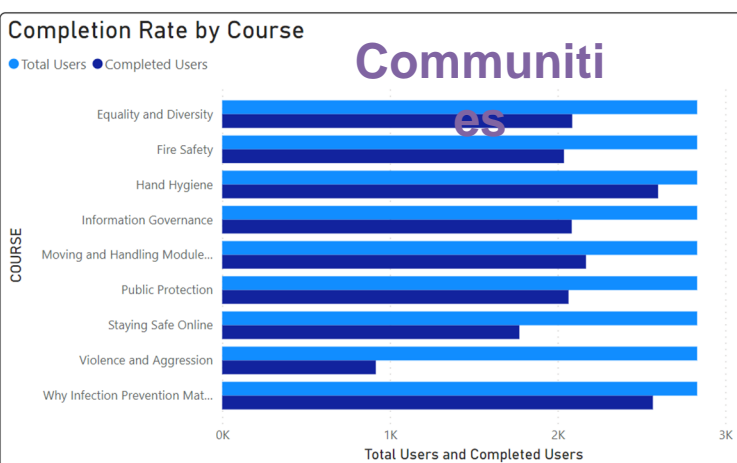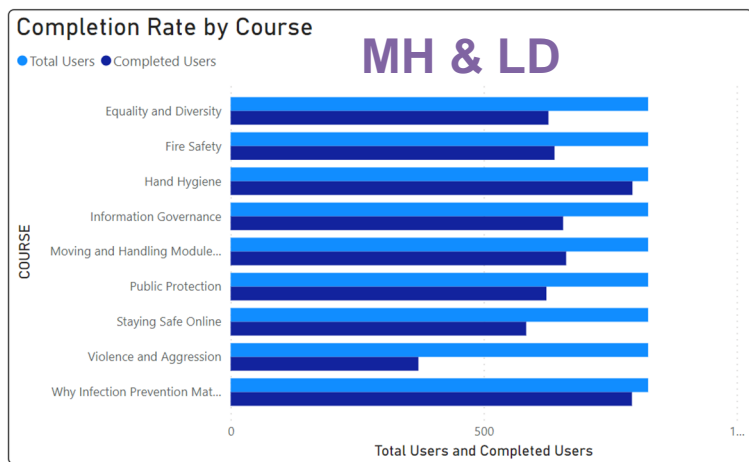## Communities

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	73.7%
Fire Safety	72.0%
Hand Hygiene	91.8%
Information Governance	73.6%
Moving and Handling Module A	76.6%
Public Protection	72.9%
Staying Safe Online	62.6%
Violence and Aggression	32.3%
Why Infection Prevention Matters	90.7%
Total	**71.8%**

MH & LD

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	76.1%
Fire Safety	77.6%
Hand Hygiene	96.2%
Information Governance	79.6%
Moving and Handling Module A	80.4%
Public Protection	75.6%
Staying Safe Online	70.8%
Violence and Aggression	45.0%
Why Infection Prevention Matters	96.1%
Total	**77.5%**
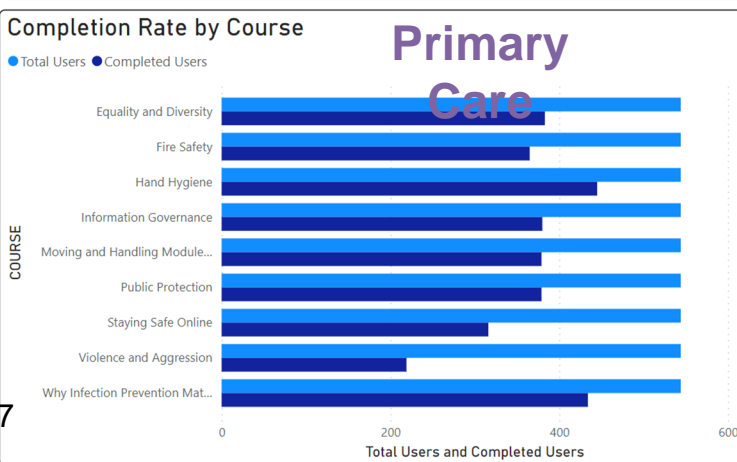
Primary Care

Completion Rate for all Courses Jul-2024

Course	Current Completion Rate
Equality and Diversity	70.4%
Fire Safety	67.1%
Hand Hygiene	81.8%
Information Governance	69.9%
Moving and Handling Module A	69.7%
Public Protection	69.7%
Staying Safe Online	58.1%
Violence and Aggression	40.3%
Why Infection Prevention Matters	79.8%
Total	**67.4%**

297

Completed Appraisals
01/07/2023 - 31/07/2024 (AfC staff only)

298
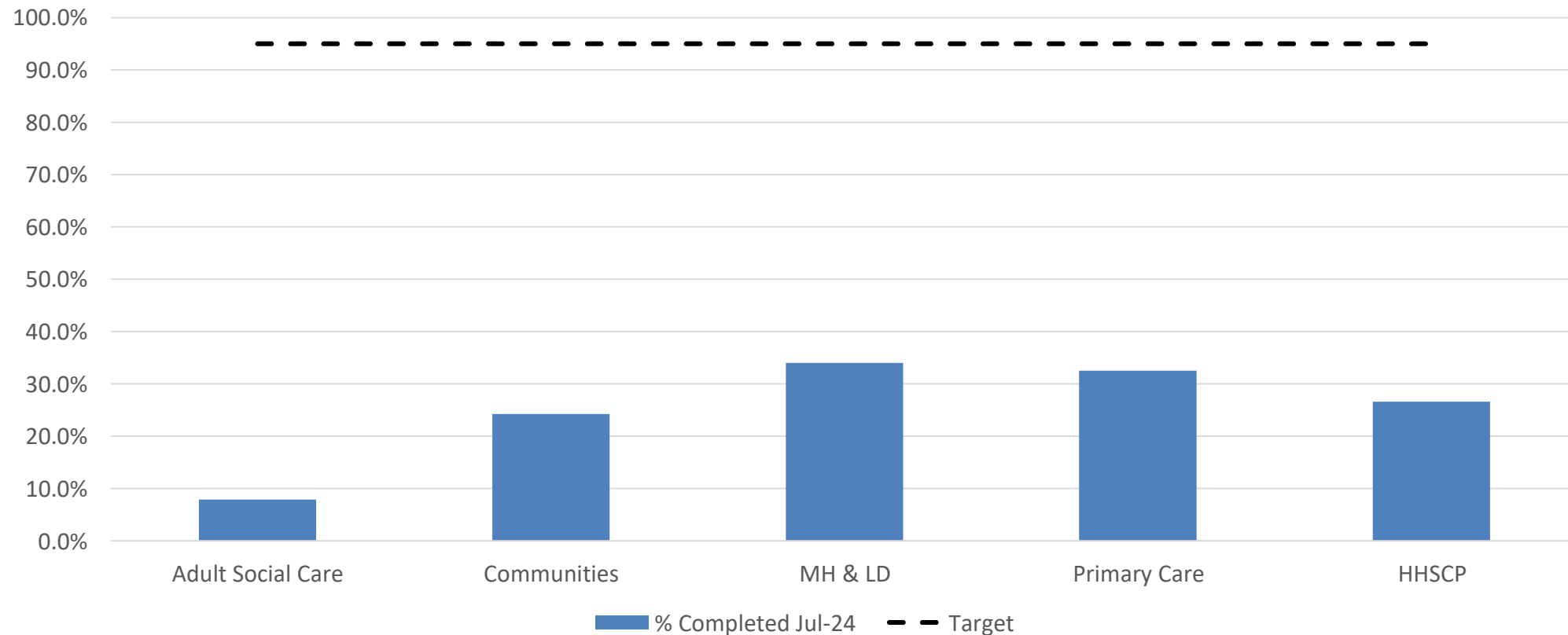
PEOPLE METRICS ARGYLL & BUTE HSCP

July 2024

Sickness Absence

Sickness Absence Rate (%) by Division & Month

Division
- A&B Children Families & Justice
- A&B MH LD & Addiction Services
- A&B Older Adults & Hospital Services
- A&B Primary Care
- Argyll & Bute Central
- Total

The graph presents absence rates across Argyll & Bute.

The table presents the average absence based on the rates of the HSCP and a comparison against NHSH absence rate overall and the NHS Scotland national average per month.

A&B is in the main consistently lower than the board wide and National average and the July 2024 figure is lower than the overall NHS Highland figure. We await national average rates for July 2024.
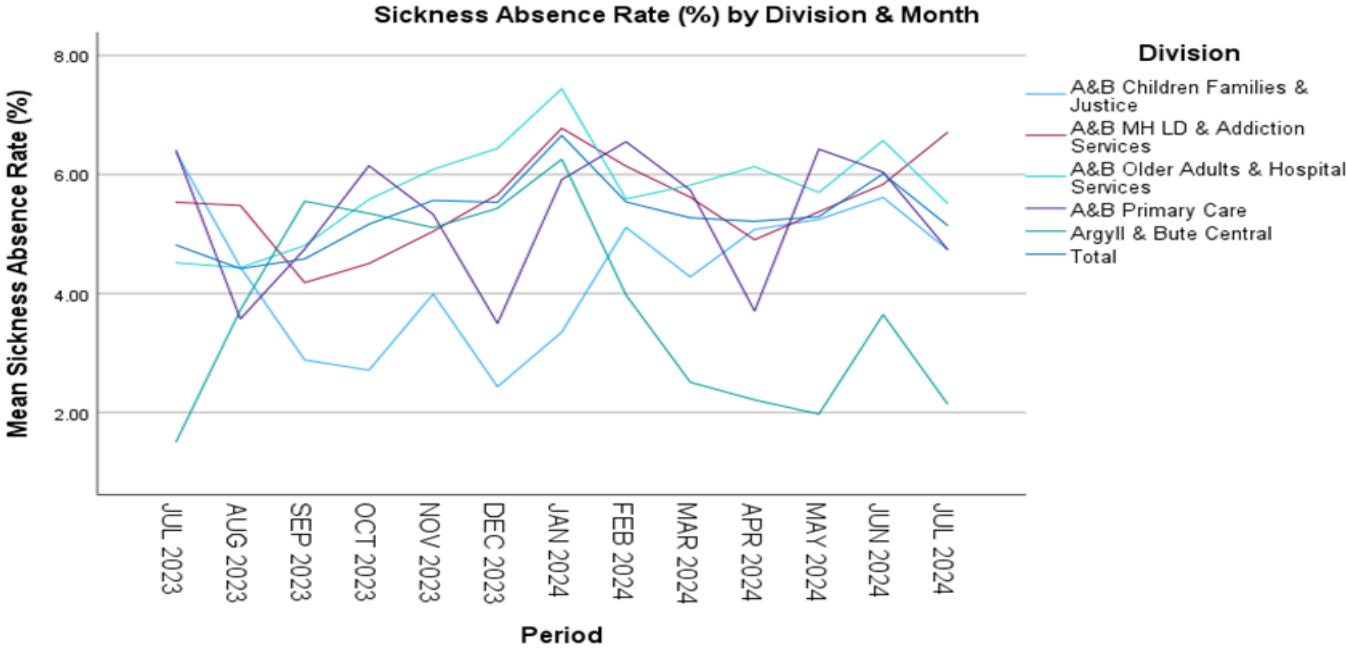
Absence Rates %	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
A&B HSCP Total	4.81	4.42	4.58	5.16	5.56	5.53	6.66	5.54	5.27	5.21	5.29	6.01	5.14
NHS Highland Total	6.16	7.08	6.68	6.70	6.60	6.50	7.39	6.51	6.16	5.94	5.92	6.00	5.99
NHS Scotland Average	5.78	6.32	5.94	6.31	6.45	6.52	6.99	6.17	6.07	6.19	6.39	6.22	TBC

300

Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

Across the Board the average time was 128.9 days.

The time to fill NHS Scotland KPI is 116 days.
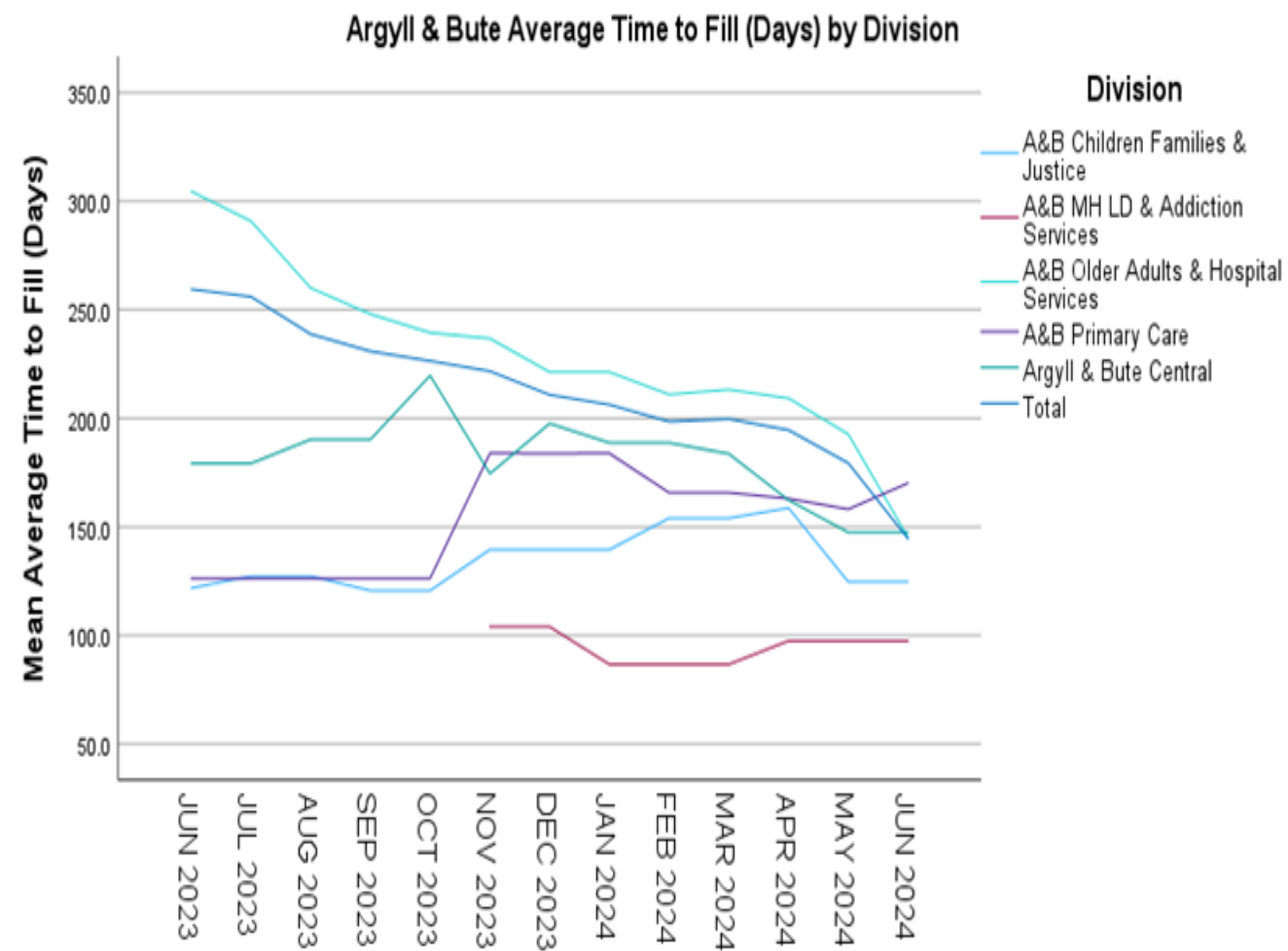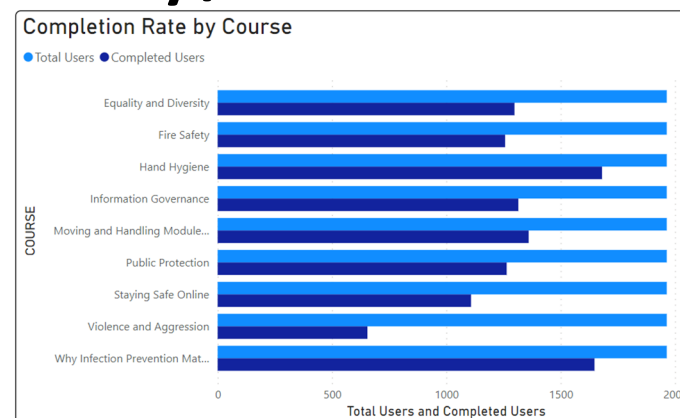
Argyll & Bute Average Time to Fill (Days) by Division

301

Statutory/Mandatory Training (July 31st, 2024)

Completion Rate by Course
- Total Users ● Completed Users

Completion Rate for all Courses Jul-2024	
Course	Current Completion Rate
Equality and Diversity	66.1%
Fire Safety	64.0%
Hand Hygiene	85.6%
Information Governance	67.0%
Moving and Handling Module A	69.2%
Public Protection	64.4%
Staying Safe Online	56.4%
Violence and Aggression	33.4%
Why Infection Prevention Matters	83.9%
Total	**65.5%**

Trajectory (% Completed)

302
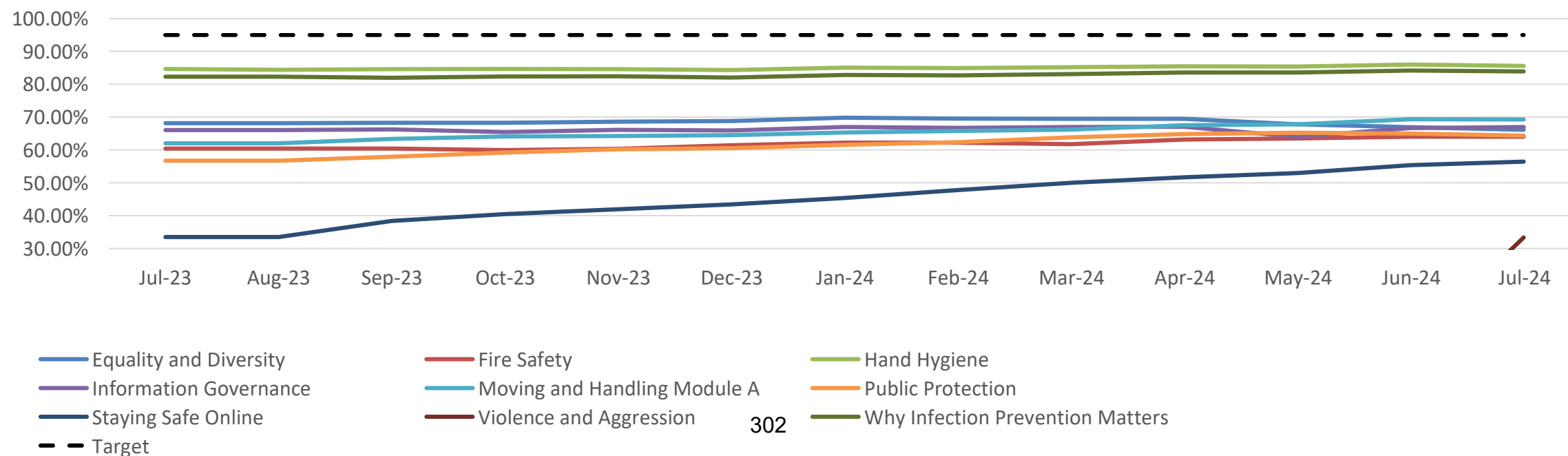
NHS Appraisals

- The table shows the appraisal completion, recorded on the Turas Appraisal system for NHS AfC employees as of 31/07/2024.

- Improvement of appraisal rates and quality is a Board priority, and this will be an area of focus for the year ahead. Training for reviewees is available on the Turas Learn system

| Division/Directorate	Total Staff	Completed Appraisals	Percentage
AB Child Services	67	13	19%
AB Maternity Services	33	16	48%
Children & Families - Central	12	5	42%
Cowal and Bute Area	7	0	0%
Helensburgh and Lomond Area	6	0	0%
Mid Argyll Kintyre & Islay	26	0	0%
Oban Lorn & Isles Area	4	0	0%
A&B Children Families & Justice Total	**155**	**34**	**22%**
LD PD and Autism (A&B)	9	0	0%
MH & Addictions (A&B)	136	18	13%
A&B MH LD & Addiction Services Total	**145**	**18**	**12%**
Cowal and Bute Area	211	86	41%
Helensburgh and Lomond Area	71	28	39%
Mid Argyll Kintyre & Islay	224	114	51%
Oban Lorn & Isles Area	307	56	18%
Older Adult and Hospital Central	6	4	67%
A&B Older Adults & Hospital Services Total	**819**	**288**	**35%**
Dental Service (Argyll & Bute)	50	20	40%
Pharmacy (Argyll & Bute)	15	1	7%
Primary Care (Argyll & Bute)	62	13	21%
A&B Primary Care Total	**127**	**34**	**27%**
A&B Strategic Planning & Performance	33	9	27%
Argyll & Bute Corporate Services	74	27	36%
Argyll & Bute Estates	39	1	3%
Argyll & Bute Central Total	**146**	**37**	**25%**
Argyll & Bute Total	**1392**	**411**	**30%**

ARGYLL & BUTE INTEGRATION JOINT BOARD

INTEGRATED PERFORMANCE MANAGEMENT FRAMEWORK

For information only

2023/24- FQ4 Performance

Overview

ARGYLL & BUTE TOTAL	
ON TRACK	49
OFF TRACK	44

53%
PERFORMANCE ACROSS ARGYLL & BUTE
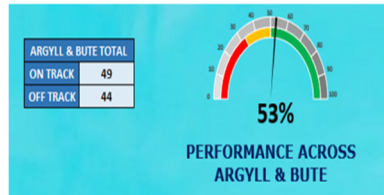
Overall performance for FQ4 notes that 53% of KPI's are scoring against target, with 49 reporting as on-track and 44 off-track, this is a slight increase of +7% against previous FQ3 performance. The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators.

CHILDREN & FAMILIES
David Gibson

45%

ON TRACK	5
OFF TRACK	6

TELECARE / DIGITAL
Kristin Gillies

50%

ON TRACK	4
OFF TRACK	4

PUBLIC HEALTH / PRIMARY CARE
Alison McGrory / Evan Beswick

77%

ON TRACK	10
OFF TRACK	3

HOSPITAL CARE / DELAYED DISCHARGES
Caroline Cherry / Kristin Gillies
Liz Higgins / Jillian Torrens

12%

ON TRACK	2
OFF TRACK	15

FINANCE
James Gow

20%

ON TRACK	1
OFF TRACK	4

CARERS / AHP
Linda Currie

45%

ON TRACK	5
OFF TRACK	6

CARE AT HOME / CARE HOMES
Caroline Cherry

43%

ON TRACK	3
OFF TRACK	4

LEARNING DISABILITY / MENTAL HEALTH
Jillian Torrens

62%

ON TRACK	13
OFF TRACK	8

Children & Families

Across 11 KPI, C&F services performance notes 3 (27%) on track, with 8 (73%) off track against the targets set in Q4 23/24. This is a decrease from 36% on track reported (-9%) variance on the previous quarter performance.

The number of care experienced children looked after away from home (Quarterly)

The percentage of referrals accepted on to E H & Wellbeing Pathway
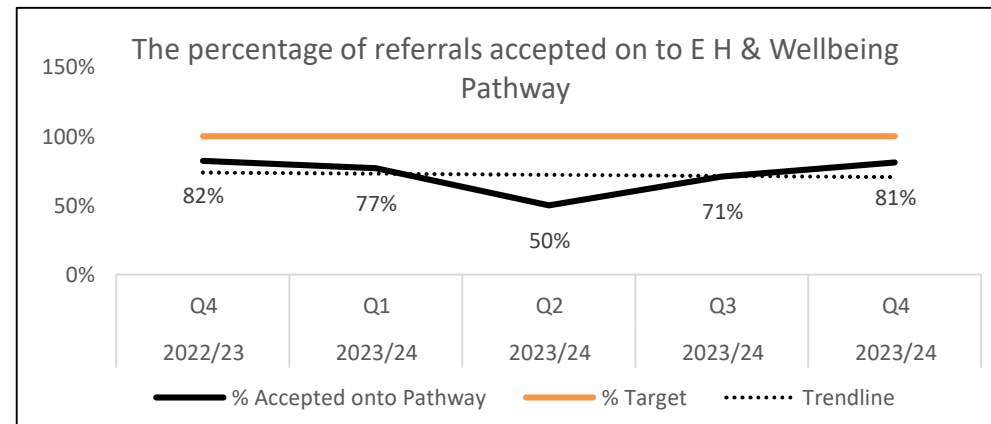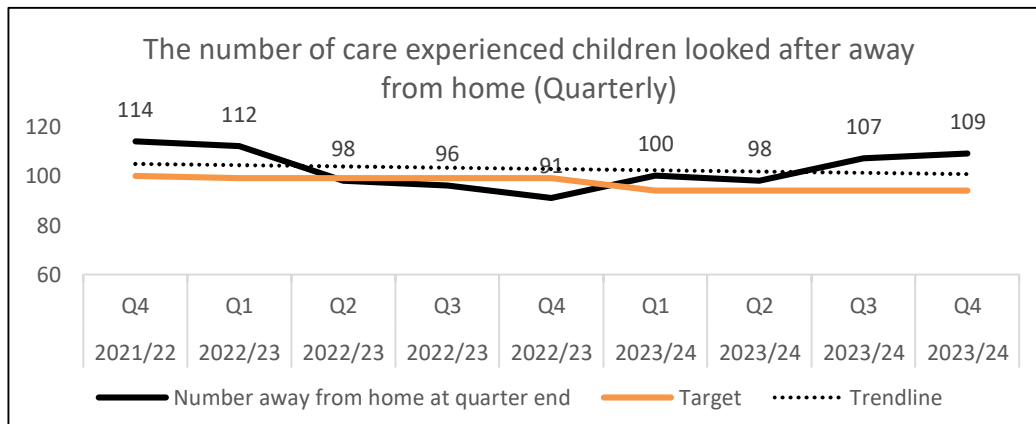
Performance on or above target:

- Increasing the number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 24% above target performance.

- VAWG training is as achieving 250 staff trained against a target of 100 being trained.

Performance below target & areas for improvement:

- Performance around reducing numbers of care experience children looked after away from home has failed to meet target of 94, with 109 residing out with the home, 69% of all care experienced children, with no improvement on the previous quarter.

- Performance with regards to the number of children accepted onto the Emotional and Wellbeing Pathway is below the target of 100%, with 81% accepted. This is an improvement on Q3 where performance was 71%.

Telecare & Digital

Benchmarked performance across 8 Key Performance Indicators (KPIs) for Telecare and Digital Services shows an increase in the overall Quarter 4 performance, with 6 KPIs (75%) remaining on track compared with 5 (50%) on track at Quarter 3. 2 KPIs (25%) are reported as off track against target for FQ4.

Increase the % of Telecare users with a digital device as a % of all Telecare users

Near Me appointments
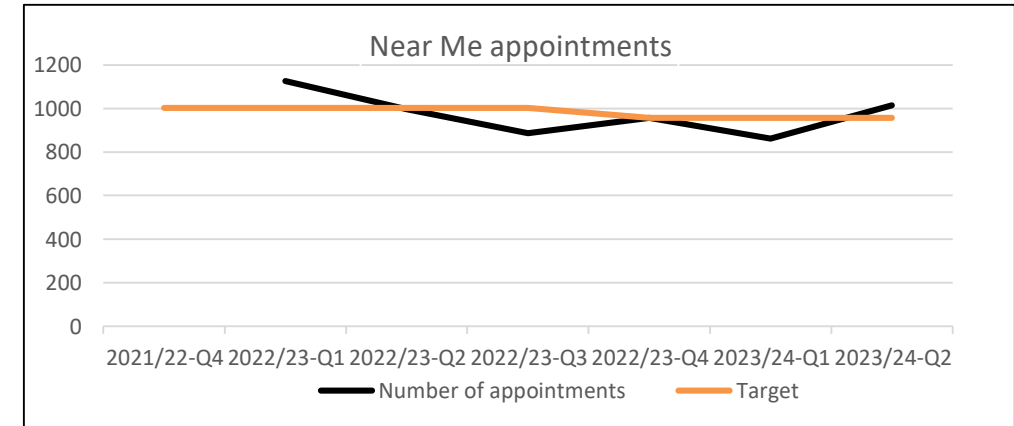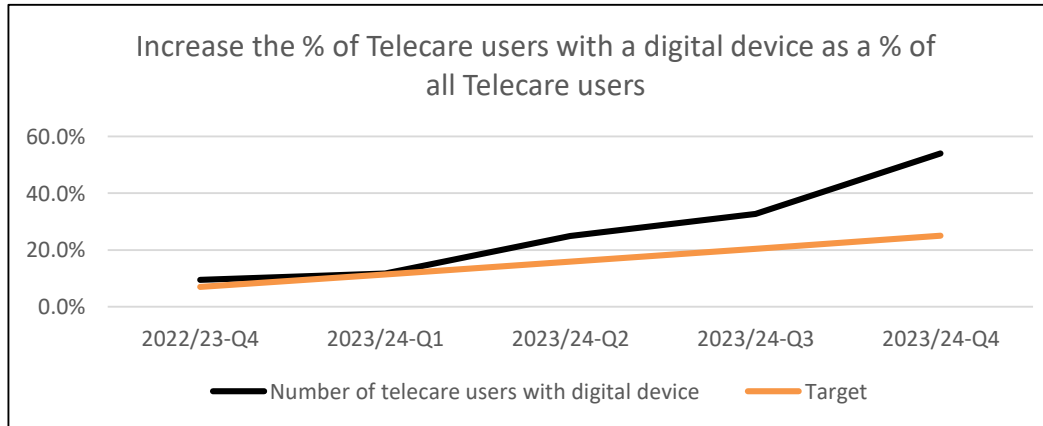
Performance on or above target:
- The number of new Telecare service agreements continues to exhibit growth, indicating a promising trend.
- The number of 'Near Me' clinic appointments has continued to rise, now showing a clear increasing trend after a post-COVID slump.
- The digitalisation of telecare equipment has further increased by 6% to reach 40%, surpassing the 25% target.
- The utilisation of Buddi hubs has increased by 43% this quarter.
- Freedom of Information requests are now back to being completed on time at a rate of 100%, after falling off target last quarter.

Performance below target & areas for improvement:
- The number of Telecare annual reviews overdue continues to decline, remaining below target.
- Silver Cloud referrals have decreased a further 6%.

Public Health & Primary Care

Public Health and Primary Care Quarter 4 performance notes 10 (77%) measures on track, no change from Quarter 3. Public Health have achieved 100% target performance across all 5 KPIs in Q4 of 2023/24. Out of the 8 Key Performance Indicators (KPIs) for Primary Care services, 3 (37.5%) are currently off track, while 5 (62.5%) are on track to meet their set targets. This overall performance aligns with Q3, however, there have been changes in which specific KPIs are meeting or not meeting their targets.
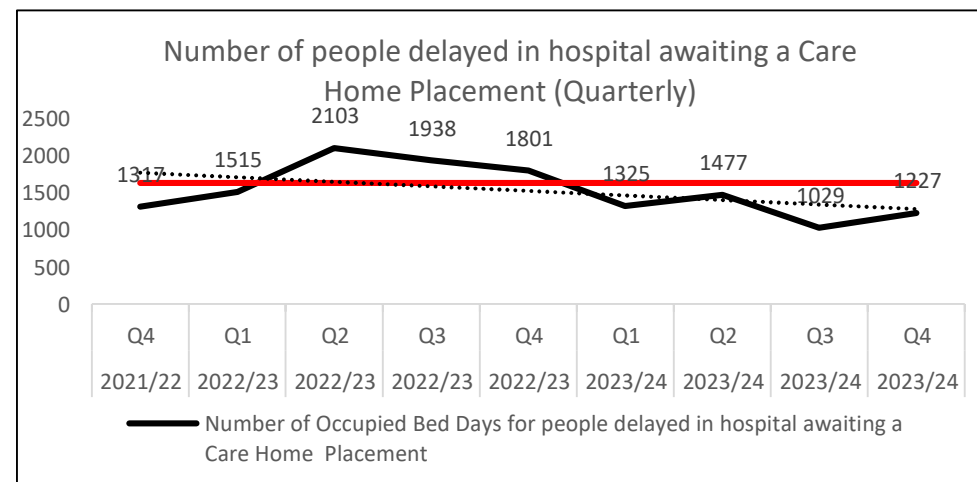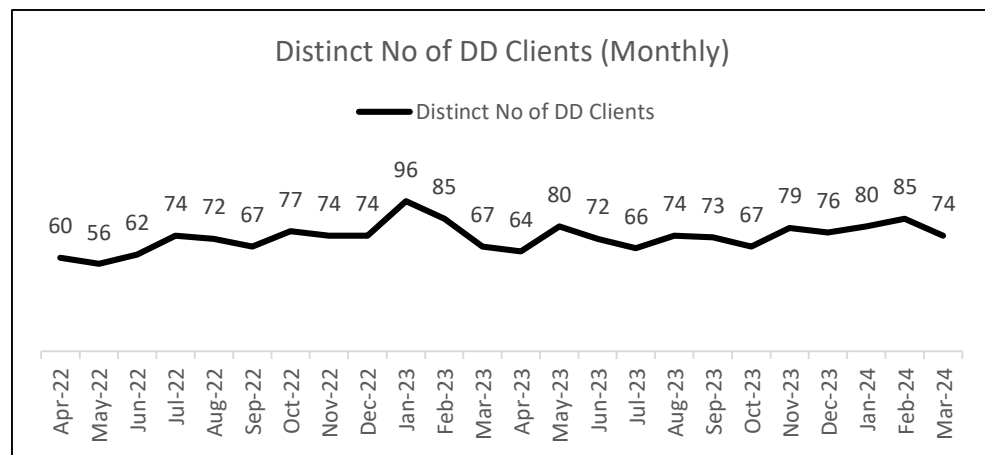
Performance on or above target:

- The number of quit dates set by achieving 20, exceeding the target of 10, representing an 82% increase from Q3.
- Our actual performance of monitoring contracts and KPIs has consistently matched the target of 100% for each quarter of 2023/24, remaining at 100%.
- 31 engagement activities, significantly exceeding the target of 1, marking a continuous improvement throughout each quarter of 2023/24 and a 19% increase from Q3.
- We successfully achieved the rolling training target of 68 with an actual count of 69. Our actual performance has shown steady increase in each quarter of 2023/24, representing a 19% improvement compared to Q3.
- 163 referrals to community link workers, exceeding the target of 101. Our performance has seen a consistent trend above the target each quarter, and we improved by 10% compared to Q3.
- The "ChildSmile: Enroll 100% of eligible nurseries into Daily Toothbrushing Programme" demonstrated exceptional performance, reaching 97%, well above the 80% target.
- The Fluoride Varnish Programme remains consistent, still implemented in 29% of eligible schools for P1-P3 pupils.
- Vaccination transfer from GP practices has been successfully accomplished.
- "Community Link Workers within Primary Care settings established within areas with the highest level of deprivation" achieved full compliance, meeting the target of 100%.
- Significant progress was observed in the reduction of instances of 2C practices entering contingency measures, with a remarkable 96% improvement from Q3. The number decreased from 56 occurrences to only 2 during Q4.

Performance below target & areas for improvement:

- Vaccination delivery during autumn, winter, and spring booster programs for COVID-19 reached 58%, below the targeted 80%. It's noteworthy that the Scottish National average achieved only 56.6% coverage.
- The establishment of Community Treatment Assessment Centres (CTAC) across Argyll and Bute fell short of the 100% target, reaching 93%. This includes 2 practices outside of rural flexibility arrangements that have yet to offer this service.
- The metric assessing practices operating at Level zero within the Practice Escalation policy, with no reduction in services, attained 93%, slightly under the 100% target.

Hospital & Delayed Discharges

Hospital Care & Delayed Discharge Quarter 4 performance notes 4 (24%) measures on track, an increase from 12% in Quarter 3. Across 11 Hospital Care KPIs, performance notes 1 (9%) on track, with 9 (82%) off track against the targets. In terms of the 6 Delayed Discharge KPIs, there was an improvement in Quarter 4 with 3 (50%) on track, compared to 33% in Quarter 3.

Distinct No of DD Clients (Monthly)

— Distinct No of DD Clients

60 56 62 74 72 67 77 74 74 96 85 67 64 80 72 66 74 73 67 79 76 80 85 74

Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24

Number of people delayed in hospital awaiting a Care Home Placement (Quarterly)

1317 1515 2103 1938 1801 1325 1477 1029 1227

| | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| | 2021/22 | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2023/24 | 2023/24 | 2023/24 | 2023/24 |

— Number of Occupied Bed Days for people delayed in hospital awaiting a Care Home Placement
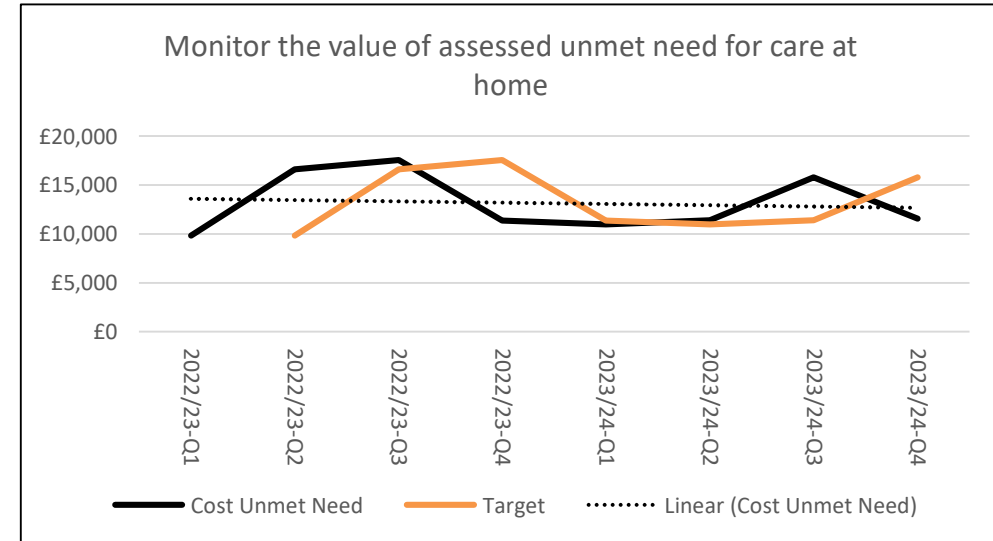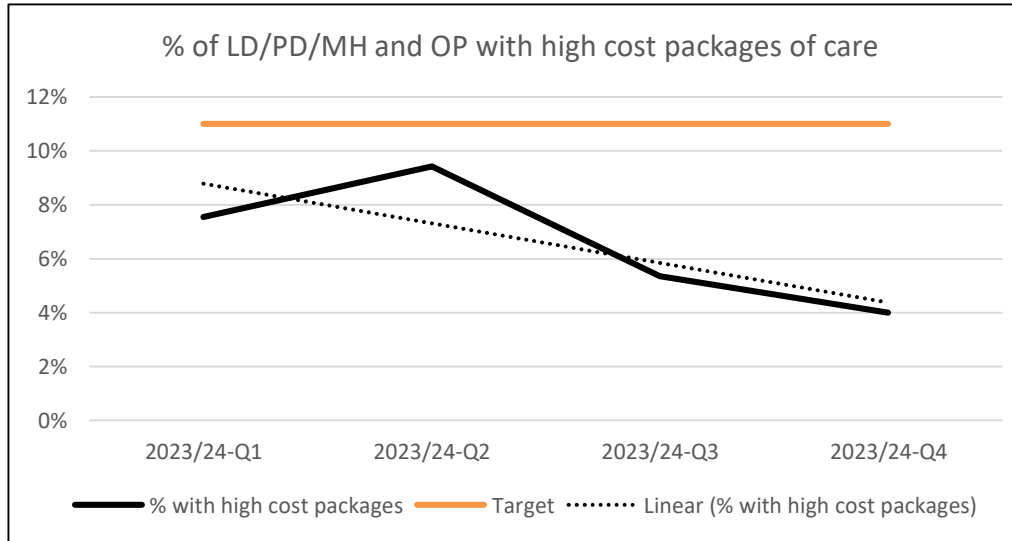
Performance on or above target:
- Number of unplanned admissions to hospital reported as a result of a fall has been reported as on track however it is acknowledged this is likely to be due to lag with the full quarter data. This measure will be subject to review at year end.
- Reduce the number of bed days for people delayed due to AWI **notes** an increase in actual occupied bed days during Q4 of 35% from Q3. The actual stands at 381 against a target of 589.
- Reduce the number of occupied bed days for people delayed awaiting a care home placement notes an increase in actual occupied bed days during Q4 of 19% compared to Q3. The actual stands at 1227 against a target of 1632.
- Increase the number of inpatients 18+ who are discharged without delay shows an improvement of 15% from Q3, and we're back on target after being slightly off track in Q3. The actual stands at 1328 against a target of 1222.

Performance below target & areas for improvement:
- There has been an unusually large increase in unplanned admissions to hospital, with the Q4 total up 15% on Q3.
- Reduce the Average Length of Stay (ALOS) for inpatients in A&B Hospitals - Although we missed the target, there was a 13% improvement

Finance

Across 5 KPIs, Financial services performance notes 3 (60%) on track, with 2 (40%) off track against the targets set in FQ4 23/24. This is an improvement from the 20% reported on track for the previous quarter's performance.

% of LD/PD/MH and OP with high cost packages of care

Legend: % with high cost packages — Target — Linear (% with high cost packages)

Monitor the value of assessed unmet need for care at home

Legend: Cost Unmet Need — Target — Linear (Cost Unmet Need)

Performance on or above target:
- The performance on reducing the % of clients with high-cost packages of care KPI is improving and below target and 1% improvement on last quarter.
- Performance around the reduction in value of assessed unmet need for care at home is 27% improvement on previous quarter,
- Performance on reducing the costs of agency nursing staff in A&B hospitals is above track, with FQ4 noting 21% compared to the previous quarter. This represents a reduction of circa £50k per month on spend.

Performance below target & areas for improvement:
- Performance with regards to reducing the cost of hospital stays as a result of delayed discharge remains off track, with FQ4 noting 28% above target, a decrease of 4% on previous quarter's performance.
- Performance on reducing the cost on pharmacy expenditure remains off track, with FQ4 noting 32% variance in expenditure on previous quarter.

Carers & Allied Health Professionals

Across 11 KPI, Carers / AHP services performance notes 5 (45%) on track, with 6 (55%) off track against the targets set for FQ4 23/24. There is no variance in the previous quarter performance.

Unpaid Carers supported across A&B Carers Centres (Quarterly)

	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2021/22	2021/22	2021/22	2022/23	2022/23	2022/23	2022/23	2023/24	2023/24	2023/24	2023/24
	1881	1857	1624	1915	1814	2038	2372	2716	2913	3042	3198

OP referral waits breaching 12 weeks for AHP Services (Quarterly)

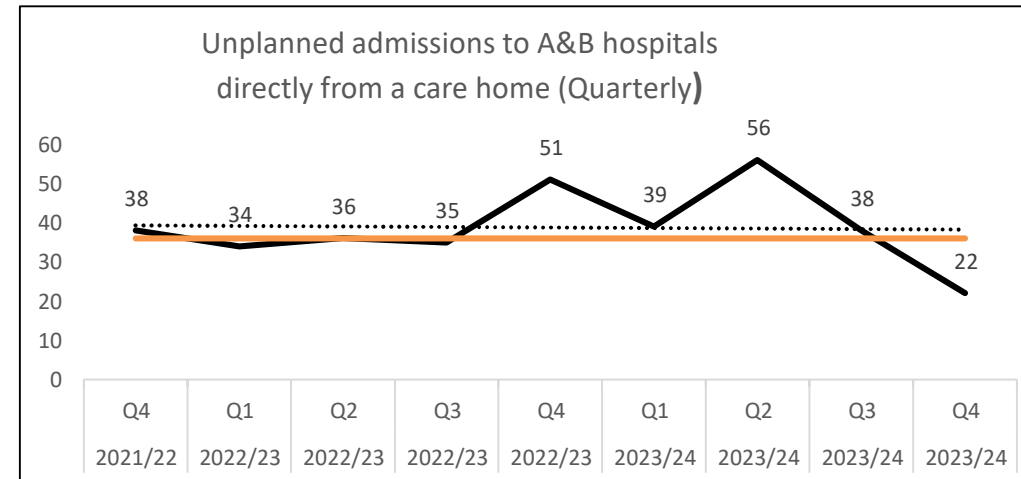|	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2021/22	2022/23	2022/23	2022/23	2022/23	2023/24	2023/24	2023/24	2023/24
	311	344	407	449	476	529	518	457	449
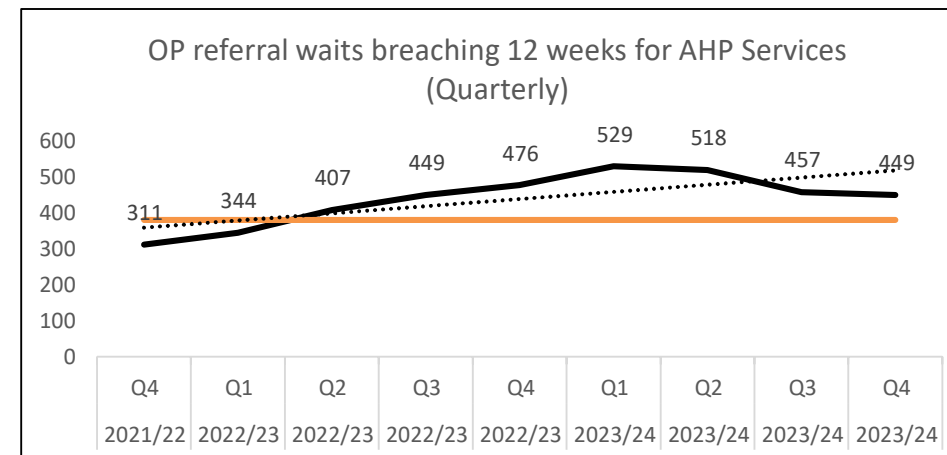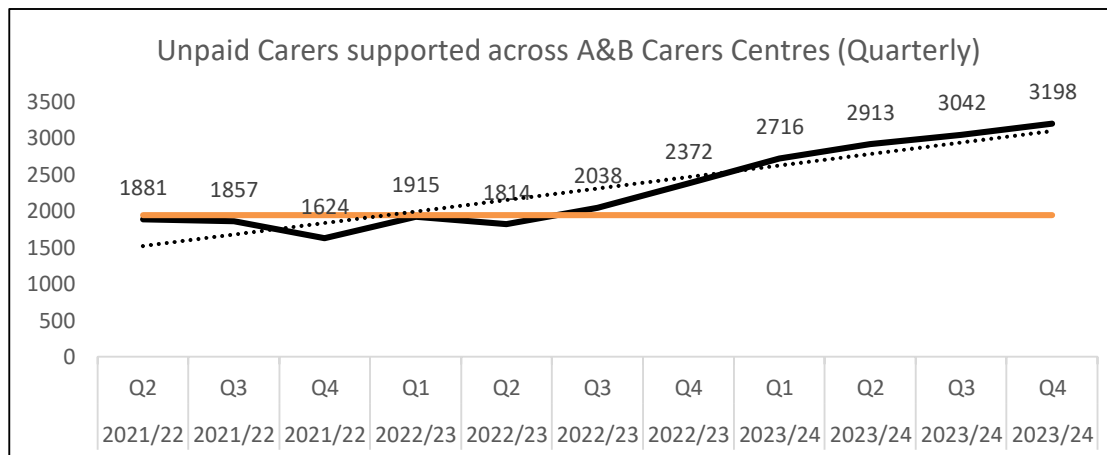
Performance on or above target

- The number of Unpaid Carers Supported / Registered across A&B's Carers Centres continues to increase – up 5% on last quarter.
- There has been another slight increase this quarter in the number of completed Adult Carer Support Plans – continues to be on target.
- Community Patient Discharges have again increased this quarter – up 10% on last quarter.

Performance below target & areas for improvement:

- Referral waits are currently off-track, although Outpatients waiting over 12 weeks for AHP services has continually decreased over recent quarters.
- AHP Outpatient completed waits again slightly down on last quarter.
- Young Carers Statements Completed have increased this quarter although still off-track.

311

Care at Home & Care Homes

Across 7 KPIs, Care at Home/Care Homes performance notes 3 on track (43%), with 4 off reporting as track against target for FQ4 23/24. The overall picture has declined slightly, as 4 KPIs were reported as on track in Q3.

% of Older People in receipt of Care at Home receiving >15 hours per week (Quarterly)

Unplanned admissions to A&B hospitals directly from a care home (Quarterly)
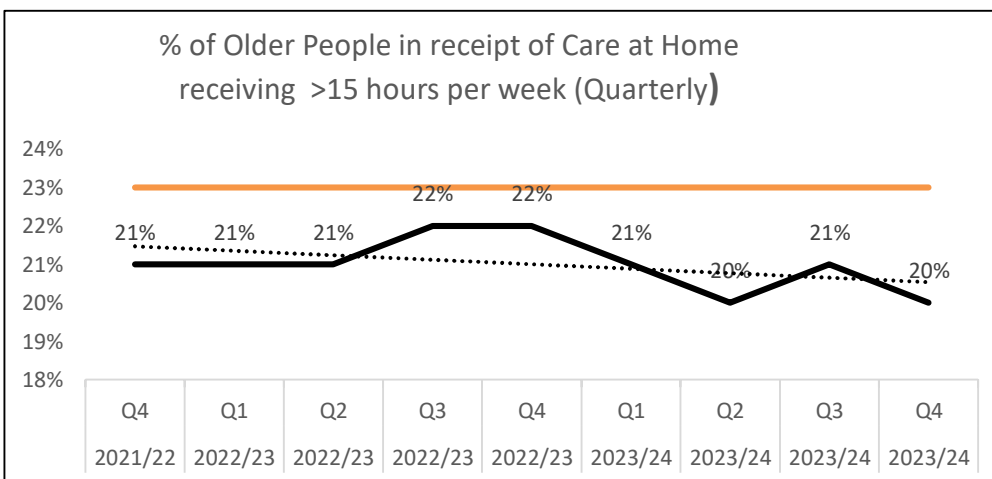
Performance on or above target:

- Unplanned admissions to A&B hospitals from a care home are showing a drop of 42% against Q3, although it is likely this number is underreported.

Performance below target & areas for improvement:

- The number of Older People who waited >6 months for their homecare monitoring review increased by 21% from Q3.
- Occupancy rates across A&B care homes dropped in Q4 for the first time in a year, by 1%.
- Performance on % of Older People receiving nursing care home service continues on a plateau of 8 to 9% below target. Note there are concerns from the service about the legitimacy about this target.

312

Learning Disability & Mental Health

Across 21 KPIs Learning Disability / Mental Health performance notes 15 (71%) on track, with 6 (29%) off track against the targets set for FQ4 23/24. This is an increase from 62% on track reported (+9%) variance on the previous quarter's performance. .

The number of people with dementia and a home care service (Quarterly)

Distinct Number of Delayed Discharges with Mental Health Specialty Code (Quarterly)
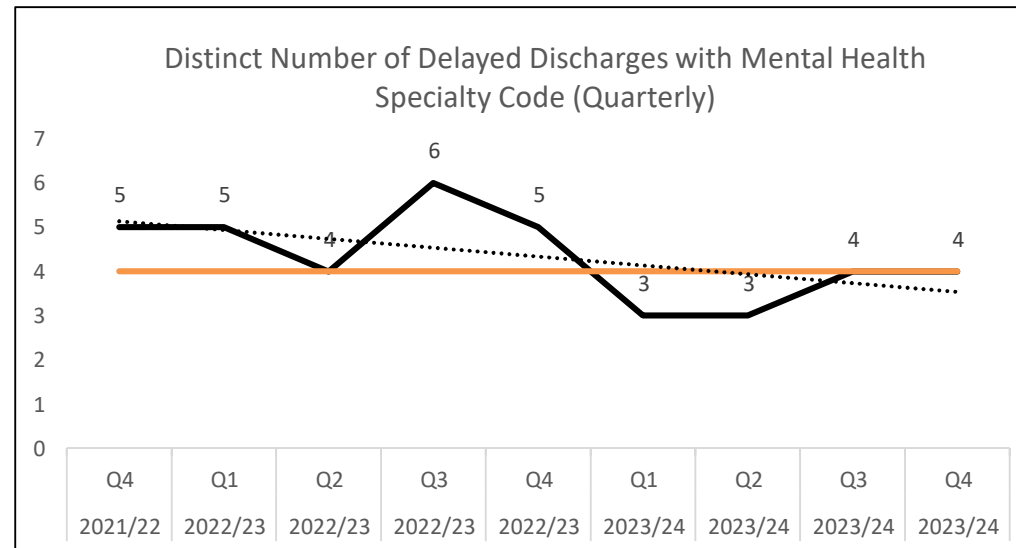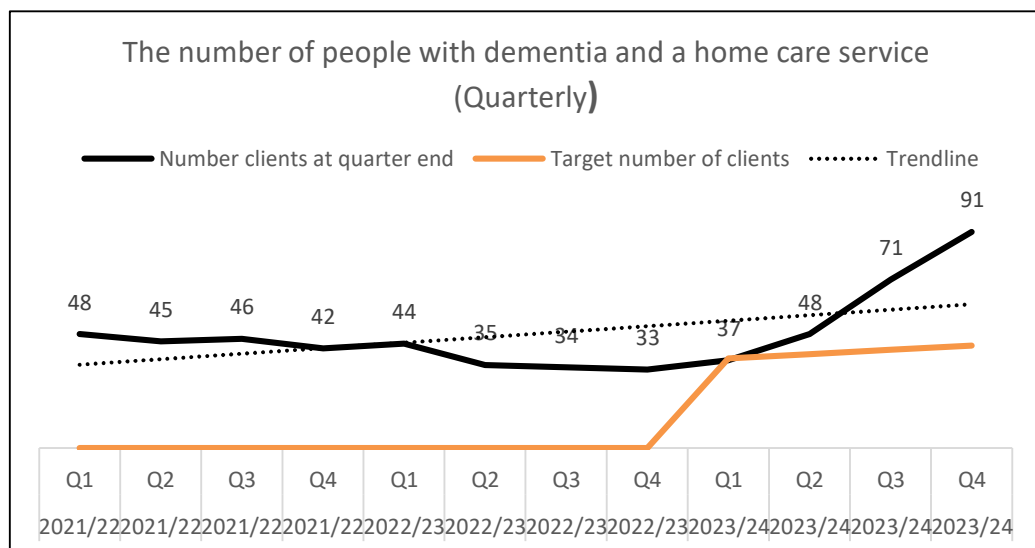
Performance on or above target:
- People with dementia supported by a Care at Home service continues to increase in Q4. Since the last quarter it has risen by 20 (28%) to 91.
- The number of people with needs assessed by the A&B Dementia teams has increased from 21 to 27 over the quarter (+29%).
- The number of HSCP staff completing Adult Support Protection Training has increased this quarter – up from 171 to 260 (+52%).
- ASP training for HSCP staff continued to perform well compared to previous quarters, exceeding the 2023/24 yearly target by 20%.
- ASP investigation completion times improved significantly, with 100% completed within the specified 15 days, an increase from 60% the previous quarter.

Performance below target & areas for improvement:
Post Diagnostic Support referrals after recent quarterly increases has decreased this quarter from 75 to 39 (-48%).
ASP duty to inquire completion times experienced a notable decrease falling further below target from 32% to 26%.
The review of case conferences within 3 months of the initial meetings remains at 50% completion on time.

Health & Wellbeing Outcome Indicators & Ministerial Steering Group Integration Indicators

The latest data in relation to 26 HWBOI and MSG Indicators reports 50% on track, with 13 on track and 13 off track.

ARGYLL & BUTE TOTAL	
ON TRACK	13
OFF TRACK	13
Awaiting Data	0

50%

PERFORMANCE ACROSS ARGYLL & BUTE

Number of Delayed Discharges Occupied Bed Days - A&B

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Number of DD bed days occupied - A&B	9530	8237	5338	7006	11098	12757
Target		8604	8604	8604	7528	7528

Emergency Admissions bed day rate

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Emergency Admissions bed day rate	112279	109751	92423	107302	112371	120888
Target	125516	123200	102961	109429	112637	112883

Number of emergency admissions - A&B

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Number of emergency admissions - A&B	9003	9111	7563	8343	8386	8933
Target		8509	8509	8509	8505	8505