NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**28 May 2024 – 9.30am**

Present

Sarah Compton-Bishop, Board Chair
Dr Tim Allison, Director of Public Health and Policy
Alex Anderson, Non-Executive
Graham Bell, Non-Executive (Until 11.15am, returned 1.23pm)
Louise Bussell, Nurse 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
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Gaener Rodger, Non-Executive
Catriona Sinclair, Non-Executive
Steve Walsh, Non-Executive

In Attendance

Gareth Adkins, Director of People & Culture
Evan Beswick, Interim Chief Officer, Argyll & Bute Health & Social Care Partnership (From 10.10am)
Lorraine Cowie, Head of Strategy & Transformation
Pamela Cremin, Chief Officer, Highland Health & Social Care Partnership
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications and Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Cathy Steer, Head of Health Improvement (From 12.30pm)
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.

The Chair welcomed Fiona Davies to her first public Board meeting as Chief Executive for NHS Highland. Fiona had held several senior roles in both Argyll and Bute and the Highland partnership areas of the Board and was a strong champion of partnership working and delivering safe and effective care in our remote, rural and island areas.

Apologies for absence were received from Emily Woolard, Elspeth Caithness and Philip MacRae.

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.

Steve Walsh stated he had considered making a declaration of interest in his capacity as Chief Executive of Highlife Highland, 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 26 March 2024.

The Board **approved** the updates to the Action Plan subject to the dates allocated to Action 17 – Update to the Executive Summary in the IPQR to reflect all health, care and prevention outcomes; and Action 19 – Update confirming when pre/post mitigation figures would be incorporated into the Corporate Risk Register being revised to 30 July 2024.

1.4 Matters Arising

There were no matters arising.

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

The Chief Executive expressed gratitude for the warm welcome she had received since becoming Chief Executive and highlighted that she had recently engaged with community groups, staff across the organisation, and partnership organisations.

The update covered the following topics:

- Finance
- Redesign and resilience.
- Staffing
- The International Day of the Midwife and International Nurses Day

In addition to these topics, the Chief Executive provided the following updates:

- The Chief Executive provided an apology following an incident at Portree Hospital that had received considerable press and public attention due to a delay in providing equipment to support emergency services. A plan had been submitted to Scottish Government providing the Board's commitment to complete Sir Lewis Ritchie's recommendations of 2018 on the provision of urgent unscheduled care for the north of Skye. Engagement with staff, local stakeholders and elected representatives would continue to ensure that actions were completed and to seek support in addressing the root causes of remote and rural healthcare delivery challenges.
- Following the recent publication of the Infected Blood Inquiry, the Board extended their thoughts to those affected and their families. There was commitment that the organisation would work with the implementation group to make any outstanding improvements. She noted communication with patients would be improved and highlighted the significant advancements in screening and testing protocols since the events detailed in the Inquiry had occurred.
- The Board had received the International Recruitment Pastoral Care Quality Award, in recognition of the high standard of care which is offered to overseas staff coming to work in the NHS Highland area.

Board Members highlighted their support for the Chief Executive's approach in recognition of changes required to deliver the best care for NHS Highland communities despite the current challenges experienced.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Clinical Governance Committee of 2 May 2024

The Chair for Clinical Governance Committee drew attention to the ongoing situation around waiting time pressures in the Neurodevelopmental Assessment Service (NDAS) and confirmed collaborative discussions were taking place between The Highland Council and NHS Highland to identify appropriate solutions. He also referred to the ongoing building condition challenges faced in Maternity Services areas, confirming regular progress updates were planned for committee.

Board Members sought clarity around the representation of patient related outcomes for members of the Argyll and Bute community in the Clinical Governance Committee. The Chair confirmed the governance structure in Argyll and Bute allowed the IJB to create its own sub-committees which have responsibility over patient related outcomes in the partnership area rather than the Board's Clinical Governance Committee.

The Chief Executive added the experience of patients from Argyll and Bute treated in Glasgow was not evident through NHS Highland's existing governance mechanisms. Work was underway to enable NHS Highland to have an appropriate level of scrutiny and oversight of these patients' experiences.

b) Finance, Resources and Performance Committee 12 April and 3 May 2024

The Chair for Finance, Resources and Performance (FRP) Committee drew attention to the current financial position which had improved slightly compared to previous projections. He also referred to the Scottish Government instructions to the Board to pause in capital spend and how that would affect projects in Caithness and Lochaber which the committee would continue to monitor.

The Chair of the Board added it was important to recognise the additional work FRP Committee had undertaken as they continued to meet monthly to complement the support received from Scottish Government during a challenging financial period.

c) Staff Governance Committee of 7 May 2024

The Chair of Staff Governance Committee drew attention to the progress made to the Staff Engagement Plans, Speak Up action plan and the draft Wellbeing Strategy. She confirmed that the Chief Executive spoke to a report around the importance of NHS Highland's Health and Wellbeing Strategy which she endorsed.

She also commented on the time-to-fill vacancy performance which had deteriorated, and that work was underway to improve the recruitment processes appropriately. The Director of People and Culture suggested additional change to the current model of recruitment may be required. She added that the existing Guardian Service contract was due to come to an end in July 2024 and confirmed discussions were underway to consider the approach moving forward. She acknowledged an in-house service was one of those considerations and assured Board Members that any firm proposal would follow the appropriate governance routes first.

d) Highland Health and Social Care Committee of 8 May 2024

The Chair of Highland Health and Social Care Committee (HHSCC) drew attention to the Committee's discussion of the financial position. He referred to the report on Self Directed Support which assisted in articulating the changes required across Social Care to enable the transformation necessary to support communities. The Care Home collaborative update confirmed the pressures being faced and the risks associated around funding this work from non-recurrent funds.

The Chair of HHSCC confirmed that a separate discussion would take place to refine the Committee's assurance needs within the Integrated Performance and Quality Report. He referred to the upcoming winter vaccination programme and the previously raised delivery challenges in Skye. He also noted it was the last meeting for two of our independent members and recruitment of their replacements was underway.

e) Audit Committee of 21 May 2024

The Chair of Audit Committee confirmed that nine audits had taken place with two being deferred to the 2024/25 schedule. There were two further audits outstanding; Complex Care Packages and Adult Social Care Services, she advised an extra meeting had been agreed for 18 June 2024 where these would be reviewed.

She also confirmed that 32 outstanding management actions had been agreed as complete with 25 internal audits on track to meet the proposed completion dates.

f) Argyll & Bute IJB 27 March 2024

The Vice Chair of the Argyll and Bute Integration Joint Board drew attention to the recent change in political leadership within Argyll and Bute Council and confirmed that Board Members were due to meet with the newly elected councillors. He also advised that discussions took place about how to address the ongoing workforce challenges experienced in remote and rural areas.

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 Integrated Performance and Quality Report (IPQR)

The Board received a report from the Deputy Chief Executive which detailed current Board performance and quality across the health and social care system. Moving forward the Argyll & Bute Integrated Performance Management Framework intelligence will be included for Board information only. The Board was asked to take limited assurance due to the continued and sustained pressures facing both NHS and commissioned care services, and to consider the level of performance across the system.

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

- NHS Highland COVID Vaccination uptake remained above the National average, although he acknowledged uptake remained low overall.
- The improvements made in the Drug & Alcohol Service waiting times had been maintained with evidence of continual improvement taking place.
- There had been sustained improvements in Psychological Therapies and NHS Highland was approaching the level of improvement required to consider requesting de-escalation from Scottish Government in this area.
- Child and Adolescent Mental Health Services (CAMHS) had seen a reduction in the overall waiting list, however the performance against the 18-week target remained static.
- The 31-day Cancer performance had improved for two consecutive months and 62-day performance had improved to 79.3%.

During discussion the following points were raised:

- Board Members sought clarity on smoking cessation targets and how NHS Highland's performance contributed to the national cessation rates. The Director of Public Health confirmed there was a time lag in the data received and it focused on the process rather than outcome measures such as percentage of people smoking in the population.
- Board Members also referred to the concerns highlighted in CAMHS performance around staff recruitment challenges and what plans had been implemented to mitigate these pressures. The Chief Officer for Acute confirmed this was due to a reduction in investment from Scottish Government but work was underway to address this.
- Board Members raised concerns around staff appraisals as completion rates remained low at 25% and were concerned that clinical staff were not completing their mandatory training; The Director of People and Culture advised how appraisal completion performance was impacted by the reporting mechanisms in place. The focus of the improvement activity would be completion of managers' appraisals as a first step. Further improvements over the next 12 months would be expected to follow in terms of wider colleague appraisals and statutory and mandatory training compliance. He also clarified that professional revalidation and clinical appraisals were separate to the TURAS appraisal process.
- Board Members sought clarity around the 50% performance reduction in delayed discharges over the reporting period; The Chief Officer for Highland Health and Social Care Partnership (HHSCP) confirmed the recent reduction in Care Home capacity in the independent care sector had impacted delayed discharge performance which wasn't reflected in the IPQR data and assured Board Members that a renewed 'whole' system approach was being taken to drive improvements.

- Board Members suggested it may be helpful to include reference to NHS Greater Glasgow and Clyde (NHSGGC) data for benchmarking purposes as up to 40% of Argyll and Bute residents may receive treatment in that Board area. The Deputy Chief Executive advised that the inclusion of NHSGGC would be considered but emphasised it would be difficult to identify Argyll and Bute residents specifically from that data.
- The Chair sought clarity around the options appraisal element of the NHS Highland vaccine delivery programme and asked if there were timescales involved to ensure vaccinations were delivered across the remote and rural landscape efficiently. The Director of Public Health confirmed that work continued within the HHSCP area to identify the best way forward to address the challenges with timely vaccination delivery which Scottish Government and Public Health Scotland were supporting NHS Highland with. The Chief Officer for HHSCP added that several models were under consideration including delivery through GP Practices with the formal start of the options appraisals process planned to begin on 31 June 2024.
- Board Members asked what factors had contributed to an increase in inpatient falls. The Nurse Director responded by advising there were no obvious indicators however she noted that anecdotal evidence suggested there were complexities around some of the reported cases alongside delays in transferring patients to a more suitable care setting.
- The Chair raised concerns around the downward trend in emergency department (ED) and outpatient performance and sought clarity on what the impacts were and what mitigation was in place to improve performance. The Chief Officer for Acute confirmed that staffing capacity within ED remained a significant challenge but they were working with the Scottish Ambulance Service and the Health and Social Care Partnerships to ensure patients were in the right care setting as quickly as possible. She added that staffing capacity and funding concerns were impacting outpatient performance and work was underway to submit bids for funding to Scottish Government which would enable additional activity to improve performance.

The Chair extended thanks to the staff who had contributed to the sustained improvements in Psychological Therapies given the challenging nature of this work and the ongoing pressures faced.

The Board:

- Took **limited assurance** from the report.
- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.
- **Considered** the level of performance across the system.

The Board took a short break at 11.07am and the meeting resumed at 11.22am

5 Finance Assurance Report – Month 12 Draft Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 12, 2023/2024. The Board were invited to take moderate assurance as the final accounts position was still subject to audit, examine the draft Month 12 financial position for 2023/2024 and consider the implications of the matter.

The Director of Finance advised an initial budget gap at the start of the 2023-24 financial year was £98.172 million, with a £29.5 million savings target leaving a residual gap of £68.672 million. The report highlighted additional allocations received throughout the year which enabled a slight reduction in the initial budget gap. The draft (unaudited) closing position for NHS Highland is £29.235 million deficit and she noted that Finance, Resources and Performance Committee had agreed to request brokerage of £29.500 million from Scottish Government to offset this. This funding had now been confirmed resulting in an underspend of £0.265 million for the financial year end. This position was still subject to audit review.

It was noted that the Highland Health and Social Care Partnership and Acute Services had reported overspends, and Argyll & Bute IJB had delivered a break-even position. A balanced position was delivered for Adult Social Care within Highland Health and Social Care Partnership following receipt of additional allocations and the use of reserves held by The Highland Council.

From the initial savings target of £29.500 million cost improvements of £13.572 million had been delivered, £8.113 million of which was recurrent, that had contributed to the year-end position.

There had been an additional £1.319 million spend applied to the Capital Plan for the year, due to additional costs and capital pause. The additional spend was supported by Scottish Government, therefore had no impact on the Board's budget position.

The Director of Finance highlighted that while previous years had seen similar allocations, and effort was ongoing to secure additional funding, no assumptions could be made at this stage that the same allocations, funding or financial flexibility would continue throughout the current financial year.

The Board:

- Took **moderate assurance** from the report.
- **Examined** the draft Month 12 financial position for 2023/2024 and **considered** the implications of the matter.

6 NHS Highland Financial Plan 2024/25

The Board received a report from the Director of Finance which detailed the three-year financial plan 2024/25 to 2026/27. The plan was subject to continued engagement with Scottish Government (SG) on the further actions required to close the financial gap to within the brokerage limit set. The Board were invited to acknowledge the challenge of delivering a three percent recurrent savings plan and delivering a balanced Adult Social Care budget. The Board were also asked to take limited assurance and agree the proposed budget with a £22.2m gap from the brokerage cap and commitment to reduce the gap throughout the year.

The Director of Finance noted the Finance Plan would usually have been presented in conjunction with an agreed Annual Delivery Plan (ADP). NHS Highland's ADP had not yet been agreed by Scottish Government and could therefore not yet be received by the Board at a public meeting. She confirmed that since submission of the Finance plan to Scottish Government there had been some amendments as noted in table six of the report.

During discussion the following points were raised:

- Board Members sought clarity around opportunities for co-location in buildings, they had also asked whether there were any known issues relating to Reinforced Autoclaved Aerated Concrete (RAAC) across the estate. The Director of Finance advised that opportunities for co-location were included in the strategic assessment discussions which involved a data collection exercise to identify areas where this could be viable. She confirmed several buildings with RAAC had been identified through Scottish Government's inspections scheme but had been designated low risk and would be monitored in the ongoing management plan. The Director of Facilities, Estates and Capital Planning added Private Finance Initiative (PFI) providers were carrying out further surveys at New Craigs to determine any risk implications and noted that any cost liability was not carried by NHS Highland.
- The Chair acknowledged the challenge of late funding allocations throughout the year and asked if they had been factored into the Financial Plan. The Director of Finance advised that since the timing or certainty of late funding allocations was unknown these figures had not been included in the Plan. However, a central review of new allocations was planned to assess best use of monies in supporting services and examining service models.
- The Vice Chair acknowledged the challenges faced in addressing the three percent reduction target. She sought assurance that any deficit around Adult Social Care would not be covered by NHS Health budget funding and queried what the process would be if that occurred. The Chief Executive noted that Highland Council's delivery plan indicated a commitment to transformation, but more work was required to align this work with partnership organisations. The Chief Executive also suggested the process would involve scrutiny and assurance via committees. The Director of Finance added that given the current financial situation the process for agreeing the formal opening offer around the quantum with Highland Council would need to be part of a clear budget setting process notified in writing, in compliance with the integration agreement. Historically the process had followed a rollover of recurrent budget and agreed at the year-end which is not technically in line with the agreement. However, it was intended that a clear budget setting process would be adhered to in the first quarter of each year moving forward. Discussions were well underway to have the opening position agreed and it was hoped more detail would be provided at the next Board meeting.

- The Director of Finance explained the transformation work in Adult Social Care would be required and that £20 million funding is being made available by Highland Council for this. Highland Council had commenced work to identify areas of change, especially around some digital workstreams which they would be happy to include NHS Highland in this work. Adult Social Care should deliver a balanced budget however, if by the end of the year this hadn't occurred, the deficit would be reported through the Board's financial statements. She added it was intended that an agreed plan would be put in place to avoid a deficit position and work had been undertaken with the Council to resolve this.
- The Chair commented that all health boards were facing financial sustainability challenges, but that the remote and rural geography NHS Highland presented additional pressures.
- Board Members welcomed the approach outlined by the Director of Finance with the breakdown into components addressing each element of risk and the noted challenges, however, it was commented that the Board would need to act quickly with key partners to address areas such as any impact on Adult Social Care.
- The Director of Finance explained that it was too early to reflect the recent issues on Skye within the finance plan. Scottish Government had been presented with a range of options with varying financial impacts and highlighted the significant expenditure already incurred on services on Skye. In the absence of additional Scottish Government funding the Board's financial position would deteriorate.
- The Chief Executive noted that in developing the Board's strategy for transformation it was important to include staff in the conversation to enable their ideas.

The Head of Strategy and Transformation provided an update in lieu of the Annual Delivery Plan (ADP) being available and noted:

- Work had progressed to develop the plan collaboratively with staff and colleagues across NHS Highland and Argyll and Bute in line with the strategic plan.
- Within the current ADP, the challenges faced had been set out with attention given to the remote and rural nature of our geography and noted the amount of work required to operate with limited resources.
- Actions within the ADP were focused on quality improvement, productivity, efficiency, and prevention with medium term plan aims building on the current strategic approach set by Together We Care and the national recovery drivers across NHS Scotland.
- The ADP was submitted to Scottish Government on 11 March 2024 and would be presented to Board once feedback had been received.

The Chair commended the Director of Finance and the teams involved throughout the organisation working to deliver services.

The Board:

- Took **limited assurance** from the report.
- **Acknowledged** the challenge of delivering a 3% recurrent savings plan and delivering a balanced Adult Social Care budget.
- **Agreed** the proposed budget with a £22.2m gap from the brokerage cap and commitment to reduce the gap throughout the year.

7 Annual Delivery Plan

The Head of Strategy and Transformation provided an update on the progress with the Annual Delivery Plan in the previous item.

8 Highland Child Poverty Action report

The Board received a report from the Director of Public Health on The Highland Child Poverty Action Report 2022 – 23, which covered the Highland Council area. The report was an annual requirement by Scottish Government to provide updates on progress of joint Local Authority and NHS Board published Child Poverty Reports. The Board were invited to take limited assurance as an updated report for 2023/24 was being developed for Autumn 2024.

The Head of Health Improvement spoke to the circulated report, during discussion the following points were raised:

- Board Members sought clarity on how the achievements and progress of the plan were reported to the Board. The Head of Health Improvement confirmed that the agreed governance route was through the Integrated Children's Service Plan reporting to the Community Planning Partnership with a requirement to provide an annual report to NHS Highland and Highland Council.
- The Chair queried how the Board would receive assurance of progress and how it linked into the Highland partnership governance structures. It was unclear what actions NHS Highland had responsibility for. The Head of Health Improvement confirmed work had taken place nationally and four key priority areas of focus were indicated by Scottish Government: Leadership and Accountability, Staff Training, Our Role as an Anchor Organisation focusing on parental employment and procurement, and Income Maximisation, she also mentioned that there wasn't anything in place formally to provide the Board with assurance, however she confirmed she would discuss potential options with the Chair and Chief Executive offline.
- The Nurse Director added that the new Child Health Commissioner was identifying what is in place and what is needed to ensure compliance with the expectations of the Child Poverty priorities. Board Members noted it was vitally important to undertake an overarching holistic approach to this piece of work.

The Board:

- Took **limited assurance** from the report.
- **Noted** the report provides confidence of compliance with legislation, policy and Board objectives noting further work to improve processes and that an update report for 2023/24 would be developed by Autumn 2024.

The Board took a lunch break at 12:45pm and the meeting resumed at 1.15pm

9 Whistleblowing Standards Report – Quarter 4

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter four activity covering the period 1st February – 31st March 2024. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021. The Board was invited to take moderate assurance on the basis of commitment to the principles of the standards and completing robust investigations while acknowledging the challenge to achieving this within the stipulated 20 working days due to the complexity of cases.

The Director of People and Culture confirmed that three new cases had been raised in this period, one was a monitored referral and remained under review, and work was underway with the Independent National Whistleblowing Officer (INWO) to close this case as there had been no contact received from the individual.
During discussion the following points were raised:

- The Chair sought clarity around the reporting mechanisms and asked whether there was a national plan to refresh the reporting style. The Director of People and Culture confirmed INWO had convened a practitioner forum and held workshops to consider the annual whistleblowing report data but there were no plans to change the reporting format at this time.
- The Chair asked how the Board could support staff so they were confident to raise concerns. The Director of People and Culture confirmed work was underway to develop a set of proactive processes Board Members asked if there had been an increase in concerns being raised through other avenues given Whistleblowing cases were low. The Director of People and Culture confirmed there had been some 200 contacts through the Guardian service last year. The number of contacts may have reached a plateau but would be assisted by moving to a proactive approach to resolve issues rather than the current reactive method.
- The Board Whistleblowing champion added that whilst the recorded cases are low, he had been approached by many staff to raise concerns which did not formally meet the whistleblowing criteria and would require another form of intervention.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the report provided confidence of compliance with legislation, policy and Board objectives noting further work to improve processes.

10 Revisions to Standing Financial Instructions

The Board received a report from the Director of Finance which detailed updates to Standing Financial Instructions to be incorporated into the Board's Code of Corporate Governance. The Board was invited to approve the revisions to the Standing Financial Instructions as recommended by the Audit Committee and note that a fully revised version of SFIs will be incorporated into the Code of Corporate Governance and uploaded to the web once fully agreed.

The Director of Finance spoke to the circulated report and highlighted the changes made, which included adjustments to Non-Pay costs, particularly around the number of quotes required depending on the financial limits noted in section nine on Page 15 of the report.

The Board:

- Took **substantial assurance** from the report.
- **Approved** the revisions to the Standing Financial Instructions as recommended by the Audit Committee, and
- **Noted** that a fully revised version of SFI's will be incorporated into the Code of Corporate Governance and uploaded to the web once fully agreed.

11 Corporate Risk Register

The Board received a report from the Medical Director which provided an overview of NHS Highland's Board risk register, awareness of risks that are being considered for closure and/or additional risks to be added. The report highlighted board risks that are reported through Finance, Resources and Performance Committee (FRPC), Staff Governance Committee (SGC) and Clinical Governance Committee (CGC) for governance and oversight. The Board were invited to take substantial assurance and note it provides confidence in compliance with legislation, policies, and Board Objectives. The Board were also invited to examine and consider evidence provided and reach final decision on risks that are recommended to be closed and/or added.

The Medical Director spoke to the circulated report and confirmed that the target risk level and an associated numerical score had been added to allow oversight of risk exposure. He explained that a new risk had been added to the register (Risk 1254 – 24-25 Financial Position) to reflect the ongoing financial challenges facing NHS Highland.

During discussion the following points were raised:

- The Director of Finance added that Risk 1181 (23-24 Financial Risk) remained open and confirmed it would close subject to audit approval.
- Board Members welcomed the revised format and suggested appropriate scrutiny was applied to the risk ratings to ensure they correctly represent the actual risk level without inadvertently inflating its appearance due to the numbering used. The Medical Director assured Board Members that the scoring mechanism was in place to appropriately represent the level of effort required to mitigate each risk.
- The Vice Chair sought clarity around the correlation between the Board's Risk Appetite and the scoring mechanism used in the Risk Register and asked whether Risk 1254 should have its rating increased to 'Very High'. The Medical Director advised work was still underway to embed the Risk Appetite Statement. The senior leadership team and Governance Committee Chairs were involved in identifying the risks noted and work was still required to determine how the risks were measured against the risk appetite.
- The Director of Finance added the scoring for Risk 1254 was subjective, however the impact of not delivering the financial position wouldn't cause physical harm, but should the position worsen the rating could be increased.

The Board:

- Took **substantial assurance** from the report.
- **Noted** the content of the report and that it provides confidence of compliance with legislation, policy and Board objectives noting further work to improve processes.
- **Examined** and **considered** the evidence provided and provide final decisions on the risk that are recommended to be closed and/or added.

12 Governance Committees Annual Reports

The Board received a report from the Chief Executive which outlined the Annual Governance Committee Reports for the period 1 April 2023 to 31 March 2024 which had been endorsed by the Audit Committee on 21 May 2024, to demonstrate how Committees functioned in the role defined by their Terms of Reference. The Board was invited to take substantial assurance and approve the Annual Reports.

The Board Secretary spoke to the circulated report and added the Committees had reviewed their Terms of Reference alongside their memberships and that Remuneration Committee Annual Report had been agreed by the Remuneration Committee on the previous day.

The Board:

- Took **substantial assurance** from the report.
- **Noted** that the Annual Reports were approved by the Audit Committee on 21 May 2024.
- **Approved** the Annual Reports which form a key part of the evidence in support of the Board's Annual Accounts Governance Statement.

13 Community Empowerment Act – Annual Reports

The Board received a report from the Chief Executive which detailed NHS Highland Annual Reports dealing with Asset Transfers and Public Participation Requests for the period 2023/24 for the Board's approval.

The Board Secretary spoke to the circulated report and confirmed no Asset Transfer requests had been made during 2023/24 but an existing application from a previous year was still being progressed. She added there were no Public Participation Requests during 2023/24 and that work had taken place to improve accessibility for both asset transfers and public participation requests on our website.

The Board took **substantial assurance** and **approved** the Annual Reports.

14 Register of Members Interests

The Board **noted** the 2024-25 Register of Board Member Interests.

15 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 25 June 2024

The meeting closed at 2.46pm

NHS Chief Executive's Update

July 2024

Fiona Davies,
Chief Executive NHS Highland

Changes to the Lead Agency Model

The National Care Service (NCS) Bill is at stage 2 in progressing through the Scottish Parliament and draft amendments have been published. These make clear that the legislation will only permit a single model of integration for the whole of Scotland. This will be largely based on the Integration Joint Board form of integration, though it is likely that there will be some adjustments introduced over the course of the Bill's passage.

This will bring unique challenges and greater change for NHS Highland and The Highland Council in the Highland area, as it is the only region currently using a lead agency model. There may be implications for the workforce and our role as employers, as well as potential financial impact. We will be working very closely with Council colleagues to explore current and possible models across Scotland, and engaging with our staff and communities to ensure that whatever changes we make are in the best interests of the people who use our services. A paper is on our agenda today, to allow for discussion at this early stage.

Delayed discharge

People being cared for in hospital who are medically ready to leave have been an ongoing concern for NHS Highland for many years. The impact on individuals of being cared for in an environment not suitable for their current needs can be significant, and we have made a strong commitment in our strategy to be working towards a system that cares for people in the right place at the right time. It is also right to acknowledge that the rates of delay in Highland are significant and are not limited to acute hospital settings, but also mental health, learning disability and community hospital settings, as well as people waiting for care in their homes, in the community.

It is in that context that Scottish Government have asked NHS Highland and all other Boards, Councils and Integration Authorities to focus on delayed discharges.

I know our teams have been working hard on this for some time and I want to acknowledge that effort. We now need to look at what has worked so far, and work objectively and factually to identify the root causes of delays. Tackling these will not only address the needs of the person in delay, but allow other people waiting for care and treatment to access a hospital or community resource in a more timely way.

NHS Highland is committed as a key partner of the "whole system approach" to improve our approach to managing the journey of people through our hospitals. This includes ensuring that alternative care settings and care arrangements are in place to offer prompt responses to the ongoing rehabilitation or care needs that are required for some, at the end of a stay in hospital.

Vaccination

Another key area to focus on is vaccination, and we are working hard to embed our vaccination service under the national Vaccination Transformation Programme. We recognise that the remote and rural nature of our geography will create unique challenges for centralised delivery, and so have been actively engaging with Scottish Government and Public Health Scotland in order to map and address these. A recent peer review by subject experts at Public Health Scotland was helpful in distilling some areas for us to concentrate on, and I would like to thank the many colleagues who took the time to share their views.

We are now meeting with GP practices and assessing where it may be appropriate for some practices to deliver vaccination services. When this assessment is complete we will develop a preferred option for delivery, which will be presented to Scottish Government.

Urgent care in north Skye

We received feedback from Scottish Government on our plans to ensure appropriate access to 24/7 urgent care in north Skye, and subsequently met with local community campaign group Skye SOS-NHS and other stakeholders. We have already started to increase the hours when urgent care is available at Portree Hospital, with the aim of ensuring the new model for accessing 24/7 care will be available from 16th August. This will be delivered by a mix of increased cover in the hospital and working with partners, such as the GP practice and Scottish Ambulance Service.

Chief Executive Board Visits

As well as visiting Skye several times, I have also been meeting teams across the NHS Highland area, including trips to Badenoch and Strathspey, Ullapool, Sutherland, New Craigs in Inverness, and the Isle of Mull, where the new helipad is a fantastic example of partnership working in action.

Awards season

I would like to conclude by mentioning a number of awards. Congratulations to my predecessor as Chief Executive of NHS Highland, Pamela Dudek, who was awarded a much-deserved OBE for services to the NHS in Scotland.

Scotland's Health Awards, the national award scheme supported by NHS Scotland and Scottish Government, was launched at the NHS Scotland Event, which I attended in June. I encourage all colleagues to consider making a nomination. We certainly have some strong candidates, as highlighted in our local Values in Practice (VIP) awards. This quarterly scheme rewards individuals and teams who live our values, and this quarter I am delighted to recognise the following winners:

- Team Award - Isobel Rhind Centre and People Services (joint winners)
- Openness, Honesty and Responsibility - Dhana Macleod
- Quality and Teamwork - Colin Millar
- Care and Compassion - Jenna Gettings
- Dignity and Respect - Jacqui McCann

The feedback about these colleagues was humbling and uplifting, revealing the dedication, skill, courage and compassion that abounds amongst #TeamHighland.

Fiona Davies, Chief Executive NHS Highland

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of MEETING of the NHS Board Audit Committee Microsoft Teams	**18 June 2024 09.00 am**

Present: Gaener Rodger, Non-Executive (Chair)
Susan Ringwood, Non-Executive (Vice Chair) (until 10.30am)
Alexander Anderson, Non-Executive (until 10am)
Alasdair Christie, Non-Executive
Garret Corner, Non-Executive
Emily Woolard, Non-Executive (until 10.30am)

In Attendance: Louise Bussell, Nurse Director
Ann Clark, Non-Executive Director
Lorraine Cowie, Head of Strategy and Transformation
Heledd Cooper, Director of Finance
Ruth Daly, Board Secretary
Fiona Davies, NHSH Chief Executive
David Eardley, Azets, Internal Audit
Patricia Fraser, Audit Scotland
Stephanie Hume, Azets, Internal Audit
Ruth MacDonald, Head of Social Work Services (items 2.1 and 2.2)
Gerry O'Brien, Non-Executive Director
Boyd Peters, Medical Director
Liz Porter, Assistant Director Financial Services
Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

The Chair welcomed those in attendance and noted that Susan Ringwood and Emily Woolard would need to leave the meeting at 10.30am. There were no other formal apologies from Committee members. Ruth MacDonald was attending on behalf of Pam Cremin, Chief Officer for Community Services.

1.2 DECLARATION OF INTERESTS

A Christie had considered making a declaration of interest in his capacity as a Highland councillor but having applied the objective test and looking at his position in relation to the items on the agenda, he felt that he did not need to do so.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 21 May 2024

The minute of the meeting held on 21 May 2024 was **APPROVED** as an accurate record.

The Committee also **AGREED** that the rolling actions spreadsheet be amended to show item 2 relating to risk management training was now closed. No further actions were required on this for Board members. It was **NOTED** item 3 relating to Audit Committee membership was currently in hand and would be included in a report to the Board at the end of July 2024.

1.4. MATTERS ARISING

There were no matters arising.

INDIVIDUAL INTERNAL AUDIT REPORTS

2.1 Internal Audit Progress Report

The Committee had received an internal review on adult social care services covering (a) the delivery of the new multi-disciplinary discharge model across community and acute services, and (b) Care at Home review and systems. Speaking to the report Stephanie Hume, Internal Audit, provided a brief outline of the scope of the audit and confirmed that there were six control objectives resulting in eleven actions. Eight of the actions were grade three which represented high risk to the organisation. Key areas for consideration were as follows:

- Leadership oversight and governance of the new 'Discharge Without Delay' (DWD) planning model highlighted weaknesses. A short-term working group had been established to implement the new process however there was a lack of clarity on: (a) leadership and accountability of the project, (b) whether key individuals had been involved in the process design and (c) whether sufficient time and resources had been allocated. The DWD delivery group had been disbanded and the senior responsible officer had retired with no replacement.
- There was no documentation or scrutiny of the whole discharge planning process. The audit recommended that key processes should be outlined in the new model and queried whether a standardised approach should be adopted or whether individual districts could tailor their approach.
- Communication and training plans were not consistent regarding the new model.
- There was no clear escalation policy or process regarding patient discharge from hospital and treatment. There were different structures in place, and it was fundamentally unclear who held overarching oversight and management.
- Regarding Care at Home, there was no documented process and staff demonstrated inconsistencies in levels of understanding of care package processes and reviews.
- Reporting on care package reviews was very limited. While the costs were reported within financial reporting there was little information presented on this to District and Area managers and the Adult Social Care team.
- Accuracy of Care at Home data was not robust nor easily accessible. Management could not confirm the accuracy of the information with different information across different systems.
- There was a need for implementation support for new CM2000 system for Care at Home services with sufficient resource.

Responding to the summary of the review, Ruth MacDonald, Head of Social Work Services, emphasised the importance of the work to deliver the new Discharge Without Delay system. She highlighted the gap in regulations around delivery and the challenges of embedding the new model and simultaneously delivering services. It would be essential to re-establish an oversight group to direct this activity. She agreed that consistent data was crucial to delivery of CM2000 and the management plan arising from the audit would feed into the broader spectrum of work that is required.

During discussion, Committee members raised several issues and queries as follows:

- The management actions included a mixture of fixed dates and dates for review. It was explained that this included timelines for work that would be started immediately and would be fitted into Care at Home, Community Services and Acute Services workplans.
- The management actions appeared to be driven by the September finish date for the CM2000 project and the end of the lead officer's contract. It was queried whether a more realistic timeframe was necessary to address all the audit's findings. In response it was confirmed that a far more detailed action plan would be developed around all the findings. The CM2000 project plan was about ensuring a consistent use of the system across the Board. Other action plan timelines were not related to the CM2000 project.

- It was asked whether there would be wider learning to be gained from the audit in terms of the organisation's approach to redesign. In response, it was acknowledged there were challenges in improving processes while continuing to deliver services. Overarching leadership was essential to success.
- It was acknowledged that different approaches could apply across the Board's districts. Further clarification was sought on what would be an acceptable level of variation in service delivery while ensuring equity of outcome. While aspiring to work to a consistent set of principles it was necessary to recognise the need for different approaches across the Board's geography and to take account of differing staffing resources across the districts. This was a long-experienced challenge, and it was important to set parameters that allowed variation within expected processes.
- Referencing the need for oversight activity, further information was sought on whether Executives were assured on how the actions would be governed going forward. The Chief Executive commented that oversight needed to be robust, and data driven. There was previously a degree of transparency which had fallen away recently, and which prompted her to want to understand the current situation with the Unscheduled Care Programme Board. The audit had not focussed on the wider integrated service delivery arrangements. The full suite of system activity encompassed complex multi-disciplinary decision making. One significant question was how the organisation culturally understood the function of discharge planning and managed associated the risks. It was not possible to achieve a full overview from the report.
- It would be important to understand how all the action points included in the audit would be picked up and tracked. It was noted that the Committee would receive a review of progress against the management actions in December 2024.
- As Chair of Highland Health and Social Care Committee, Gerry O'Brien welcomed the discussions and noted the complexity of the situation which had become apparent at this meeting. He welcomed the comments made and supported the view that there should be governance of the whole integrated pathway. He would work with the Chief Officer for Community services to understand what role HHSCC could play to move this forward. The issues raised in the audit report would be taken through the HHSC Committee to provide assurance to the Board.
- Focussing on the care and cost risks highlighted under Objective 4 (clear policies and procedures regarding the monitoring and review of Care at Home packages) it was queried whether sampling had been undertaken and whether this had impacted on any client. The input and sharing of information with the Joint Monitoring Committee and The Highland Council was also queried. The Chief Executive confirmed that she would look into this particular question.

The Committee **noted** the report.

2.2 Complex Care Packages

The Committee had received an internal audit review on younger adults' complex care packages and governance arrangements. Speaking to the report David Eardley emphasised that his report was not intended to comment on any clinical professional judgements but focussed on processes and governance. The report identified areas for improvement in the current processes in place. The significant grade three findings were highlighted as follows:

- While there was clear scrutiny of individual packages the audit could not provide assurance on how they were seen within the context of wider system delivery. This explained why some care packages were confirmed but could subsequently not be met due to other factors. The delivery of some packages is therefore hampered and there was a need for better cognisance of what the package means not just from an individual perspective but also from a wider perspective.
- Some exceptions had been identified from Audit testing of the packages. This was a particular concern for high impact and value care packages. Some packages did not

include recommendations and did not address wider considerations such as resources availability and sustainability of the service.
- Review of packages should include a process to review periodically with dates that consider evolved care needs. There were significant cost impacts associated with some packages which did not include review dates.
- Management should develop a reporting framework for complex care packages in which the total number and costs are reported on a regular basis, alongside issues with delivery and details of the sustainability of the services being provided.

Responding to the summary of the review, Ruth MacDonald, Head of Social Work Services, emphasised the need for reviews. It was noted that the self-directed support legislation required organisations to tailor reviews according to patients' needs. There was learning as to how the organisation matched the reviews with resource reviews. Investment and review was an ongoing process and it was important to document and record this. The strategy needed review for individuals who have 24-hour needs. The SDS standard was to reduce bureaucracy while maintaining sufficient governance and oversight. The report helped put a framework around the work of the leadership team.

During discussion the following issues were raised:

- The report echoed the issues raised in the previous paper on integrated governance arrangements. The integrated strategic plan for adults was the overarching strategy that sets out the framework for complex care packages. A more granular plan was currently not available for 24-hour packages. This raised queries about the role of integrated governance in providing a suitable forum for staff to take these decisions.
- Establishing the overall governance framework was a key consideration. Notwithstanding the significant costs, it was essential that the primary consideration should be equity and equality of service provision of the packages.

The Committee **noted** the report.

2.3 Management Actions

The Committee **NOTED** that there was no further update since the recent last meeting of the Committee on 21 May 2024. The next written update would come to the September 2024 meeting of the Committee.

2.4 Internal Audit Annual Report 2023-24

The Committee had received a report that summarised the key findings from the internal audit work undertaken at NHS Highland which included Azets overall opinion on NHS Highland's internal control system.

Speaking to the report David Eardley confirmed in assessing the level of assurance given they considered the following:

- All the reviews undertaken as part of the 2023/24 internal audit plan.
- Any scope limitations imposed by management and any matters arising from previous reviews and the extent of follow-up actions taken including in year audits.
- The expectations of senior management, the Audit Committee, and other Stakeholders.
- The extent of how internal controls address the NHS Highland's risk management/control framework and the operating environment.
- The effect of any significant changes in NHS Highland objectives or systems and the internal audit coverage achieved to date.

He also confirmed that the most adverse reports of the year were the Adult Social Care Services and Complex Care Package audits, which reflected the complexity of those services and the work that was still required to improve their amber risk rating; he noted this had been reflected in the report.

The Chair sought clarity on whether the 26 remaining actions included those discussed in today's meeting; it was confirmed they were not included until Audit committee approves those recommendations.

The Committee **noted** the report.

3. Audit Assurance Report on External Systems

The Committee received an Audit Assurance Report on External Systems as part of the annual accounts process. The report outlined the outcome of the three Service Audits undertaken in 2023/24; these were NHS National Services Scotland covering Practitioner and Counter Fraud Services; National IT Services for the NHS in Scotland; and NHS Ayrshire & Arran covering the National Ledger System (NSI – National Single Instance Financial Ledger Services).

The Assistant Director Financial Services confirmed it was the final report circulated and not a draft version as noted in the agenda, she highlighted:

<u>NHS National Services Scotland (NSS) covering Practitioner and Counter Fraud Services.</u>

- The assessment of payment practitioners and counter Fraud Services was conducted by PwC this year with various services being examined.
- Auditors noted the description did not fully represent the practitioner and counter fraud services payment controls that were implemented throughout the 2023-24 financial year. Most controls related to the control objectives were suitably designed for the same period, except for one test that failed during controls testing. Despite this exception, the controls were deemed necessary to provide reasonable assurance.
- NSS management acknowledged this exception, and their responses were included in the report as an appendix.
- The errors and values associated with these exceptions were minor—each less than £10, with one having no financial consequence. Staff members had been retrained in these areas, and further testing confirmed compliance with the controls, revealing no additional findings.
- The assessment led to a qualified opinion specifically related to the dental element. This qualification was not averse to the overall opinion, and the NFS audit and Risk Committee members expressed confidence in the operation of controls concerning payments to primary care contractors. A letter from the finance director was attached to confirm these findings.

<u>National IT Services for the NHS in Scotland.</u>

- The PwC reviewed the National IT Services for the NHS in Scotland for the first time. During the review, they assessed systems supporting the E-pharmacy programme across Scotland and the calculation of payments for primary care practitioners and NHS payroll.
- The auditors advised the descriptions provided was representative of the services provided throughout the 2023-24 financial year. Throughout the period it was noted that the controls had aligned with control objectives, except for one failure related to logical access for applications, operating systems, and databases. The failure was reviewed and found to have been minor with no significant impact in the overall confidence in IT controls.

- NSS management accepted the exception and took action to mitigate the impact. Staff received training, procedures were reviewed, and control wording adjusted where necessary. The NSS Audit and Risk Committee remains assured that IT controls were in place.

NHS Ayrshire & Arran covering the National Ledger System.

- There had been no findings or exceptions from the National Ledger System 2023-24 audit which had been conducted by same auditors as previous years.

The Committee **noted** the report and **took substantial assurance** from the satisfactory Service Audit reports from National Services Scotland (NSS) covering Practitioner Services Division, National IT Services and NHS Ayrshire and Arran covering the NSI Ledger system.

4. Audit Committee Annual Report 2023-24

The Chair spoke to the circulated report and noted the below adjustments she proposed to make:

- The final Audit Committee date would be updated to include 18 June 2024 meeting and its attendance.
- Section five, page three – Key Performance Indicators would be updated to reflect the committee had received 11 formal written summaries.
- Page three, paragraph six – the risk exposures would be updated to reflect the discussions in today's meeting.

The Committee **approved** the Annual Report of the Audit Committee.

5. Draft Letter of Representation from NHS Highland to Audit Scotland

The Committee **NOTED** that this related to item eight – Patient and Client private Funds and would be discussed as part of that item.

6. External Audit

6.1 Draft Final Annual Audit Report 2023-24

Patricia Fraser, Audit Scotland provided a verbal update and highlighted the following:

- Work was still underway to finalise the audit annual report, but they expect to issue an unmodified audit opinion.
- She confirmed that one error had been identified but after further assessment it had been noted as immaterial.
- She highlighted the delay had been caused by matters out with Audit Scotland and NHS Highland's control and indicated the finalised report should be ready by 21 June 2024.

The Committee **noted** the verbal update.

7. Draft Annual Report & Accounts 2023-24 for NHS Highland

The Director of Finance clarified that Committee were asked to note and provide comment on the report as the request for approval would come to the meeting on 25 June 2024. She confirmed the report had four sections: the performance report, the accountability report, the auditor's report, and the financial statements. A further report would be provided to the next

committee meeting to highlight key variances and provide detailed explanations for each variance.

The Assistant Director of Financial Services spoke to the circulated report and highlighted:

- Employee expenditure had seen a movement of £51.4million, which had been impacted by the pay outlift, supplementary staffing, medical agency locums, and junior doctors.
- Operating expenditure had been influenced mainly by prescription drugs in primary and secondary care, it was noted that primary care experienced a drug tariff increase leading to a movement of £7.7million, while secondary care experienced an increase in drug requisitions and medical supplies, amounting to over £5million and £4.9million respectively. These changes were driven by the opening of the National Treatment Centre and price increases in medical supplies.
- Income from other Scottish Boards was a key driver for operating income. Other sources had included additional endowment funding, adult social care quantum, and the real living wage allocation.
- There were acquisitions in capital of £26.7 million which the performance report provided a summary of the related projects. It was noted there was an increase in accrued income from the Highland Council for pass back of adult social care funds.

The Director of Finance added that the information contained in the report had formed part of the Integrated Performance and Quality Report (IPQR) throughout the year and included key targets set by Scottish Government.

The Vice Chair of Board suggested a review of the strategy in terms of transitioning from basic to best practices. The Chief Executive noted operational challenges had emerged throughout the year which made the timing of this process challenging. She highlighted the need to explicitly describe the process, clarify parameters and the underlying plan to achieve the later stages.

The Committee **noted** the NHS Highland Annual Report and Accounts including the Summary of Losses.

The Committee took a short break at 10.46am and the meeting resumed at 10.55am

8. Patient and Client Private Funds

The Committee had received report that covered receipts and payments of patients' and clients' private funds for the financial year in accordance with the requirements of the 2023-24 NHS Board Accounts Manual.

The report provided an overview of the NHS Highland patient and client private funds for the financial year and asked the board to approve the accounts for submission to the NHS Highland Board.

The Assistant Director of Financial Services spoke to the circulated report and highlighted the following:

- The letter of representation confirms we had instructed Johnston Carmichael to audit the Patient and Client Private Funds accounts.
- The auditors reported no issues with the accounts; however, a reconciliation issue was identified separately and is being investigated.

The Committee **approved** the accounts for submission to the NHS Highland Board.

9. Counter Fraud Quarter One Update

The Committee had received a report that confirmed the Counter Fraud Service (CFS) had launched the CFS Prevention Strategy 2023-26 which detailed how CFS will prevent fraud over the coming three years. The document provided supports the 'Prevent Pillar' of the Counter Fraud Strategy which was launched last year.

The Case management system, Clue went live in April 2024 and had been utilised across all areas of CFS and it was expected the software would enhance efficiency and effectiveness in managing casework from initial referral to full investigation or prevention activity.

The Assistant Director of Financial Services confirmed a formal progress update would come to Committee in September 2024.

The Committee **noted** the report.

10. Best Value Framework

The Committee received a report that provided a summary of key achievements and progress made as part of the Scottish Government Best Value Framework. There are seven themes in the Best Value Framework; Vision and Leadership; Governance and Accountability; Effective use of resources; Partnership and collaborative working; Working with communities; Sustainability; Fairness and equality.

The Director of Finance spoke to the circulated report and explained NHS Highland had undertaken an initial assessment against each theme as part of the Board's Annual Report which was detailed under Appendix B. She highlighted the following points:

- NHS Highland had a responsibility to deliver the best value for services and guidance on how to achieve this had been provided by Scottish Government.
- It was noted in the previous year's external audit that NHS Highland could evidence a best value process was in place however couldn't formally evidence all the aspects required were being met consistently and this report formed an initial attempt to address the concerns identified.
- The Director of Finance confirmed the governance arrangements for the report were still under consideration, but it had been shared with the Finance, Resources and Performance Committee in the interim.

The Committee **noted** the report.

11. Audit Scotland Report

The Committee Chair advised the agenda contained a link to reports that may be of interest to committee members.

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

The Committee **noted** Audit Scotland Reports.

12. Any Other Competent Business

There were no AOCB items.

13. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 25 June 2024** at **09.00 am** on a virtual basis to have a detailed review of the annual accounts.

The meeting closed at **11.43am.**

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of MEETING of the NHS Board Audit Committee Microsoft Teams	**28 June 2024 09.15 am**

Present:

Gaener Rodger, Non-Executive (Chair)
Alexander Anderson, Non-Executive
Alasdair Christie, Non-Executive
Garret Corner, Non-Executive

In Attendance:

Gareth Adkins, Director of People
Tim Allison, Director of Public Health
Graham Bell, Non-Executive
Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP
Louise Bussell, Nurse Director
Ann Clark, Non-Executive Director
Elspeth Caithness, Employee Director
Muriel Cockburn, Non-Executive
Sarah Compton Bishop, NHS Highland Board Chair
Lorraine Cowie, Head of Strategy and Transformation
Heledd Cooper, Director of Finance
Ruth Daly, Board Secretary
Fiona Davies, NHSH Chief Executive
David Eardley, Azets, Internal Audit
Patricia Fraser, Audit Scotland
Claire Gardiner, Audit Scotland
Stephanie Hume, Azets, Internal Audit
Philip Macrae, Non-Executive
Richard MacDonald, Director of Estates
Gerry O'Brien, Non-Executive Director
Liz Porter, Assistant Director Financial Services
Nathan Ware, Governance and Corporate Records Manager
Emily Woolard, Non-Executive
Stephen Chase, Committee Administrator

The meeting was preceded by a meeting of the Trustees of the Endowment Fund for NHS Highland and followed immediately by an In Committee meeting of the NHS Highland Board.

1.1 WELCOME AND APOLOGIES

The Chair welcomed those in attendance. Apologies for absence from committee members were received from Susan Ringwood and Joanne McCoy.

1.2 DECLARATION OF CONFLICT OF INTEREST

A Christie had considered making a declaration of interest in his capacity as a Highland councillor but having applied the objective test and looking at his position in relation to the items on the agenda, he felt that he did not need to do so.

1.3 MINUTE OF MEETING HELD ON 18 JUNE 2024

The minute of the meeting held on 18 June 2024 was **approved** as an accurate record.

1.4. MATTERS ARISING

There were no matters arising.

2 ASSURANCE FOR THE CONSOLIDATION OF ENDOWMENT FUND ACCOUNTS

The Committee **noted** that the Endowment Fund Accounts had been approved and that it could take assurance that having been audited, with an unqualified opinion, that they could be consolidated within NHS Highland's Accounts.

The Committee,

- **Noted** that the Endowment Fund Accounts had been approved by the Trustees and that assurance was taken that having been audited, with an unqualified opinion, that they be consolidated within NHS Highland's Accounts.

3 Draft Final External Audit Annual Report & Letter of Representation from NHS Highland to Audit Scotland

C Gardiner thanked the Committee members for their forbearance in the slight delay to the release of the report, and introduced the cover letter and the Annual Audit Report.

- The Cover letter had been prepared under ISA580 and ISA260 and showed that the External Auditors intended to provide an unmodified audit opinion, and that the Annual Audit Report demonstrated no unadjusted errors. The Committee was asked to reflect to ensure that it was comfortable with the judgements and that there were no post-balance sheet events which could affect materiality.
- The Letter of Representation in appendix B of the report provided assurances from the Accountable Officer on the key judgements within the Annual Accounts, which included fraud and any areas of non-compliance with laws, regulations or litigations.
- C Gardiner confirmed for the purposes of assurance that the External Audit had remained independent and had complied with ethical standards for the year.
- It was noted that a modified audit opinion would be issued due to the change in materiality rates during planning and that this had been due to the increased level of expenditure faced by the organisation.

The significant findings of the report in key audit matters noted,

1. That the Pension asset and liability accounting treatment had departed from accounting standards in relation to how NHS Highland recognised the pension and asset liability. The External Auditor requested that the accounting treatment arrangement be formalised with Scottish Government.
2. That the Pension Liability had become a Pension Asset and this had additional accounting regulations associated with the change requiring additional work by the actuary to restrict the pension asset with an asset ceiling. This had not impacted on the opinion of the External Audit but it was recommended that additional work be undertaken with Highland Council to address this in future years.
3. That work continues to address documenting Lease Agreements to ensure a higher level of documentation than currently exists.
4. That Non-current Asset Impairment is given more formal treatment in its processes.
5. That the model used by NHS boards and the External Auditor regarding the change in accounting for service concession agreements differed and that therefore appeared over the reporting threshold and was noted. However, the External Auditor was satisfied that the estimate was materially correct and that no changes were required.

- It was noted that there were no material misstatements in the financial statements.

- The additional pressures around the timetable for the audit were noted as was the pressure that had been put on the NHS Highland and External Audit teams, which were due in part to errors in the accounting template and the late issuing of the accounts manual, final allocation letters and CETV (Cash Equivalent Transfer Value) figures and associated guidance from Scottish Government. It was noted that this had been the first time since the 2018-19 period that the accounts had been available for sign off within June and thanks were expressed to the Finance team for their work.
- It was recommended that work be undertaken to consider how best to distil the messaging of the annual accounts for lay readers and convey the key points raised in the reports.
- The External Audit found appropriate financial management arrangements were in place and that this had been informed by a review of budget setting and monitoring actions.
- Four material control weaknesses were noted and raised with management and the External Auditor was satisfied that appropriate actions had been agreed to address these areas.
- Future financial stability was noted as an area of concern, and the level of challenge faced by the organisation was flagged in the report. The External Auditor had expressed satisfaction that these risks were being addressed seriously and appropriately by NHS Highland and that the risks were similar across the sector.
- Satisfaction was noted that appropriate governance arrangements were in place and the work to address the Blueprint for Food Governance was acknowledged.
- The positive work undertaken to address cybersecurity arrangements was recognised but caution was noted due to the ongoing threat and the experience of other Scottish health boards who had experienced recent cyberattacks.

During discussion,

- The Chair recommended that the action plan from the External Audit be brought to the December meeting for consideration. It was noted by the Director of Finance that responses to most of the recommended actions were underway but commented that some of the actions were reliant on work with Scottish Government and Highland Council and that NHS Highland would work with partners to progress these areas.
- It was noted that there was little guidance given within the NHS Accounts Manual around performance analysis and that there was considerable scope given as to how non-reportable areas could be reported. It was suggested in discussion that this be an area for the Board to consider in addressing performance and required reporting and public messaging via the Annual Review. It was noted that the short turnaround time for the report necessitated a focus on reportable areas but that there was a broad keenness to consider ways to address performance and good communications with the public. The Director of People commented that there had been plans by Scottish Government to update the performance management measurement framework prior to the pandemic and that this area of pending reporting requirements should be considered as part of this conversation.
- A typographic error was noted on p. 276 of the papers, and it was commented that this should read “March 2025” instead of ‘2024’.

The Committee,

- **Considered** the report of the External Auditor and **noted** the content, and
- **Noted** the Letter of Representation.

4 Draft Annual Report and Accounts 2023/24 for NHS Highland

The Director of Finance noted that the accounts had not changed significantly since they had been presented to the Committee on 18 June. There had been some guidance received late and there had been some minor changes to the pension information and the remuneration report values. The liability risk table (note 22) had been amended and an addition had been made to the principal payments (note 18b). There had been no material change to the

accounts from the version presented on 18 June. A guidance note had been included to assist with understanding the key variances discussed on 18 June.

There was discussion regarding Scottish Government's recent statements regarding proposed changes to the lead agency model around the implementation of a National Care Service. It was noted that this would not constitute a post-balance sheet event as the figures as presented had not been impacted by this news and that a new agency model would not be implemented until it had progressed through the Scottish Parliament. It was noted that the proposed changes would need to be addressed in future as a risk for the organisation but that there was no necessity to include reference to the proposed changes for the current annual accounts statement.

The Committee,

- **Noted** the submission of the NHS Highland Annual Report and Accounts including the Summary of Losses, and
- **Recommended** the Annual Report and Accounts for approval by the NHS Highland Board.

5 Any Other Competent Business

There was an update to the Patient & Client Funds Account noting a slight adjustment which had been discussed at the meeting on 18 June. The Assistant Director Financial Services noted that an adjustment had been queried by the auditors of £28,000 regarding unposted transactions to the source Trojan system. This was investigated and additional samples were provided to the auditor who was satisfied with the adjustments and that the SFR remain unmodified.

6 DATE OF NEXT MEETING

The next meeting will be on **Tuesday 10 September 2024** at **09.00 am** on a virtual basis.

The meeting closed at **09.52 am.**

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**14 June 2024 at 9.30 am**

Present	Alexander Anderson, Chair Sarah Compton-Bishop, Board Chair Tim Allison, Director of Public Health Graham Bell, Vice Chair Louise Bussell, Board Nurse Director Ann Clark, Non-Executive Director (from 10.30am) Heledd Cooper, Director of Finance Garret Corner, Non-Executive Director Fiona Davies, Chief Executive (from 10.30am) Gerard O'Brien, Non-Executive Director
In Attendance	Lorraine Cowie, Head of Strategy and Transformation Pamela Cremin, Chief Officer, Highland HSCP Brian Johnstone, Senior Electrical Engineer Katherine Sutton, Chief Officer Acute Brian Mitchell, Committee Administrator

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from Committee members S Compton-Bishop, R MacDonald and David Park. Apologies were also received from non-members E Beswick and E Ward.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Meeting held on Friday, 14 June 2024, Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 14 June 2024 was **Approved.** The Committee further **Noted** the revised Rolling Action Plan and Committee Work Plan 2024/25.

2 NHS HIGHLAND END OF YEAR FINANCIAL POSITION 2023/24 REPORT (MONTH 12) AND VALUE AND EFFICIENCY UPDATE

The Director of Finance spoke to the circulated report that detailed the NHS Highland financial position as at financial year end 2023/24, advising the associated Revenue underspend had amounted to £0.265m. This had been achieved through savings of £13.572m; receipt of

additional allocations; a reduction in top-sliced costs; use of financial flexibility and an element of slippage on allocations, together with short term cost reductions and brokerage of £29.5m. The circulated report further outlined the underlying data relating to Summary Funding and Expenditure. Specific detailed updates were provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; year-end progress against the Cost Improvement Plan Programme; Supplementary Staffing; subjective analysis; and Capital Spend. The Director proposed the Committee take Moderate Assurance, for the reasons stated.

On the point being raised, members were advised the in-year movement in relation to the Highland Health and Social Care Partnership required further analysis, while noting the receipt of an unexpected additional allocation from Scottish Government and additional recurrent funding from Highland Council in relation to Adult Social Care. Further analysis would be provided for and to the Highland Health and Social Care Committee.

After discussion, the Committee:

- **Examined** and **considered** the implications of the Year End Financial Position 2023/2024.
- **Agreed** to take **Moderate** assurance.

3 ADULT SOCIAL CARE – PROPOSED RISK PROFILE

The Director of Finance spoke to the circulated report advising as to a financial risk highlighted during the budget setting process, a significant proportion of which related to Adult Social Care delegated services. The NHS Highland Board had agreed that a specific risk be opened regarding the delivery of a break-even position for Adult Social Care and that the monitoring of mitigating actions and ongoing position be focussed through this Committee. The report went on to indicate the following:

"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 due to the current underlying financial position representing a significant overspend against the allocation received with an opening deficit of £16.252m; further reduction in the relevant quantum of £7m; and an inability to realise a 3% reduction in spend in line with value and efficiency plans of £5.71m."

The rationale behind the identification of the risk highlighted was provided and the Committee noted this had led to allocation of a Risk Level of High (associated score of 16). It was noted further formal discussion was planned with Highland Council for end Q1, including in relation to governance elements. The relevant Risk and associated mitigations would be entered onto the Datix system. The report proposed the Committee take **Substantial** assurance.

After further discussion, the Committee:

- **Considered** the Adult Social Care Proposed Risk Profile, formally assessed as High.
- **Agreed** to take **Substantial** assurance.

4 BEST VALUE FRAMEWORK

The Director of Finance spoke to the circulated report advising, as part of NHS Highland's annual reporting cycle a review of progress against the Scottish Government's Best Value Framework also circulated had been undertaken, a summary of key achievements in relation to which were outlined. Specific updates were provided in relation to each of the Best Value Themes relating to Vision and Leadership; Governance and Accountability; Effective Use of Resources; Partnerships and Collaborative Working; Working with Communities; Sustainability; and Fairness and Equality. The Director of Finance stated this was an iterative

process and confirmed the circulated report would also be submitted to the next NHS Highland Audit Committee. The report proposed the Committee take **Substantial** assurance.

During discussion, members acknowledged the merit in considering the relevant question set contained within the Best Value Framework document and suggested a streamlined document for staff would be beneficial in terms of making this accessible to the wider staff group and teams. The relative complexity involved in continuously assessing the questions being asked was acknowledged. It was stated there was a need to avoid being overly process oriented.

After discussion, the Committee:

- **Noted** the report content and associated appendices.
- **Agreed** to take **Substantial** assurance.

5 PLANNED CARE SUBMISSION

The Chief Officer for Acute Services spoke to the circulated report, providing a high-level summary of the NHS Highland submission of a revised Planed Care Template to Scottish Government as part of the bidding process for associated funding. The revised Plan had been submitted, in absence of formal written confirmation of available funding or the exact figures available. The report highlighted that the submission contained a number of estimates in terms of finance, that NHS Highland continued to work to finalise and refine relevant figures and that Scottish Government were aware of the position. An update was provided in relation to the additionality created through the additional investment, with specific commentary provided in relation to Waiting List Initiatives, Cancer Funding and Balance, and the National Treatment Centre. Associated trajectories were outlined for Outpatient and Treatment Time Guarantee (TTG) activity, with further narrative on Radiology Services, wider efficiency and productivity aspects, waiting list validation, Waiting Well activity and Theatre efficiency. The Head of Strategy and Transformation went on to advise as the Integrated Service Planning preparatory work undertaken in relation to the NHS Highland submission, in terms of Outpatients, TTG and Cancer Services and advised as to the further work required to define activity including relevant conversion rates, and workforce elements. Service Improvement Plans had been developed and were being embedded. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Waiting List Activity. Advised Access Policy placed an expectation that clinically urgent cases be prioritised, along with Cancer patients and Urgent Suspected Cancer Referrals. Beyond that the priority was in relation to long waits and was undertaken according to a defined framework. The Access Policy had been refreshed but not amended. Highlighted not all patients were fit to undergo a surgical procedure despite being scheduled for the same. Further work was being undertaken in this area to define those individuals. There was a focus on Outpatients and new patient capacity. Additional financial resource would allow for greater focus on population outcomes and clinical validation aspects.
- National Treatment Centre (NTC). Noted reference to NTC in report. Advised relevant low risk NHS Highland patients had been treated and cleared, as per original operating model. Activity ongoing to identify what other patients could be addressed through that service. Also considering how scope of NTC service could be expanded although this may require additional anaesthetic capacity and associated rapid patient transfer arrangements etc. Work continued in relation to increasing Theatre capacity and efficiency across NHS Highland. In terms of patients from other NHS Boards, it was advised an annual exercise was undertaken alongside Scottish Government to agree what capacity was made available to those Boards. Consultant Orthopaedic surgeons also attending NHS Shetland facilities to identify relevant suitable patients. It was stated improved pathways may have a significant impact and were also being discussed with Scottish Government.

- Impact of Additional Resource on Waiting Lists. Advised report to go to Executive Director's Group on that particular point. Position would then be outlined to Scottish Government, with possibility of financial resource being returned and made available for additional bids should it not be possible to utilise fully within the identified plans.
- Longest waiting Patients. Noted 78-week figure rising, with 104-week figure remaining static. Questioned if activity in this this would achieve the reduction figure of 2,500 TTG patients referenced. Advised complicated conversion rate aspects involved and dependent in part on cancer patient throughput activity. Figures quoted represented an informed estimate. Noted TTG rates comparable with rest of Scotland. Agreed trajectories be embedded within the Integrated Performance and Quality Report (IPQR).

After discussion, the Committee:

- **Noted** the trajectories and targets have been accepted by Scottish Government through the planned care submission and through the additional monies allocated.
- **Noted** progress would be reported through the Integrated Performance and Quality Report.
- **Noted** a further update in relation Cancer Services would be brought to the next meeting.
- **Agreed** relevant trajectories be included within IPQR from next meeting.
- **Agreed** to take **Moderate** assurance.

6 ENVIRONMENT AND SUSTAINABILITY UPDATE

Speaking to the circulated report, B Johnstone noted:

- The Environment & Sustainability Board membership was under review, with an update to be provided at the next committee meeting. The review has already led to the inclusion of Chairs of sub-groups in the membership listing, which was previously overlooked.
- The National Environment Management System (EMS) meeting recently discussed the ratification of EMS policies by various Boards. These policies will serve as a reference to develop a similar EMS policy for NHS Highland. A strategy will be developed, focusing on service delivery and by the next EMS board meeting, a first draft of the policy and the development strategy which will be derived from the policy, is expected to be presented.
- The National Sustainability Auditing Tool (NSAT) is no longer mandatory but is considered beneficial for internal auditing purposes. NSAT may be replaced in the implementation of the EMS, but until EMS is operational, it would be beneficial to continue the use of NSAT. It was noted that NSAT questions were currently under review, with new ones expected to be released soon. Departments will need to assess the impact of these questions and decide whether to implement NSAT even though it's not mandatory.
- Net Carbon Zero update. The heating system at Raigmore was converted from heavy oil to diesel, a move that will not achieve Net Carbon Zero (NCZ) but reduces emissions and is a step in the right direction.
- Efforts were being made to secure Green Public Sector Energy Decarbonisation (GPSED) funding for decarbonisation at three specific sites, including Campbeltown, in anticipation of a hydrogen port opening in Oban in 2025.
- The Public Bodies Report has informed the boards about the upcoming availability of a reporting tool, with submissions due by the end of October. The Environment & Sustainability (E&S) team plans to reach out to relevant departments in the coming months to gather necessary data for the 2023/24 submission.
- EMS - NHS Highland had been in discussion with NHS Assure and UHI to develop NHS Highland's EMS. The ambition was for UHI to assist NHS Highland in this development, enabling the board to better monitor its environmental progress. Work on the development was expected to commence in the third quarter of the financial year.
- E&S Department Resource – Noted there would be a waste manager position advertised soon, with a third Estate Environmental and Sustainability Officer starting on 1 July.

In discussion, the committee highlighted:

- The Renewable Heat Incentive (RHI) has provided funding for the organisation when biomass and air source heat pumps are used, which is then invested into small scale general environment projects. Funding had also been available through GPSED.
- Within the public sector, there is a high demand for funding through RHI and GPSED. To ensure applications are successful, a detailed and precise business case for any major project proposals was imperative.
- The organisation could benefit from a coordinated approach to publishing Environmental and Sustainability work through an overarching strategy or plan for communication.
- The Campbeltown system was diesel-based. It was noted the burners can be converted from diesel to LPG as a stepping stone to hydrogen. This is due to the unavailability of hydrogen until around 2025-26 when the new plant is expected to be operational. The plan is to transition directly to hydrogen if timing and funding align; otherwise, the system will initially use LPG, with all equipment prepared for a future switch to hydrogen.

The Committee:

- **Noted** the reported progress of the development of NHS Highlands Environmental and Sustainability Strategy and associated projects**.**
- **Agreed** to take **Moderate** assurance.

7 ANY OTHER COMPETENT BUSINESS

7.1 Annual Delivery Plan 2023/24 – Quarter 4 Return

The Head of Strategy and Transformation advised the Annual Delivery Plan was still to be approved by Scottish Government. Feedback had been provided for certain aspects of the plan where further detail was required. The next step is to review the allocations where further detail would be required and to ensure they align with objectives. Despite the delay in final approval, most departments are proceeding to present their plans as July was approaching.

In discussion,

- Committee members sought clarification on the management and financial aspects of 2C GP Practices within the Health Board. Members also noted previous scrutiny for high expenditure on locum GPs.
- The Director of Finance highlighted the cost versus contract value and the managing locums in GP practices was a widespread issue and recognised the need to improve those controls to reduce costs.
- Noted 2C GP practices in NHS were managed by the Primary Care Services. The Chief Executive noted the Primary Care management within Argyll and Bute had been adapted over time to increase team functionality of the team to do more than contract monitoring to oversee the running of services.
- The Chief Officer of the Highland HSCP acknowledged inconsistent delivery models across primary care, with different staffing team models around locum doctors and advanced nurse practitioners. A primary care strategy is being developed as part of strategic transformation, with the involvement of clinical directors and others, and a report outlining this will be presented in due course.

After discussion, the Committee:

- **Noted** the Annual Delivery Plan 2023/24 – Quarter 4 Return update.

8 REMAINING MEETING SCHEDULE FOR 2024

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

5 July
9 August
6 September
11 October
1 November
13 December

The Committee:

- **Noted** the remaining meeting schedule for 2024.

9 DATE OF NEXT MEETING

Friday 5 July 2024 at 9.30 am.

The meeting closed at 10.45am

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 10 July 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
Tim Allison, Director of Public Health
Ann Clark, Non-Executive Director and NHSH Board Vice Chair
Cllr, Muriel Cockburn, Non-Executive
Pam Cremin, Chief Officer
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
Neil Wright, Lead Doctor (GP)
Elaine Ward, Deputy Director of Finance
Mhairi Wylie, Third Sector Representative

In Attendance:
Rhiannon Boydell, Head of Strategy and Transformation
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Arlene Johnstone, Head of Service, Health and Social Care
Ian Kyle, Chair of the Integrated Children's Services Planning Board
Fiona Malcolm, Executive Chief Officer for Health and Social Care, Highland Council
Jill Mitchell, Head of Primary Care
Ian Thomson, Head of Service, Adult Social Care
Stephen Chase, Committee Administrator
Amanda Johnstone, member of the public

Apologies:
Philip Macrae, Diane Van Ruitenbeek, Jo McBain.

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.

1.2 Assurance Report from Meeting held on 8 May 2024 and Work Plan

The draft minute from the meeting of the Committee held on 8 May 2024 was approved by the Committee as an accurate record.

The Committee
- **APPROVED** the Assurance Report
- **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

The Chair noted that recruitment for to the two unfilled lay member posts had been unsuccessful and was in the process of going out to advert again with the expectation that the posts would be recruited in time for the next committee meeting.

The Chair also noted that there would be a development session for the Committee to be held on Wednesday 24 July at 1pm on the theme of Strategy.

The Chair noted that items 2.1, 2.2 and 3.1 would be discussed together due to the close relationship between the items. The items were taken in the order given below of 2.1, 3.1 and 2.2.

2 FINANCE

2.1 Financial Position at 2023/24 Year End

The Deputy Director of Finance noted that the annual accounts for NHS Highland had concluded following auditing and had been submitted to Scottish Government. The position was unaffected during the audit and no adjustments were required. There had been an expected a gap of £68.7m, however during quarter one, Scottish Government announced significant additional funding to support the overall financial position and therefore an underspend of approximately £300,000 was delivered at the year end.

- Sustainability funding had been received in June at just over £8m as was support from Scottish Government to meet the pay award for Adult Social Care. Additional allocations from the New Medicines Fund of £6.6m had been received and a supplemental allocation for pay of over £6m. At the approach of the year end there was a significant allocation for health consequentials received from UK government in addition to some sustainability funding which took the Board to a position of nearly £35m of unanticipated additional funding.
- Taking into account some short-term cost reductions and slippage in allocations of £18m and a brokerage value of £29.5m, there was a year-end surplus of £265,000. This was split across operational areas within the HHSCP.
- Argyll and Bute IJB delivered a break-even position by using its flexibility as an IJB to take any underspend to reserve.
- The significant level of allocations received towards the latter part of 2023-24 did not impact the financial position, however this has created some uncertainty into the 2024-25 year.
- The HHSCP position showed an overspend driven by the use of supplementary staff in both agency nursing and medical locums within primary care. There was an element of overspend for drugs costs which reflected an increase in drug volume and drug pricing.
- The presentation showed the breakdown across the different service categories and the spend on agency nursing within in-house care homes.
- Work is at an early stage with Highland Council to agree a quantum position for 2024-25 with the expectation that this will improve the position for 2024-25.
- The supplementary staffing position was an ongoing issue: a number of schemes within the cost reduction/cost improvement programme for 2023-24 had related to reducing supplementary staffing, agency nursing and medical locums. Spending over 2023-24 was £7.8m higher than in 2022-23 and work was continuing to try and address the issue into 2024-25 to bring costs down.

During discussion, the following areas were addressed,

- It was confirmed that at present the trend towards an overspend in Learning Disability Services was continuing with a forecast overspend of nearly £2m at the end of the financial year. A number of high-cost packages were contributing to the overspend. The Head of Service noted the split between delivery via the specialist Mental Health services sat within Health Services budget and services delivered via Adult Social Care. It was noted that there was very little in-house support provision within NHSH for adults with learning disabilities with the majority delivered from commissioned support. There had been seen an increase in individuals with complex care needs requiring high levels of support.
- The Chair noted the need for the Board to deliver 3% recurring savings target which assumed that the Adult Social Care position would deliver a break-even position and that this also assumed delivery against operational budgets.
- The Deputy Director of Financial Services noted that currently there was a forecasted overspend within Adult Social Care £16.2m to the end of 2024-25. This assumed delivery of 5.71% of value efficiency schemes within Adult Social Care. Current messaging from Scottish Government was clear that it would not be acceptable to have an overspend within Adult Social Care impacting on the overall health position. A large amount of work is currently focussed on this area.

3.1 Transformation Plans 2024/25 and beyond

The report noted that Highland HSCP were taking forward an extensive work plan of transformational change to develop safe, sustainable and affordable services across the region. The work sits within the NHS Highland performance and governance structure and its work streams interconnect with Acute transformation work streams to address whole system challenges. Transformational work streams were being taken forward under the strategic direction, and in delivery of, the HHSCP joint Adult Services Strategic Plan 2024-2027. The work was extensive and the risk presented by limited leadership and management capacity to deliver was being managed by the Senior Leadership Team Transformation Group. Organisational collaboration had been ensured through the NHS Highland performance governance structure.

- The Head of Strategy and Transformation gave a slide presentation which provided an overview of the pieces of the transformation work in its totality that the HHSCP was undertaking. All of the transformation work had been developed under the guidance of the Joint Strategic Plan which the committee had seen in depth and signed off and would take the partnership from 2024 through to 2027. The focus in the strategic plan was around enabling independent living as close to home as possible, ensuring that services were efficient effective, equal, affordable and sustainable.
  A strategic charter (‘Home is Best’) had been developed to implement the Joint Strategic plan and ensure that localities are properly engaged.
- District Planning Groups had all had their first meetings and had given their first reports to the Strategic Planning Group. The first meetings shared the Joint Strategic Plan and the strategic charters and some of the transformation work that had already been undertaken. The meetings also addressed use in order to encourage the groups to address local issues and gaps that had been identified.
  The process of movement from Driver Diagrams into work plans for urgent and unscheduled care were shown to give a sense of the detail involved at the decision

making level and how this fed back into the strategy .
The NHSH approach to performance and efficiency would from the 2024-25 period onward be informed by two structures: the Strategic Transformation Assurance Group (STAG), who would address longer term redesigns, scoping, and strategic needs analysis for organisational choices; the Value and Efficiency Accountability Group (VEAG) form the second structure and is concerned with shorter term, within year outcomes, particularly based around savings.

The Chief Officer noted that the district planning groups were key to improving delivery through working with the population and partners across the strategic planning partnership to ensure good community engagement using the available data to discuss services and how people want to receive services in their area. The Chief Officer also noted that there were a number of value and efficiency work streams addressing workforce efficiency. However, it was noted that there were significant workforce challenges across Highland. It was felt that technology provided a good opportunity to streamline services to in order to support the workforce to better manage staff time and to release staff back into operational service.

2.2.1 Adult Social Care Cost Reduction Plan

The Chief Officer gave a slide show presentation regarding the Adult Social Care cost reduction plan. It was noted that HHSCP was spending more on Care Homes with significant costs for in house services and Care at Home services. The variation of spend across urban and remote and rural areas was noted.

- NHS care homes were using a notable amount of supplementary staffing with high agency costs which increase in more remote and rural areas. The Chief Officer noted the need to change the model to address these issues. Value and Efficiency targets had been identified for specific programmes to meet the 3% target for Adult Social Care with £3.6m of savings identified. Some of this work had already begun in terms of managing staffing and income maximisation. There was an active programme underway to address increased service user contribution to care home costs. In House services were undergoing a redesign with a commissioning approach to change the model.
  The Chief Officer noted that some of the action to support a change in the model involved a hold on all vacancies in order to engage with the external sectors and enable them to recruit a workforce to be the primary providers of Care at Home and avoid the current competitive recruitment market.
- Certain areas were out of scope for savings as agreed with Highland Council, such as non-residential care and specialist areas of care such as that for younger adults.
- The Chief Officer commented that there would be a twin-track commissioning approach to reduce in-house spending and provision, and to increase work with the wider sector to ensure robust commissioning process. It was felt that there were very good relations with the wider sector and market understanding.

In discussion, the Chair and committee members noted that several of the issues outlined formed a good basis for the development session scheduled for the Committee on 24 July, especially in terms of governance arrangements and understanding the relationships between the different groups from district to Board level.

- It was felt that issues raised of staff retention (in addition to recruitment) would be better addressed by the Staff Governance Committee and that issues of quality and patient safety around moving and handling would also be addressed by the SGC. The importance of suitable levels of staffing for Day Care Services was noted, especially in the context of moving and handling, and quality and patient safety.
- It was noted that recently qualified nurses from UHI were largely keen to remain in the region but that opportunities were likely to take them away elsewhere as this was a wider structural issue for Scottish Government in terms of the cost of living and attracting recruitment.
- The Chief Officer noted that she would be developing the agenda for the JMC with F Duncan, the Chief Executive Officer for Highland Council.

2.2 Year to date Financial Position to month 2 for 2024/25

The Deputy Director of Financial Services provided an overview of the position for the partnership and noted the four trajectories which were plotted on a monthly basis.

- At the end of month two, there was an overspend of £17.4m within NHSH and this was forecast to increase to about £67m.
  For HHSCP there was a £4.764m overspend reported to date and it was forecast that this will increase to just under £24m by the end of the financial year.
- The breakdown against the individual service categories and the breakdown of agency nursing costs within care homes was shown. There was significant agency spend within three homes with a high reliance on bank staff within the remainder. This was explained as a positive move due to the need to focus supplementary staffing away from agency staff and towards bank workers to reduce costs.
  The quantum had still be formally agreed with Highland Council, but it was anticipated that this could improve the position by about £3m to £3.5m, and it was hopeful that this would be resolved by the time for month three reporting.
  North Highland communities showed a forecast overspend in most of the geographic areas with an overspend to date of £1.6m which was forecast to increase to just over £17m by the end of the year.
- Regarding Mental Health spending, the split between Health and Adult Social Care budgets was noted, with most of the overspend coming through Health Services.
- A built-in pressure was noted for pain drug costs of £900,000.
- Primary Care showed a current overspend of £796,000 with a forecast increase to £2.9m by the end of the year. Much of the pressure was seen to be coming from prescribing in terms of volume and rising drug costs. Vacancies in Primary Care management and within Dental services had been mitigating overspend in other areas. Scottish Government allocations for Primary Care were yet to be determined when the report was written, however there had been a number of allocation letters received in the past week in order to have allocations ready for quarter 3.
  Argyll and Bute had seen a significant increase in spending over month one, but it was expected that they would move into balance overall.

During discussion, the following areas were raised,

- The Chair noted some of the worrying trends of expenditure but noted the need at this early stage in the year to deliver on operational budgets.
- The Chief Officer provided assurance that the transformation fund held by the Highland Council on behalf of the HHSCP had a process by which the partnership request monies and that there was joint engagement about how the funds should be spent in relation to strategic transformation aims. The fund is to cover the next three years, and is not to be used for just the current year in order to focus attention on larger strategic transformation change projects.

  The Chair requested that more information be provided regarding the process for

reaching agreement or not reaching agreement.

The Committee:

- **NOTED** the report detailed in items 2.1, 2.2 and 3.1 above and the savings plan, and that work was underway to confirm the plan which would be brought to the August meeting.
- **ACCEPTED limited** assurance from items 2.1, 2.2 and 3.1 above in light of the ongoing financial challenges and ongoing work with Scottish Government to approve the financial position.
- **AGREED** that an update on the process for reaching agreement around the HHSCP Transformation fund be provided to the September meeting of the Committee.
- **AGREED** that details of LD spend in 2023/24 and how this will roll forward into 2024/25 be circulated to the Committee.
- **AGREED** that an update be provided concerning when the process by which the £20m reserve allocated for ASC transformation will be approved and implemented.
- **AGREED** that an update on numbers around health checks for people with Learning Disabilities be provided to the committee.

3.2 IPQR for HHSCP

The item would be presented to the next meeting.

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

3.3 Learning Disability Services Assurance Report

The Head of Service provided an overview of the position and noted that within Highland, there were approximately 1,034 people with a learning disability known to Adult Social Care services within the HHSCP area. This was in line with the population data but it was noted that not everyone with a learning disability would be known to the services or in receipt of services. Work was ongoing with Scottish Government about how to record data more effectively. It was clarified for the Committee that Learning Disability Services were delivered both within Health teams and Social Care teams, therefore learning disability spend within Adult Social Care was attributed within the partnership and not to Mental Health Services spend.

The paper followed on from earlier reports relating to the provision of care and support to individuals with a Learning Disability in Highland. The paper presented focused on the delivery of Health Checks, and work with independent sector support providers to commission support for individuals and to create opportunities to enable ordinary living and the ongoing risks relating to the work to achieve the recommendations of the Coming Home Report. The committee was asked to note the progress achieved in delivering Annual Health Checks to people with a Learning Disability, to support the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings, and to note the risks associated with the provision of support to individuals with complex needs and the recruitment and retention difficulties being experienced by the support sector.

In discussion, issues of employability and the time it takes to place clients in suitable work were commented on. It was noted that a piece of work led by Scottish Government was beginning in which Highland would participate to ensure that people with a disability were offered opportunities of employment and how best to support this via the relevant services and partner organisations.

- Regarding health checks, it was noted that Scottish Government funding had been allocated via the NRAC formula and that there was further work to be undertaken to address imbalances by linking up with community learning disability teams in each of the localities. For those clients already known to the community and disability nurse it was likely that the nurse would carry out the majority of a health check with a staff practitioner

to address the specialist elements. It was felt that by the autumn figures for the number of health checks undertaken would be available especially in relation to clients in cluster housing which research had shown to be the most efficient way of delivering individualised care in community settings, and that this could be reported back to committee. It was commented that clients with learning disabilities were more likely than other areas of the population have additional long-term conditions which were likely to be addressed on an annual basis by GPs and that this could help to focus the study of health checks.

- It was commented that there were 58 people currently on the Dynamic Support Register. The tool had been developed at a national level with input from Highland and had enabled teams to identify which individuals should be prioritised when resources were limited in order to inform strategic discussions about commissioning.

The Committee:

- **NOTED** the report and recommendations.
- **ACCEPTED moderate** assurance from the report.

3.4 Primary Care Services Update

The Head of Primary Care introduced the report which had been circulated in advance of the meeting.

- It was noted that the Community Glaucoma service had completed staff training and was currently engaged on development work with community and Acute colleagues, and was working to have IT equipment implemented and have the pathway up and running alongside the Stroke pathway. Governance visits across Argyll and Bute and North Highland were back on track on a rolling 3 year programme, and there had been development around foundation training offered by NIS as well.
- Access to Dental services displayed a mixed picture with three practices offering NHS dental registrations, however, there had been a recent practise closure in Kyle, and other practices in remote and rural areas were struggling to recruit. The SDI Grant Assistance Scheme had been welcomed in Highland, and one application to the scheme was taking new registrations.
- Responses to the Dental payment reforms received by NHSH's dental providers had been largely positive.
- There were ongoing recruitment issues within the PDS service. It was noted that this reflected a shortage of dentists across the country and that there was work underway at a national level to consider the options around skill mix.
- The comprehensive list of Board-managed GP practices, had recently been updated which included a couple of practice mergers in Caithness and in Loch Allen. Recruitment remained a challenging issue with vacancies across remote and rural areas and a reliance on locums.
- Two pilot sites for a quality improvement project around asthma care had been identified and work would be reported to a future committee meeting.
- Work was progressing on a revised set of enhanced service specifications with discussions active with Highland Local Medical Committee. Agreement had been reached on five service specifications to be implemented over coming months. The remainder of service specifications were due to be signed off by the end of July.
- The Primary Care Improvement Plan 7 tracker document was completed and submitted to Scottish Government in May and provided information about the primary care workforce, the services being delivered by these staff and related financial information. A new section was included inviting reflection on the top three achievements during the 2023/24 year, and also any persisting barriers to work to be overcome. The tracker will form the basis of the update to the September meeting.
- Notification was awaited of the PCIF allocation for year 2024/25 and it was felt that this was unlikely to be received until after the election on July 4. Current indications were that the payment to Boards would be made in a single tranche.
- Regarding the Pharmacotherapy Workstream, a total of 16 GP practices were receiving support from the Inverness-based Pharmacy Hub. Positive recruitment levels have been

observed for the Inverness base, and the employment of Trainee Pharmacy Technicians was contributing to the development of the workforce. A live dashboard detailing the allocation of resources to GP Practices from the Pharmacotherapy service would soon be accessible via the NHSH intranet.

- The First Contact Physiotherapy service had successfully achieved a full staffing establishment and a total of 22 out of 30 FCPs now held a NMP qualification with 26 out of 30 FCPs having completed their joint injection training.
- The contract retendering process for Community Link Workers was complete and correspondence issued to practices advising that the current service provider would continue in place. The service will extend to all GP Practices from August 2024. The CLW year two annual report was being compiled and would include patient input and an evaluation based on data from when the service commenced. Referral rates into the service had remained high with the main reasons for referrals unchanged, which included mental health and well-being, loneliness and social isolation. The majority of referrals were from female patients aged 35 to 65, and the three most commonly prescribed therapies were Listening Ear, Highland Council welfare support, and Decider skills.
- Childhood vaccination data from Public Health Scotland (PHS) had identified that NHSH is tracking below the Scottish national average due to operational constraints and significant resource pressures affecting capacity to provide additional clinics. PHS conducted a peer review in June 2024 and an action plan was in development.
- A Community Treatment and Care (CTAC) Rural Options Appraisal SBAR was submitted to Scottish Government along with the PCIP 7 tracker in May 2024. Feedback had been received which would be submitted to SG for discussion with the GMS Oversight Group in August 2024. Transitional payment arrangements to GP Practices would continue during 2024/25.

During discussion, it was noted that in cases where someone cannot register with their local GP, as in the Culloden case above, the Board signposts the person to other practices or allocates an appropriate practice where the person can register. It was commented that this is a dynamic process of ongoing work.

The Committee:

- **NOTED** the report.
- **ACCEPTED moderate** assurance from the report.

3.5 Adult Support and Protection

Due to technical difficulties the Director of Adult Social Care provided an overview of the findings of the report and I Thomson re-joined the meeting to receive questions.

The Director of Adult Social Care commended the work done around the report and noted that it provided a comprehensive review that described the context, duties and processes required for Adult Support and Protection. The Committee's attention was drawn to the increasing number of incidents such as large-scale investigations in care homes and the amount of work and reporting involved and the potential impact in cases where this goes wrong. Regarding the recent inspection of services, it was commented that this had been approached as a learning and development journey from the previous inspection carried out five years previously. The view of the inspectors was that whilst there were areas for improvement, there was a level of robustness and assurance that could be taken from the changes that had been implemented. A series of recommendations and areas of work would be taken forward through the vehicle of the Adult Support and Protection Committee. The Director of Adult Social Care noted that it had been gratifying to see the extent to which health services had embraced the work of Adult Support and Protection

The Chair commended the report and noted that it had been presented for the Committee's awareness and understanding of Adult Support and Protection. The discussion noted the hard work that had resulted in considerable improvement.

- Assurance was requested regarding a recent independent review of a particular case that had been recently published, and it was noted that the actions arising from that particular review would be taken separately from those of the inspection referenced in the main report. The findings would be incorporated into the improvement action plan as part of an ongoing learning review.

The Committee:
- **NOTED** the report.
- **ACCEPTED substantial** assurance from the report.

3.6 Chief Officer's Report

The Chief Officer provided an overview of the report to the Committee which noted,

- That the fire upgrade and in patient ward and out patient redesign plan had been agreed for Ross Memorial Hospital in Dingwall and work was due to start in the autumn.
- A national Collaborative Response and Assurance Group (CRAG) had been set up to provide weekly oversight to the Cabinet Secretary for NHS Recovery, Health and Social Care to take forward intensive, focussed activity with the aim of achieving material and sustained reduction in people in delay to discharge.
- An internal audit had been undertaken of Adult Social Care Services Multi-Disciplinary Planning For Discharge Across Community and Acute Services, and for Care at Home Review & Systems. The audit findings were disappointing and found confusion among staff about their role in discharge planning and a lack of SOPs or training which staff felt was causing more delay. Areas for urgent improvement in six areas were set out in the Chief Officer's report to address these concerns.
- There had also been undertaken an audit of the Governance Arrangements for Complex Care Packages for younger adults with improvement recommendations in three areas to address clearer policies and procedures for the development and approval of complex care packages; an analysis of need and availability of resource to ensure appropriate oversight of all packages in the context of the entire service model; and work to monitor and report on the packages in place to management and the governance structure with any issues being escalated in a timely manner. Both Audit Reports and their Improvement Plans will be submitted to the next HHSCC Meeting in September.
- A weekly NHS Highland Vaccine Improvement Group (VIG) had been set up to determine the most appropriate future delivery model to ensure Highland citizens can access safe high quality immunisation services within their local community. Senior GPs and the Board had agreed that a Short Life Working Group (SLWG) should report to the VIG to help compile a general practice options appraisal assessment informed by vaccination uptake and delivery rates, vaccine accessibility, quality and patient safety, and capacity and workforce. The development of a questionnaire to survey GP practices will be the first stage in assessing general practice ability. The SLWG will hold its first meeting on 4th July.
- Details of the agenda items presented to the JMC were given.
- Five new contracts for Enhanced Services had been developed and were in the final stages of negotiation with Highland LMC, with a further four which were being progressed.
- Inaugural District Planning meetings regarding the Joint Strategic Plan had taken place for every district. A meeting of the Strategic Planning Group took place on Thursday 20th June.
- The National Care Service (NCS) Bill was currently at stage 2 in progressing through the Scottish Parliament. Draft amendments had been published by the Scottish Government and the NCS Stage 2 list of draft amendments was available to view at www.parliament.scot. It was anticipated that the new arrangements would not come into force for at least another 18-24 months, providing time for legal and other implications to be worked through. The Highland Council and NHS Highland will work closely with the Scottish Government to assess what assistance may be required to deliver transition to the new model. The Chief Officer suggested that the HHSCC may wish to consider a

more detailed paper or hold a development session on the proposed arrangements for the NCS amendments and any implications for health and social care delivery.

During discussion, it was noted that the Scottish Government would visit each integration authority to discuss issues around Delayed Discharges and the interventions that could be addressed. Work between the Chief Officer and the Head of Strategy and Transformation was underway in preparation. It was unclear at present if it would be possible to negotiate the trajectory with the Minister, however detailed feedback had been provided to COSLA and the Scottish Government in June intended to provide necessary and consistent context for the strategic challenges faced by the organisation such as those particular to the remote and rural geography of much of the region.

- Regarding vaccination delivery it was noted that the Clinical Governance Committee would be discussing a paper on vaccination delivery the next day. In addition, the Chief Officer offered to bring figures regarding the increased level of delivery across the different vaccination programmes. Regarding implementation of the options appraisal of the new district model by the SLWG before winter, it was felt that this was a longer-term piece of work than the proposed autumn timeline. It was commented that due to the small business model of most GP practices there was a need to see that the delivery model was sustainable to assist with employing the appropriate level of staffing. It was also suggested that work should continue to move outward aware from central organisation to a community-led model.

The Committee:

- **NOTED** the report.
- **AGREED** to review the Audit Reports and associated improvement plans for the audit of Complex Care Packages at the next HHSCC Meeting in September.
- **AGREED** that a report on Vaccination Improvement Plans be taken to the September meeting.
- **AGREED** that an update on People experiencing delay be provided in the next Chief Officer report.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 4 September 2024** at **1pm** on a virtual basis.

A development session for the Committee on the theme of Strategy will take place on **Wednesday 24 July 2024** at **1pm** on a virtual basis.

The Meeting closed at 4.15pm

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DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	**Thursday 4th July – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Zahid Ahmed, Area Dental Committee
Elspeth Caithness, Employee Director (until 3.05pm)
Linda Currie, NMAHP Advisory Committee
Helen Eunson, NMAHP Advisory Committee
Alex Javed, Area Healthcare Sciences Forum
Alan Miles, Area Medical Committee (from 2pm)
Kara McNaught, Team Manager, Adult Social Care
Eileen Reed Richardson, NMAHP Advisory Committee

In Attendance

Tim Allison, Director of Public Health
Gareth Adkins, Director of People and Culture (Item 4.5)
Ann Clark, Non-Executive Director
Heledd Cooper, Director of Finance (Item 4.5)
Karen Doonan, Committee Administrator
Jo McBain, Director of Allied Health Profession's (Item 4.4)
Joanne McCoy, Non-Executive Director
Gerard O' Brien, Non-Executive Director
Boyd Peters, Medical Director
Allyson Turnbull-Jukes, Director of Psychology (Item 4.3)
Nathan Ware, Governance & Corporate Records Manager – (Item 4.1)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Gavin Smith, Grant Franklin, Kaye Oliver and Patricia Hannam.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 14 March 2024

The minutes were taken as accurate and correct.

The Forum **approved** the minutes.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

4.1 Ophthalmic Committee - Constitutional Review – Nathan Ware, Governance & Corporate Records Manager

N Ware spoke to the updated Constitution document that was circulated to the forum and

highlighted the following changes:

- The operational units had been updated to ensure they reflected the area appropriately, namely Highland Health and Social Care Partnership and Argyll and Bute Health and Social Care Partnership
- Part 2 of the ophthalmic list had been added so committee better reflected the professional landscape across the organisation.
- Clarification relating to the election process with, highlighting if a member moved to another Board area then their membership of the committee would lapse.
- Confirmation the constitution should be reviewed bi-annually as a minimum and that changes would be formally agreed by the Area Clinical Forum.

The Forum **approved** the changes.

4.2 Feedback from joint development session held on 23 April 2024

The Chair spoke to the notes circulated from the joint development session. This was a good session which mainly focused on the Quality Improvement Framework. L Currie suggested that the session be held yearly and welcomed the opportunity to meet with members of the Board. It was noted the importance of gaining different viewpoints from participants especially those who had worked in different sectors in respect of the discussions that had taken place.

The Chair thanked everyone who attended for their participation.

The Forum **noted** the update.

4.3 PT Spec & Assessment Team Pilot with Scottish Government – Allyson Turnbull-Dukes, Director of Psychology

The Director of Psychology spoke to the circulated presentation and noted the following:

- There were three main drivers influencing Psychological Therapies which were the Mental Health and Wellbeing Strategy, the Core Mental Health Standards and the National Specification for the delivery of Psychological Therapies and Interventions.
- She noted work was underway to ensure robust governance arrangements were in place to ensure new staff fully understood the expectation upon them and what is expected of them.
- Additional funding had been provided by Scottish Government but in turn this had increased the level of scrutiny on the service and work was underway to benchmark against other Boards and identify how they maintain quality performance whilst driving down waiting list times.
- The core areas of focus were equitable service, quality interventions and treatments, governance and leadership, lived/user experience alongside service delivery, procedures and staff training/well-being.

During discussion the following points were addressed:

- The Director of Allied Health Professions (AHP's) highlighted the focus appeared to have moved to a data and service performance approach; The Director of Psychology confirmed this had changed due to the nature of the departments waiting list performance and since it was introduced NHS Highland are now the second best performing Board however acknowledged work was still required.
- H Eunson suggested the performance improvement should be celebrated through the organisations weekly communications as it would be useful for other disciplines.
- The Chair sought clarity on the process around no-show appointments and how

this was managed; the Director of Psychology confirmed the department had to submit trajectories to Scottish Government in an effort to anticipate cancellations/no-shows and plan appropriately with limited resources.
- J McCoy sought clarity around the timescales involved for the service change pilots noted in the report; the Director of Psychology confirmed the planned completion date was May 2024 but had not been achieved and work was underway to meet an autumn deadline.
- A Miles highlighted the 'no wrong door' principle and noted GP's experienced challenges around referring patients, as the department would come back and suggest referring to a different area consuming a lot of GP time and suggested it may be more useful if the receiving department redirected the referral, he also referenced the challenges faced in practices around providing psychological interventions with the limited resources available; The Director of Psychology acknowledged the issues raised and suggested she'd source the answers and discuss out with the meeting.
- The Director of People and Culture added it would be important to involve Community Link Workers to support primary care in NHS Highland especially around areas of socio-economic deprivation.

The Forum **noted** the update.

4.4 NMAHP Professional Assurance Framework 2024 – Jo McBain, Director of Allied Health Professions

The Director of Allied Health Professions spoke to the circulated report and noted:

- The framework is NHS Highland's response to Scottish Governments Nursing and Midwifery professional assurance framework in 2014.
- The purpose of the framework was to provide clear guidance on how professional governance is implemented in Nursing, Midwifery and Allied Health Professionals (NMAHP) and focused on four domains; Safe Quality Care, Professional Practice and Accountability, Professional Workforce Standards and Development and Leading Service Improvement and Design.
- The new framework would facilitate a clear route of governance as anything solely AHP related would be dealt with via their professional for a and subsequently feed into the AHP Strategic Leadership Team; however if any changes would have implications across the Nursing and Midwifery professions it would go through those appropriate governance routes highlighted in the presentation.
- The Director of People and Culture welcomed the clarity provided and added it would be important to encourage an overarching approach for staff, particularly around corporate training and competency frameworks.

The Director of Allied Health Professions asked Forum members to send any feedback/questions directly to her.

The Forum **noted** the Update

Executive Update/Financial Plan – Executive Team

The Chair confirmed that the Annual Delivery Plan would not be covered as part of this update.

The Director of Finance spoke to the circulated report and noted:

- The funding allocation for NHS Highland in 2024-25 would be £807.1 million but there would be no baseline uplift in budget and there was no provision within it to cover the impact of pay uplifts, however Scottish Government would revisit this after

the pay negotiations had taken place.

- There was an expectation that additional funding would be provided for Vaccinations, Test & Protect, Additional Personal Protective Equipment (PPE) and some Public Health measures.
- It was noted that Scottish Government had confirmed 80% of any additional funding would be provided to Boards by the end of Quarter one 24-25; A revised three-year financial forecast was submitted to Scottish Government as which assumed the Adult Social Care gap of £23.254 million would be closed and the Argyll and Bute Health and Social Care Partnership would achieve an in year balance through their cost reduction/improvement plan that totalled £8.653 million.
- The brokerage cap had been set at £28.4 million however it was thought there would be potential opportunities to achieve £83.486 million in savings. It was also noted the was a £23 million opening gap in Adult Social Care and no agreed process to address this with Highland Council but work was underway.
- There were some key focuses taking place around minimising the use of supplementary staffing which was one of the biggest costs overall; part of the solutions suggested had been consolidating resources more effectively and considering a freeze on administrative type posts; she confirmed the Strategic Transformation Assurance Group (STAG) considered and provided the decision making around the suggested changes.
- The Director of People and Culture confirmed there was a People and Culture Portfolio Board that focused on workforce impacts from a variety of subgroups including the Health and Wellbeing Group, Employability Group and the Workforce Transformation and Planning Group; he added that some more detail would come to the next Forum meeting as part of the Annual Delivery Plan work.

During discussion the following points were raised:

- A Miles sought clarity around how confident NHS Highland was that the proposed savings could be achieved and highlighted that some of the suggestions were significant and would require an element of cover from Scottish Government as they would likely appear unsavoury to the public. The Director of Finance confirmed that it would be extremely challenging and whilst noted, they weren't the preferred choices but rather an illustration of what would be required to meet the three per cent reduction in spending in one 12 month period.
- She added that whilst challenging and a risk of the reduction being unachievable, that should not prevent the transformation work from taking place as any reduction is a positive step in the right direction.
- A Miles added that it may be worthwhile being more realistic around the workforce budget, including the current 'no redundancy' policy across NHS Scotland alongside the challenges faced in GP Practices around locums and the mandated staff/skills mix reducing the opportunity to recruit full-time GP's.
- The Director of People and Culture added that supplementary staffing concerns were in part caused by the instruction to utilise this wherever needed around ten years ago which caused a shift in the labour market that will take some time to resolve in terms of a focus on substantive workforce. He also noted that work was underway to identify whether delivering care in the community may be more cost effective.
- L Currie queried whether enough engagement had taken place with staff to ensure they fully understood what efficiencies were required and how they could contribute appropriately; the Director of Finance confirmed an extensive level of engagement was taking place and regular communication was taking place to enable staff to provide feedback directly.
- K McNaught sought clarity around the challenge being faced with Adult Social Care between NHS Highland and Highland Council, particularly in relation to the funding disparity and how that would be resolved. The Director of Finance confirmed it was a historical issue and NHS Highland had raised concerns that Highland Councils budget setting process did not consider Adult Social Care budget pressures, and

whilst there was a legal process that could be followed it would not be conducive to the current financial situation therefore it's best to work closely with the council towards a mutual solution.

The Forum **noted** the update and took **moderate** assurance.

4.6 Representative from Area Clinical Forum for People and Culture Portfolio Board – Forum Chair

The Forum Chair confirmed the People and Culture Portfolio Board were seeking an Area Clinical Forum member to contribute appropriately and advised there were six meetings per year with an expectation to provide an update to the Area Clinical Forum at agreed intervals.

L Currie advised she would be happy to attend as a representative for the Area Clinical Forum.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 27 March 2024, (May meeting cancelled)

There were no queries raised.

5.2 Adult Social Work and Social Care Advisory Committee – 25 April 2024 and 27 June 2024

There were no queries raised.

5.3 Area Pharmaceutical Committee – 12 February 2024, 15 April 2024, and 17 June 2024

There were no queries raised.

5.4 Area Medical Committee – 13 February 2024, 16 April 2024 and 18 June 2024

The Board Vice Chair highlighted the work underway to address sexual harassment issues within the NHS in conjunction with the Medical Director and the Director of People and Culture which was raised with committee through the British Medical Association.

A Miles added that the GP Enhanced Service negotiations continued and believed NHS Highland may be the first Board to successfully agree a way forward.

5.5 Area Optometric Committee meeting – 15 April 2024

There were no queries raised.

5.6 Area Nursing, Midwifery and AHP Advisory Committee – 21 March 2024 and 23 May 2024

There were no queries raised.

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 – meeting held on 22 May 2024

There were no queries raised.

The Forum **noted** the circulated minutes.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meeting held on 6 March 2024, 8 May 2024, and 27 June 2024

The Chair of Highland Health and Social Care Committee spoke to the circulated minutes and confirmed that work was underway to resolve the sustainability issues experienced in relation to Care Home places. He also referenced the work underway around a revised vaccination delivery model due to the complex geographical issues faced.

The Forum **noted** the circulated minutes.

8 Argyll and Bute IJB minutes

There were no queries raised.

9 Dates of Future Meetings

29 August 2024
31 October 2024

10 FUTURE AGENDA ITEMS

- Leadership and Culture Framework update – July 2024.
- Discussion Over Physician Associates
- Invite to F Davies (Incoming NHSH Chief Executive) to Address Forum – proposed May 2024

11. ANY OTHER COMPETENT BUSINESS

There was no AOCB.

12 DATE OF NEXT MEETING

The next meeting will be held on Thursday 29 August at **1.30pm on Teams.**

The meeting closed at 16:00

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held ON A HYBRID BASIS IN THE COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD AND BY MICROSOFT TEAMS on WEDNESDAY, 29 MAY 2024

Present: Councillor Dougie McFadzean, Argyll and Bute Council (Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Ross Moreland, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)
Karen Leach, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member

Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Associate Director AHP, NHS Highland
David Gibson, Chief Social Worker / Head of Children and Families and Justice, Argyll and Bute HSCP
James Gow, Head of Finance, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Julie Hodges, Independent Sector Representative
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Elizabeth Rhodick, Public Representative
Fiona Thomson, Lead Pharmacist, NHS Highland

Attending: Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Fiona Duff, Interim Head of Primary Care, NHS Highland
Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Angela Tillery, Principal Accountant, Argyll and Bute Council

The Chair marked the recent passing of Councillor Robin Currie who had served as a Councillor for almost 40 years, had been Leader of the Council, and who had sat on many Boards. He advised that a lot of the projects and infrastructure in Argyll and Bute were testament to Robin's hard work. Having worked closely with Robin, he described him as a very quiet, honourable and hardworking man. The Chair, on behalf of the Board, paid respects to Councillor Robin Currie.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Emily Woolard, Kenny Mathieson, Geraldine Collier and Julie Lusk.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 27 March 2024 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 4 April 2024**

The Note of Inquorate meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 4 April 2024 was noted.

The Chair, Graham Bell, advised that this had been the second inquorate meeting of this Committee and he hoped that the upcoming meeting would be quorate. He expressed his thanks to Officers for the preparation of high quality reports.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 9 April 2024**

The Note of the Inquorate meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 9 April 2024 was noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to the first report from the Interim Chief Officer which included detail under the following headings – Argyll and Bute Alcohol and Drug Partnership Chair, Living Well Strategy Community Development Officer, Medically Assisted Treatment Standards, Care Home Task Force, Mental Health Services International Recruitment, Minimum Unit Pricing Rise, Record Number of Junior Doctors Take Up Posts, Helensburgh and Lomond District Nursing Team, £1.7M Investment In Tigh-na-Rudha Residential Home on Tiree, Congratulations to the Helensburgh Dental Team, Head of Adult Services (Mental Health, Acute and Complex Care), iMatter and Employee Engagement Surveys.

Decision

The Integration Joint Board noted the content of the report from the Interim Chief Officer.

(Reference: Report by Interim Chef Officer dated 29 May 2024, submitted)

6. APPOINTMENT OF MEMBERS TO THE INTEGRATION JOINT BOARD

The Board gave consideration to a report advising of a requirement to appoint new members to the Argyll and Bute HSCP Committees following a recent change of Council Administration and subsequent changes to Elected Member representation on the Integration Joint Board.

Decision

The Integration Joint Board –

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

2. appointed Councillor Kieron Green as Chair and Councillor Ross Moreland as a member to the IJB Audit and Risk Committee;

3. appointed Councillor Dougie McFadzean as Vice Chair and Councillor Ross Moreland as a member to the IJB Clinical and Care Governance Committee;

4. appointed Councillor Dougie McFadzean as Chair and Councillor Gary Mulvaney as a member to the IJB Finance and Policy Committee;

5. appointed Councillor Ross Moreland as Co-chair and Councillor Dougie McFadzean as a member to the IJB Strategic Planning Group;

6. noted thanks to previous members; and

7. noted the current recruitment to the unpaid care vacancy.

(Reference: Report by Business Improvement Manager dated 29 May 2024, submitted)

The Chair, on behalf of the Board, thanked Councillor Amanda Hampsey, the preceding Chair of the IJB, for her contribution as Chair of the IJB and to Councillor Dougie Philand for his contribution as a member of the IJB.

7. FINANCE

Karen Leach left the meeting during the consideration of the following item of Business.

(a) Budget Monitoring 2023/24 and Provisional Year End

The Board gave consideration to a report providing a summary of performance against budget for 2023/24 and providing the IJB with a provisional year end position which was subject to final accounting adjustments and external audit. The report provided the indicative outturn, final savings report and reserves balances.

Decision

The Integration Joint Board –

1. noted that the HSCP was reporting an improved position and a provisional year end underspend against budget of £2.6m or 0.7%;

2. noted that savings of £7.4m had been delivered, 83% of target; and

3. noted that the HSCP held general reserves of £7.8m and earmarked reserves of £12.1m (£19.9m total) at the end of 2023/24.

(Reference: Report by Head of Finance dated 29 May 2024, submitted)

(b) **Financial Regulations**

The Board gave consideration to a report which sought approval of the Financial Regulations following review by the Chief Finance Officer and the Strategic Leadership Team. It was proposed that the next review of the Financial Regulations would take place in three years unless there was a requirement to undertake this at an earlier date.

Decision

The Integration Joint Board –

1. noted that the Financial Regulations had been reviewed by officers and had been shared with both partners; and

2. approved the Financial Regulations.

(Reference: Report by Head of Finance dated 29 May 2024, submitted)

8. BUDGET PLANNING PROCESS AND TIMELINE

The Board gave consideration to a report presenting a budget preparation proposal for the year 2025/26 based on the medium to high forecast for 2025/26 rather than wait for budget allocation.

Decision

The Integration Joint Board approved the approach and timeline as set out within the submitted report.

(Reference: Report by Interim Chief Officer dated 29 May 2024, submitted)

9. ARGYLL AND BUTE HSCP PERFORMANCE REPORT: QUARTER 4

The Board gave consideration to a report detailing performance for FQ4 2023/24 (January to March). The performance outputs were taken from the Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on eight key service areas.

Decision

The Integration Joint Board –

1. acknowledged performance for FQ4 2023/24 (January - March) and performance against the previous quarter;

2. acknowledged supporting performance commentary across 8 key service areas;

3. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators as at detailed at Appendix 1;

4. noted the System Pressure Report for March 2024 as detailed at Appendix 2; and

5. noted the Delayed Discharge Sitrep as of 15 April 2024 as detailed at Appendix 3.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 29 May 2024, submitted)

10. RENEWAL OF JOINT STRATEGIC PLAN AND JOINT STRATEGIC COMMISSIONING PLAN

The Board gave consideration to a report presenting the initial project plan for the renewal of the Joint Strategic Plan and Strategic Commissioning Plan to cover the period 1 April 2025 to 31 March 2030.

Decision

The Integration Joint Board –

1. noted the project plan for the renewal of the HSCP's Joint Strategic Plan and Strategic Commissioning Plan, including indicative timelines;

2. noted the Strategic Planning Group's support for a document that covers 5 years and combines both plans; and

3. endorsed the approach.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 29 May 2024, submitted)

The Business Improvement Manager advised that she had received notification that the People Partner who was due to present items 11 (Workforce Report Quarter 4) and 12 (HSCP Strategic Workforce Planning – Update) of the agenda, was unable to attend the Board at this time due to an operational commitment. The Chair ruled and the Board agreed to re-order the Business and to consider item 13 of the agenda (Children's Rights Review) before items 11 and 12 to allow an opportunity for the People Partner to attend.

11. CHILDREN'S RIGHTS REVIEW

The Board gave consideration to a report presenting the second Argyll and Bute Children's Rights Report which provided a review of the first report completed in November 2020, and which also looked at the plan going forward.

Decision

The Integration Joint Board –

1. noted the content of the report; and

2. due to the obligations under The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, agreed that this be considered as an item at the September Development Session.

(Reference: Report by Head of Children, Families and Justice / Chief Social Work Officer dated 29 May 2024, submitted)

As the People Partner was not in attendance, the following item was presented on her behalf by the Business Improvement Manager.

12. WORKFORCE REPORT QUARTER 4 2023/24

The Board gave consideration to the workforce report which was part of the staff governance suite of reports and which focused on work force data for financial quarter 2 (1 October 2023 to 31 December 2023).

Decision

The Integration Joint Board –

1. noted the content of the quarterly workforce report;

2. took the opportunity to ask any questions on issues that were of interest or concern; and

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

(Reference: Report by People Partner dated 29 May 2024, submitted)

As the People Partner was not in attendance, the following item was presented on her behalf by the Head of Strategic Planning, Performance and Technology.

13. HSCP STRATEGIC WORKFORCE PLANNING - UPDATE

The Board gave consideration to a report summarising the activities that had taken place since the last update report in May 2023 against the Strategic Workforce Plan published in October 2022.

Decision

The Integration Joint Board –

1. noted the content of the submitted report, advising of the HSCP approach to delivering the commitments and priorities of the Strategic Workforce Plan as agreed at the IJB in May 2022 and published in October 2022; and

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

(Reference: Report by People Partner dated 29 May 2024, submitted)

14. DIRECTION LOG UPDATE - FOR NOTING

The Direction Log Update was before the Board for noting.

Decision

The Integration Joint Board noted the content of the Direction Log Update.

(Reference: Direction Log Update dated 29 May 2024, submitted)

15. DATE OF NEXT MEETING

The Integration Joint Board noted the date of the next meeting as Wednesday 25 September 2024.

Agenda Item 4

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 July 2024**
Title:	**Finance Report – Month 2 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 2 (May) 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, with a commitment to reduce this gap as far as possible – this was agreed and is reflected in monitoring reports presented to the Finance, Resources & Performance Committee and the NHS Highland Board.

2.3 Assessment

For the period to end May 2024 (Month 2) an overspend of £17.364m is reported with this forecast to increase to £50.682m 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 support or change will be made to balance the ASC position at the end of the financial year. This forecast is £22.282m worse than the brokerage limit set by Scottish Government but in line with the opening plan.

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
- Finance, Resources & Performance Committee

4 Recommendation

Discussion – Examine and consider the implications of the matter.

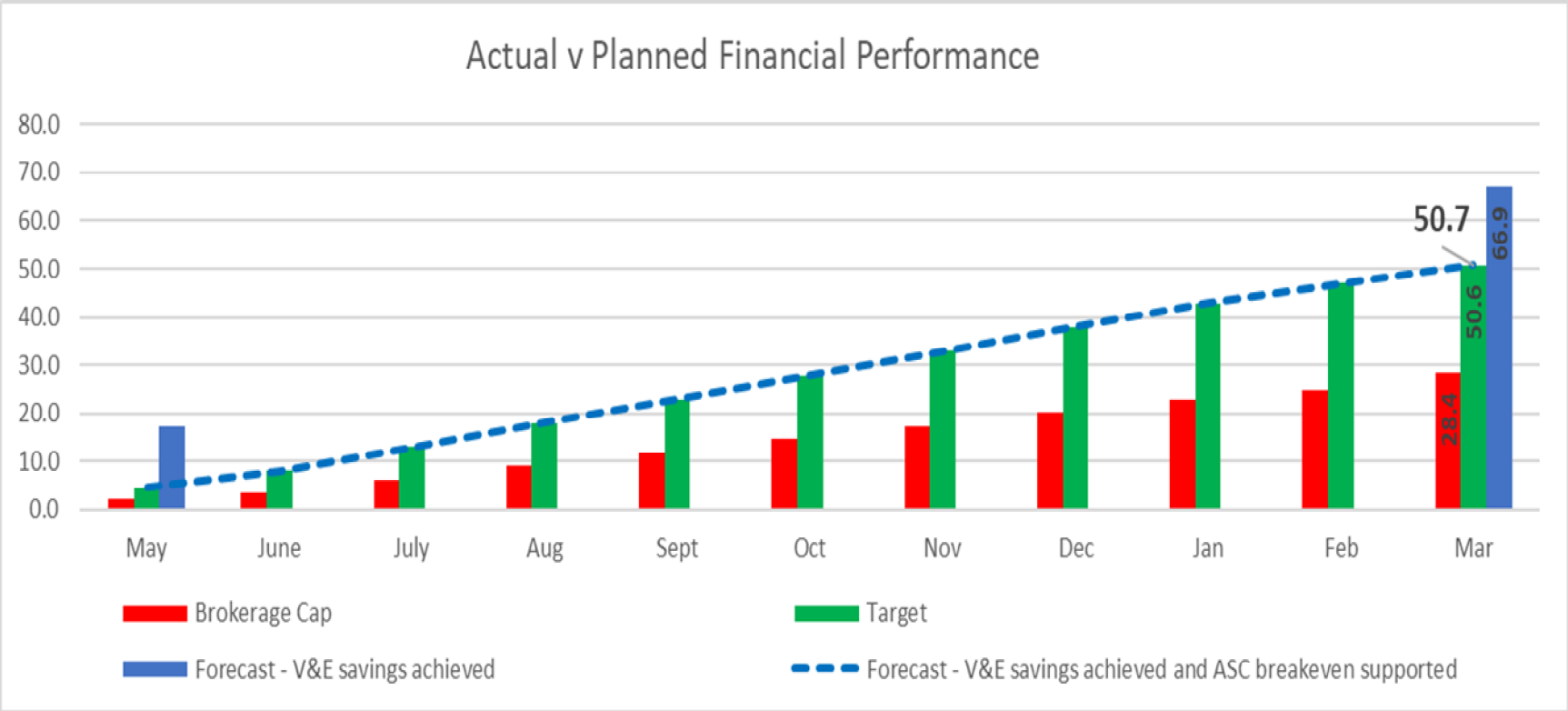
4.1 List of appendices

The following appendices are included with this report:

Month 2 Finance Presentation

Finance Report – 2024/2025 Month 2 (May 2024)

MONTH 2 2024/2025 – MAY 2024

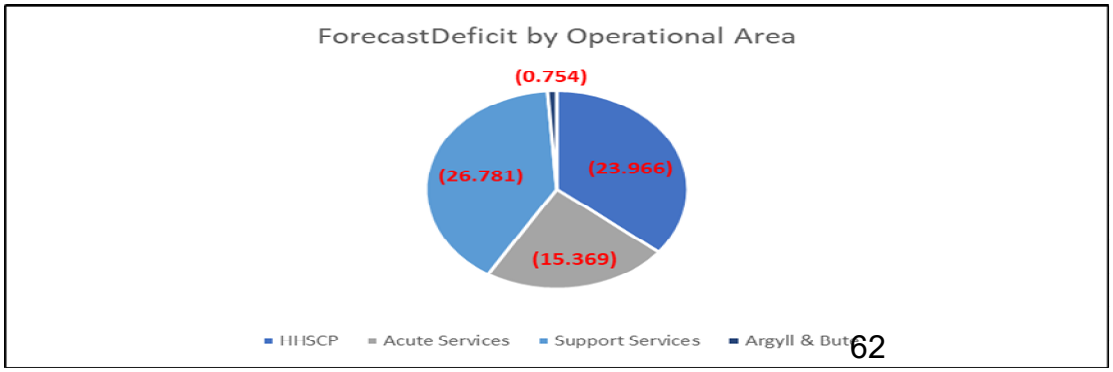


Target	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	50.7
Delivery against Financial Plan DEFICIT/ SURPLUS	22.3

- Forecast year end deficit £50.7m – assuming support to deliver breakeven ASC position
- £22.3m adrift from brokerage limit

MONTH 2 2024/2025 – MAY 2024

Current Budget £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m	Forecast Outturn £m	Forecast Variance £m
1,184.600	**Total Funding**	197.054	197.054	-	1,184.600	-
	Expenditure					
457.712	HHSCP	74.632	79.397	(4.764)	481.678	(23.966)
306.373	Acute Services	50.280	54.698	(4.418)	321.742	(15.369)
166.460	Support Services	30.548	38.385	(7.837)	193.240	(26.781)
930.545	**Sub Total**	**155.461**	**172.480**	**(17.019)**	**996.661**	**(66.117)**
254.056	Argyll & Bute	**41.593**	**41.938**	(0.345)	254.810	(0.754)
1,184.600	**Total Expenditure**	**197.054**	**214.418**	**(17.364)**	**1,251.471**	**(66.871)**
	Support to bring ASC position to breakeven					16.189
	Adjusted Forecast					**(50.682)**



MONTH 2 2024/2025 SUMMARY

- Overspend of £17.364m reported at end of Month 2
- Overspend forecast to increase to £50.682m by the end of the financial year – when assuming support to 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 £22.282m worse than the brokerage limit set by Scottish Government

MONTH 2 2024/2025 – MAY 2024

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	836.126
FHS GMS Allocation	79.970
Supplemental Allocations	-
Non Core Funding	-
Total Confirmed SGHSCD Funding	**916.096**
Anticipated funding	
Non Core allocations	75.874
Core allocations	65.912
Total Anticipated Allocations	141.786
Total SGHSCD RRL Funding	**1,057.882**
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	**1,184.600**

FUNDING

- Current funding is £35.667m less than the final position from 2023/2024 – some funding streams yet to be confirmed
- SG are committed to releasing 80% of allocations (by value) by the end of quarter 1
- No funding received for pay award or superannuation uplift at this time

MONTH 2 2024/2025 – MAY 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
255.406	NH Communities	42.381	43.970	(1.589)	272.637	(17.231)
53.155	Mental Health Services	8.770	9.536	(0.766)	57.558	(4.403)
154.019	Primary Care	25.683	26.479	(0.796)	156.944	(2.925)
(4.867)	ASC Other includes ASC Income	(2.202)	(0.588)	(1.614)	(5.461)	0.594
457.712	**Total HHSCP**	**74.632**	**79.397**	**(4.764)**	**481.678**	**(23.966)**
	HHSCP					
283.233	Health	46.908	48.608	(1.700)	291.011	(7.777)
174.479	Social Care	27.724	30.788	(3.064)	190.668	(16.189)
457.712	**Total HHSCP**	**74.632**	**79.397**	**(4.764)**	**481.678**	**(23.966)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	588	1,137
Agency (Nursing)	256	582
Bank	821	1,746
Agency (exclu Med & Nurs)	214	299
Total	**1,879**	**3,764**

Overall NHS Highland position adjusted to reflect assumption that support will be available to balance ASC position to breakeven at financial year end

HHSCP

- Year to date overspend of £4.764m reported
- Forecast that this will increase to £23.966m by financial year end
- Prescribing already emerging as a pressure with £3.800m overspend built into forecast.
- The YTD position also includes £3.875m of slippage against the ASC cost reduction/ improvement target – assuming delivery of £5.710m of V&E cost reductions/ improvements in forecast
- Supplementary staffing costs continue to drive an overspend position – a number of Value & Efficiency workstreams have been initiated with work ongoing to reduce the level of spend

MONTH 2 2024/2025 – MAY 2024

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	58,256	9,663	9,887	(225)	58,610	(354)
Total Older People - Care at Home	35,117	5,874	6,351	(477)	39,028	(3,911)
Total People with a Learning Disability	45,477	7,597	8,289	(692)	56,460	(10,982)
Total People with a Mental Illness	9,759	1,628	1,509	119	9,530	228
Total People with a Physical Disability	8,739	1,464	1,542	(78)	9,897	(1,158)
Total Other Community Care	13,145	2,196	2,103	93	13,948	(803)
Total Support Services	4,511	(609)	983	(1,592)	2,370	2,140
Care Home Support/Sustainability Payments	-	-	233	(233)	1,470	(1,470)
Total Adult Social Care Services	175,003	27,812	30,896	(3,085)	191,313	(16,310)

Care Home	Month 2 Bank £000's	Month 2 Agency £000's	Total YTD £000's
Ach-an-eas	15	-	30
An Acarsaid	8	-	20
Bayview House	18	-	37
Caladh Sona	4	-	6
Dail Mhor House	0	-	1
Grant House	23	-	36
Home Farm Portree	8	124	221
Invernevis House	6	-	21
Lochbroom House	21	-	42
Mackintosh Centre	1	-	2
Mains House Care Home	1	54	104
Melvich Centre	5	-	9
Pulteney House	24	-	57
Seaforth House	20	-	41
Strathburn House	6	20	47
Telford Centre	0	-	1
Wade Centre	11	-	19
Total	172	198	692

ADULT SOCIAL CARE

- A forecast overspend of £16.310m is reported within ASC - this in the main relates to a projection of undelivered cost reductions / improvements. This has been adjusted at Board level on basis of assumption that support will be available to deliver a breakeven ASC position
- Additional payments to providers of £1.470m has been built into the forecast position
- A reliance on agency staff in NHS run care homes continues to present a financial risk
- The 2024/2025 quantum has still to be formally agreed but it is anticipated that this will improve the position once there is clarity on the recurring nature of some allocations.

MONTH 2 2024/2025 – MAY 2024

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
83.057	Medical Division	13.724	16.452	(2.728)	92.967	(9.910)
21.712	Cancer Services	3.572	4.184	(0.612)	23.351	(1.639)
69.971	Surgical Specialties	11.632	12.399	(0.766)	72.489	(2.518)
37.050	Woman and Child	6.112	6.202	(0.089)	37.051	-
43.211	Clinical Support Division	7.251	7.369	(0.118)	43.281	(0.070)
(4.085)	Raigmore Senior Mgt & Central Cost	(1.273)	(1.226)	(0.047)	(3.506)	(0.579)
25.195	NTC Highland	4.230	4.027	0.204	24.293	0.901
276.111	**Sub Total - Raigmore**	**45.249**	**49.407**	**(4.158)**	**289.926**	**(13.814)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	809	1,893
Agency (Nursing)	318	546
Bank	646	1,368
Agency (exclu Med & Nurs)	133	281
Total	**1,907**	**4,089**

ACUTE

- £4.158m ytd overspend reported with this forecast to increase to £13.814m by the end of the financial year
- Neither the ytd or forecast position reflects required cost reductions / improvement – these are currently being held centrally whilst work on individual programmes progresses
- 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 £1.026m ytd.

MONTH 2 2024/2025 – MAY 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
(28.372)	Central Services	7.315	15.451	(8.137)	(2.516)	(25.856)
49.500	Central Reserves	-	-	-	49.500	-
46.935	Corporate Services	7.275	6.821	0.454	45.305	1.630
55.281	Estates Facilities & Capital Planning	8.764	8.757	0.006	56.282	(1.001)
15.445	eHealth	2.583	2.568	0.016	15.661	(0.215)
27.670	Tertiary	4.612	4.788	(0.176)	29.009	(1.338)
166.460	**Total**	**30.548**	**38.385**	**(7.837)**	**193.240**	**(26.781)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000	Forecast £'000
Locum	15	15	-
Agency (Nursing)	-	4	-
Bank	185	104	-
Agency (exclu Med & Nurs)	35	77	-
Total	**236**	**201**	**-**

YTD is lower than in month spend due to credit received in respect of 2023/2024

SUPPORT SERVICES

- YTD overspend of £7.837m reported with this forecast to increase to £26.871m 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
- Previously identified pressures relating to the SLA uplift and specific issues relating to cardiac, forensic psychiatry, rheumatology drugs and non-contracted activity outwith Scotland continue to account for the overspend within Tertiary

MONTH 2 2024/2025 – MAY 2024

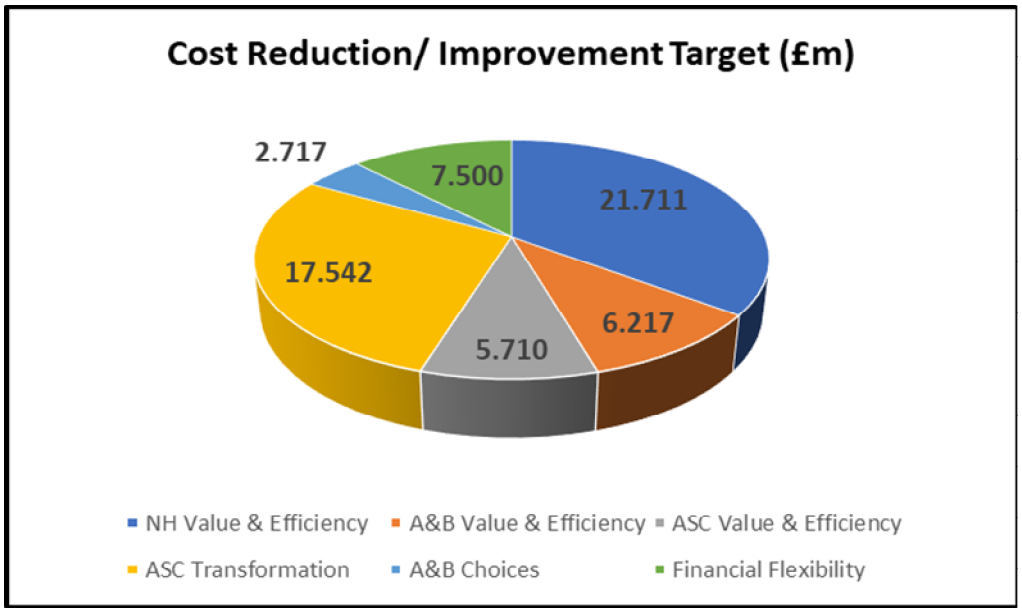
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
124.234	Hospital & Community Services	20.899	20.864	0.035	124.538	(0.304)
38.334	Acute & Complex Care	6.569	6.699	(0.129)	39.324	(0.990)
10.109	Children & Families	1.703	1.691	0.012	10.109	-
40.236	Primary Care inc NCL	6.505	6.388	0.117	40.236	-
23.972	Prescribing	3.864	3.871	(0.006)	23.932	0.040
11.594	Estates	1.904	2.077	(0.174)	11.894	(0.300)
5.861	Management Services	0.387	0.394	(0.007)	5.861	-
(0.284)	Central/Public health	(0.238)	(0.046)	(0.191)	(1.084)	0.800
254.056	**Total Argyll & Bute**	**41.593**	**41.938**	**(0.345)**	**254.810**	**(0.754)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	745	1,066
Agency (Nursing)	600	543
Bank	236	519
Agency (exclu Med & Nurs)	66	109
Total	**1,646**	**2,238**

ARGYLL & BUTE

- YTD overspend of £0.345m reported
- Whilst an overspend of £0.754m is forecast at financial year end there is confidence that this will be contained to enable delivery of a breakeven position
- The use of supplementary staffing continues to adversely impact on the financial position
- The YTD position is masking slippage on cost reductions/ improvements of £0.793m

MONTH 2 2024/2025 – MAY 2024



	Board agreed plan		
	Target £000s	Forecast £000s	Variance £000s
Opening Gap	**112.001**	**112.001**	**-**
Closing the Gap			
NH Value & Efficiency	21.711	25.881	4.170
A&B Value & Efficiency	6.217	5.513	(0.704)
ASC Value & Efficiency	5.710	5.710	-
ASC Transformation	17.542	17.542	-
A&B Choices	2.717		(2.717)
Financial Flexibility	7.500	7.500	-
GAP after improvement activity	50.604	49.855	(0.749)
GAP from Brokerage limit	**22.204**	**21.455**	

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 delivery will be £0.749m 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 support will be available to deliver a breakeven position within ASC

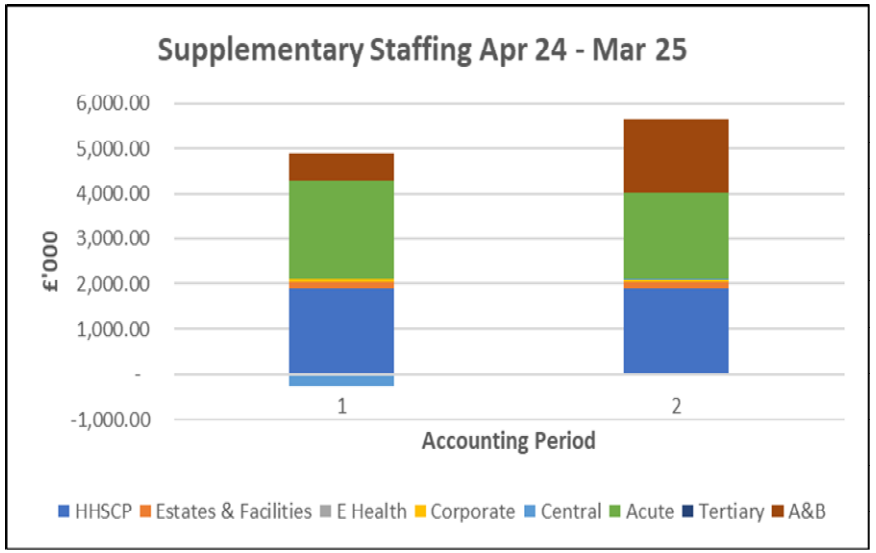
MONTH 2 2024/2025 – MAY 2024

	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	3,764	3,577	187
Estates & Facilities	295	235	60
E Health	4	5.00	(1)
Corporate	146	203	(57)
Central	(244)	(133)	(111)
Acute	4,089	4,746	(657)
Tertiary	0	1	-
Argyll & Bute	2,238	1,867	371
TOTAL	**10,292**	**10,501**	**(208)**

SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at end of Month 2 is £0.208m lower than at the same point in 2023/2024.
- There is an overspend of £2.304m on pay related costs at the end of Month 2

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
118.981	Medical & Dental	19.504	20.964	(1.460)
6.568	Medical & Dental Support	1.090	1.390	(0.300)
212.118	Nursing & Midwifery	35.007	35.753	(0.746)
40.077	Allied Health Professionals	6.661	6.208	0.452
16.362	Healthcare Sciences	2.772	2.688	0.085
21.201	Other Therapeutic	3.480	3.629	(0.149)
45.538	Support Services	7.581	7.388	0.193
82.205	Admin & Clerical	13.456	13.487	(0.031)
3.344	Senior Managers	0.561	0.491	0.070
58.154	Social Care	9.551	9.162	0.389
(9.725)	Vacancy factor/pay savings	(1.539)	(0.731)	(0.807)
594.823	Total Pay	98.126	100.429	(2.304)



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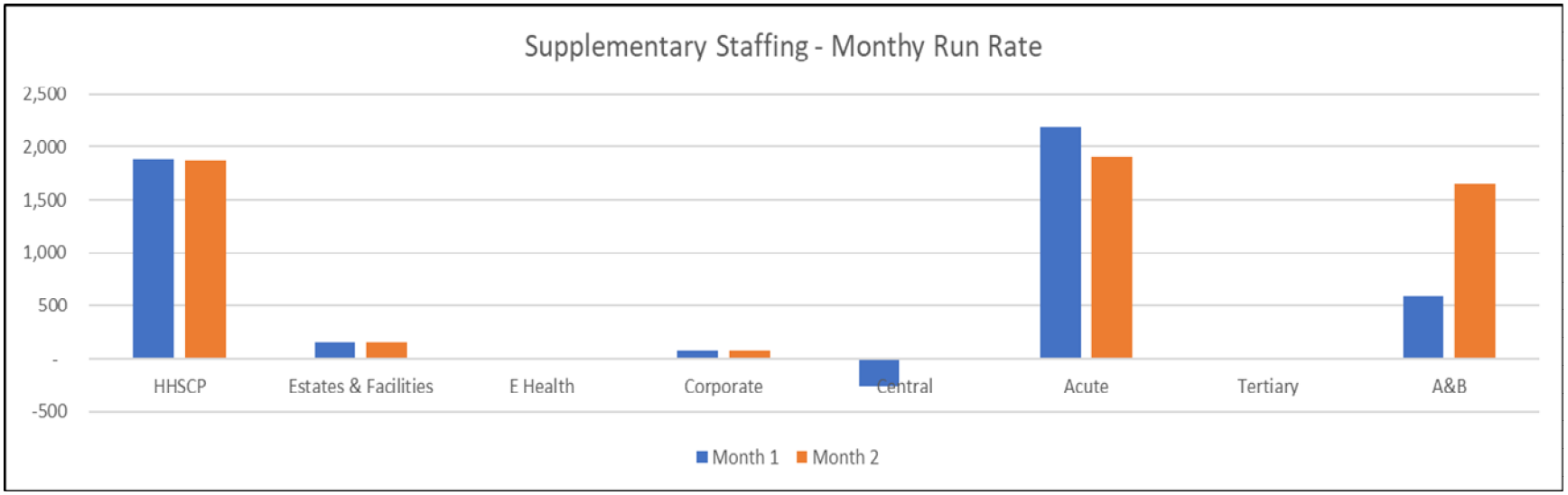
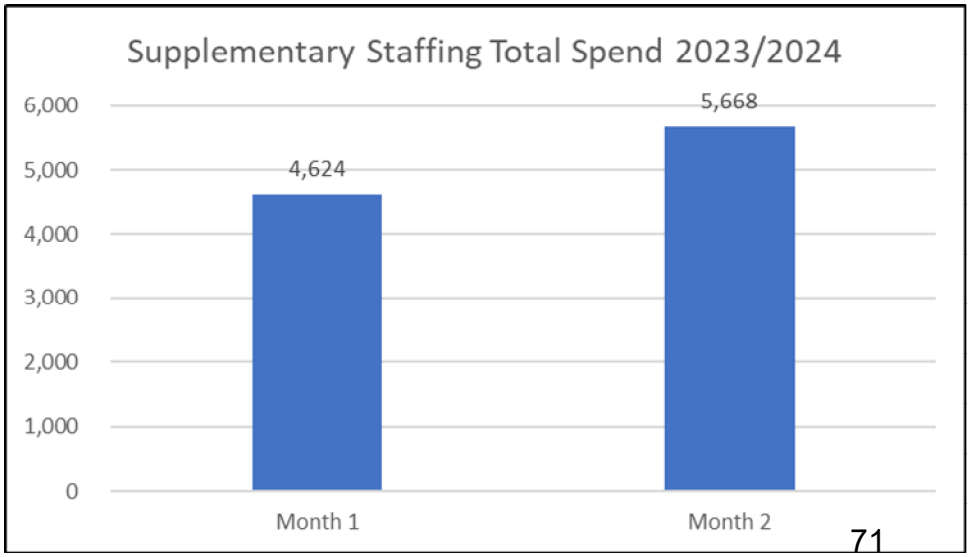




- £1.044m increase in spend in Month 2 over Month 1
- Reduction in spend in Corporate/ Central teams since 2023/2024

MONTH 2 2024/2025 – MAY 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
594.823	Pay	98.126	100.429	(2.304)
128.250	Drugs and prescribing	21.129	23.061	(1.932)
62.930	Property Costs	10.188	10.648	(0.460)
40.570	General Non Pay	6.728	7.111	(0.383)
51.405	Clinical Non pay	8.532	9.809	(1.277)
147.101	Health care - SLA and out of area	36.629	37.196	(0.567)
122.764	Social Care ISC	20.532	22.593	(2.062)
107.410	FHS	18.568	17.934	0.634

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Drugs and prescribing			
49.754	**Hospital drugs**	**8.142**	**9.328**	**(1.186)**
78.496	**Prescribing**	**12.988**	**13.734**	**(0.746)**
128.250	**Total**	**21.129**	**23.061**	**(1.932)**

SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories
- The most significant overspends are within pay – as a result of supplementary staffing spend which is in part mitigated by vacancies – and the provision of social care from the independent sector
- Drugs and prescribing expenditure is currently overspent by £1.932m - this is split £1.186m within hospital drugs and £0.746m in primary care prescribing – this is a significant area within the Board's Value and Efficiency programme

MONTH 2 2024/2025 – MAY 2024

BUDGET	SCHEME	ACTUALS
	FORUMLARY ALLOCATION	
1,819	**EPAG**	**10**
	eHEALTH	
38	REPLACEMENT SITE SERVERS (4)	
240	REPLACEMENT SAN	
288	UPGRADE BACKUP SOLUTION	
132	SERVER REPLACEMENT	
300	FIBRE REPLACEMENT - RAIGMORE	
60	FIBRE REPLACEMENT - LORN & ISLES	
38	MULTITONE UPGRADE	
110	FIREWALLS - LORN & ISLES	
1,207	**TOTAL**	**0**
	ESTATES	
	RADIOPHARMACY SUITE VENTILATION REPLACEMENT	
	NUCLEAR MEDICINE VENTILATION AHU REPLACEMENT	
	MORTUARY VENTILATION AHU REPLACEMENT	
	RAIGMORE FIRE COMPARTMENTATION	2
	ROSS MEMORIAL FIRE COMPARTMENTATION	
	BELFORD DISTRIBUTION BOARDS REPLACEMENT	
	ASSYNT HEALTH CENTRE - REPLACEMENT OIL LINE	
	COWAL HOSPITAL REWIRING	
	A&B HOSPITAL WATER SUPPLY	
	HISTORIC COSTS	535
2,504	**TOTAL**	**536**
417	CONTINGENCY	22
500	ERPCC LIFE CYCLE ADDITIONS	69
500	MID ARGYLL PFI	73
6,947	**FORMULA TOTAL**	**710**
	PROJECT SPECIFIC FUNDING	
TBC	ACT ACCOMMODATION PROJECT	-
500	GRANTOWN HEALTH CENTRE REFURB	235
352	EV CHARGERS	129
852	**PROJECT TOTAL**	**106**
7,799	**Total**	**603**

CAPITAL

- Funding of £6.947 confirmed for this financial year
- Allocations anticipated in respect of ongoing PFI costs
- The only spend against formula capital relates to historical projects and elements of funding on equipment

Agenda Item 5

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 July 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:

Workforce, 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

In order to allow full scrutiny of the intelligence presented in the IPQR, Board is asked to review the intelligence presented so that a recommendation on level of assurance can be given. The outcomes and priority areas have been incorporated for this Board are aligned with Together We Care and the Annual Delivery Plan.

As part of Blueprint for Good Governance we have a spotlight on patient experience of CAMHS and NDAS included in this month's report.

Planned care trajectories for Financial Year (FY) 24/25 have been included for Outpatients and Treatment Time Guarantee in this IPQR.

As in previous IPQRs, Discovery data has been utilised for benchmarking comparator purposes to further examine the NHSH performance position against that of other Boards.

A paper was recently submitted the Clinical Governance Committee on the quality/outcomes elements of IPQR, these are now being planned for inclusion in subsequent versions. The following performance areas are also being scoped for inclusion in subsequent IPQRs and we are considering the performance element and the quality element to align to the appropriate governance committees:

Item	Area	Estimated IPQR Inclusion Date
1	Additional vaccination data	September 2024
2	Dementia indicators	September 2024
3	Long term conditions indicators	September 2024
4	Palliative and End of Life Care	September 2024
5	CAMHS trajectories and further data	September 2024
6	NDAS and postcode analyses	September 2024
7	NDAS and postcode analyses	September 2024
8	Emergency breakdown of cancer activity	September 2024
9	Additional public health indicators being scoped	September 2024 (partial) - November 2024
10	Community Services Waiting Lists	September 2024
11	Dental registrations	September 2024

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	
Limited	x	None	

The level of assurance has been proposed as limited due to the current pressures faced by HHSCP in Acute and Community care delivery. 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 the patient.

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 limited assurance and the continued and sustained pressures facing both NHS and commissioned care services.
- To consider the level of performance across the system.

4.1 List of appendices
The following appendices are included with this report:

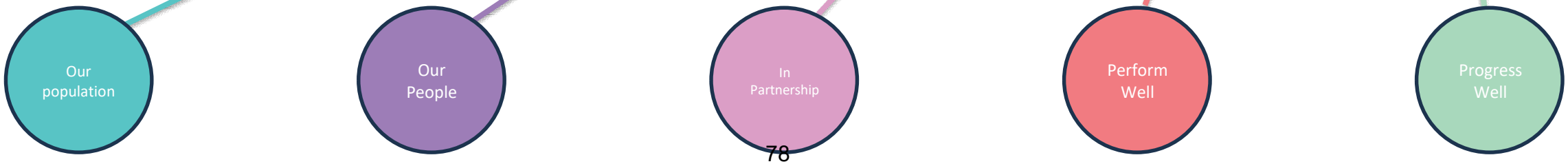
- Integrated Performance and Quality Report – July 2024

NHS Highland
na Gàidhealtachd

Together We Care
With you, for you

Integrated Performance and Quality Report

NHS Highland Board
July 2024



Executive Summary of Performance

Well Theme	Area	Current Performance	National Target	ADP Trajectory Met	Performance Rating
Stay Well	COVID Vaccinations	62.6%			
Stay Well	Smoking Cessation	229		Not met (336 target)	Not meeting target
Stay Well	Alcohol Brief Intervention	3323		Not met (3688 target)	Not meeting target
Stay Well	Drug & Alcohol Waiting Times	85.3%	90%		Variation – Target not met for 1 month only
Thrive Well	CAMHS	71.7%	90%		Not meeting target – 1 month of improved performance
Respond Well	Emergency Access	76.8%	95%	Not met	Variation – not meeting target but stable
Care Well	Delayed Discharges	207	95 (local)	Not met	Decreased performance from last month
Treat Well	Treatment Time Guarantee	57.8%	100%	ADP and long waits not met	Variation – increased performance from last month
Treat Well	Outpatients	39.6%	100%	ADP and long waits not met	Decreasing performance. Below lower control limit
Treat Well	Diagnostics - Radiology	68.9%	80%	Not Met	Variation – not meeting target but stable
Treat Well	Diagnostics – Endoscopy	70.2%	80%	Not Met	Variation - not meeting target but stable
Journey Well	31 Day Cancer Target	95.2%	95%	Met	Target met – 3 months of improved performance
Journey Well	62 Day Cancer Target	75.3%	95%	Not Met	Variation – Inconsistent pattern on this target
Live Well	Psychological Therapies	87.3%	90%		Improving – 6 months of improved performance

Guide to Performance Rating

Improving is 2/3 months of improved performance
Decreasing – 2/3 months of decreased performance
Variation – Inconsistent pattern of performance/stable not meeting target

Notes for Highlighting

Where applicable upper and lower control limits have been added to the graphs as well as an average mean of performance.

Additional detail has been added in each performance section on when the target was last met and how many times. If target was not met an indication has been given of the highest performance over the previous 24 months.

Within the narrative section areas where action was highlighted in the previous IPQR all Exec Leads have been asked for assurance of progress and next steps for improvement by September 2024.

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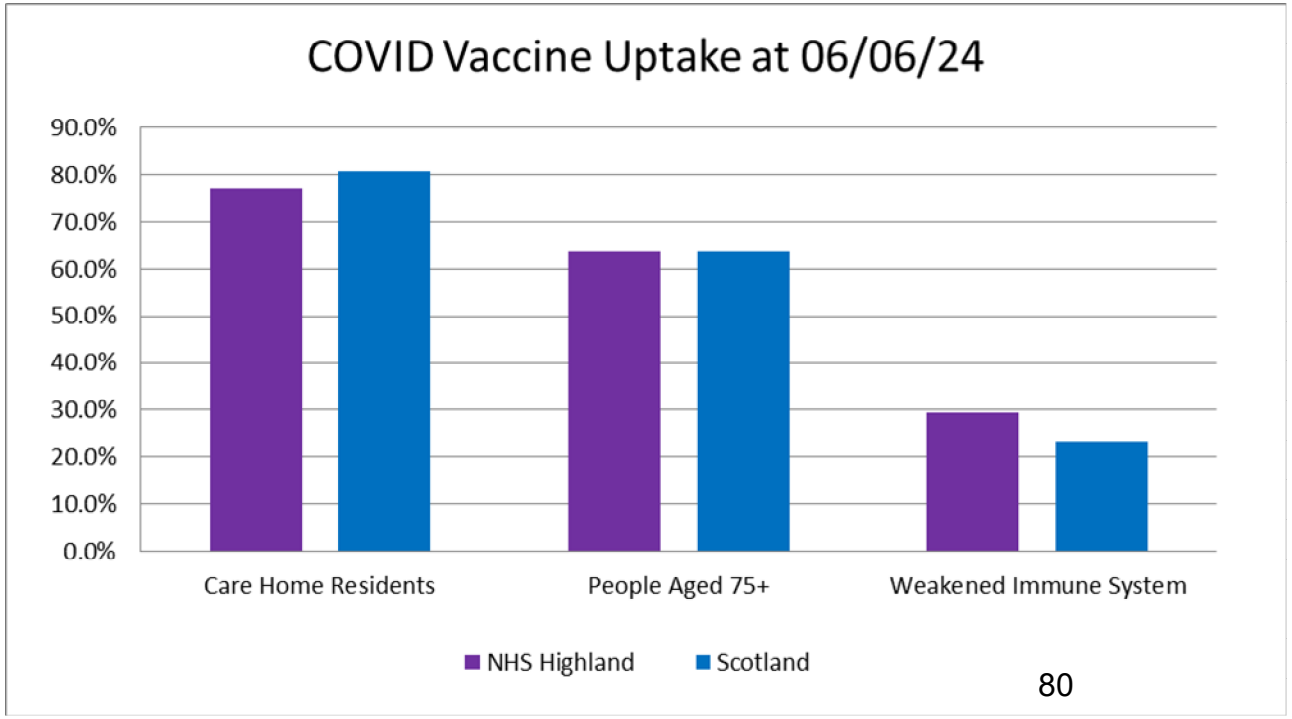
Dr. Tim Allison
Director of Public Health

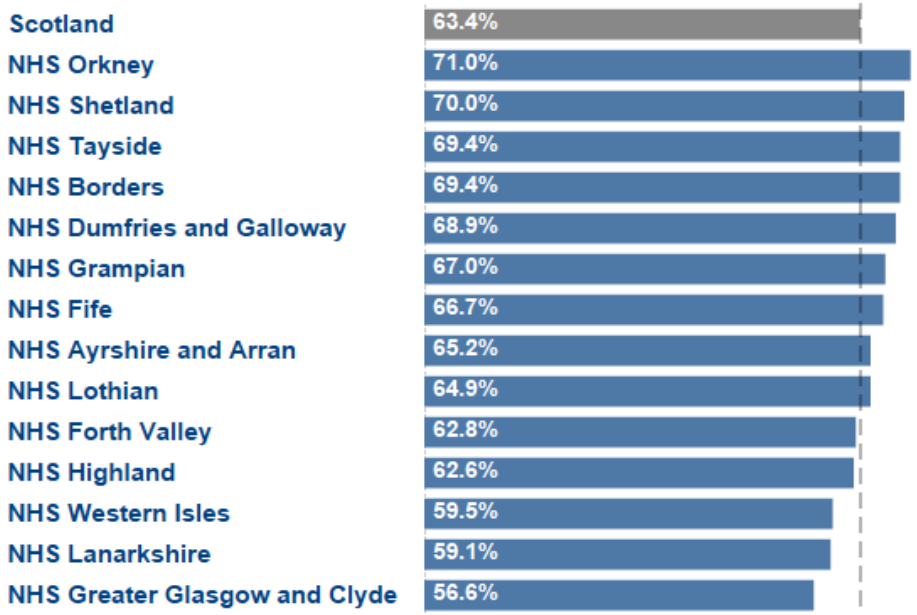
COVID Vaccination Performance

Progress Made	Next Steps	Timescale
•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.	• 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.	• Ongoing

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	62.6%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Just commenced
National Benchmarking	65.8%
National Target	n/a
National Target Achievement	n/a



Benchmarking across Scotland



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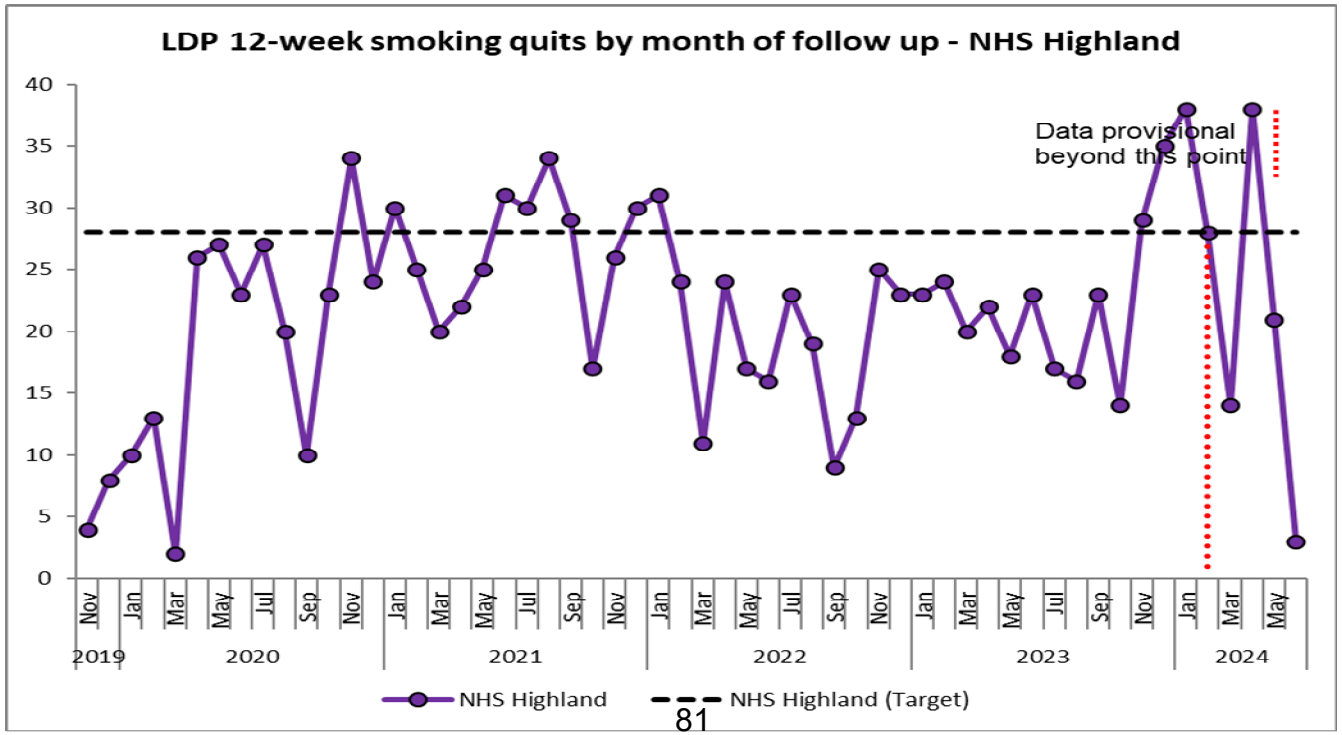
Dr. Tim Allison
Director of Public Health

Smoking Cessation

Previous IPQR Actions	Next Steps	Improvements to be made by September 2024
• Training on the SOPs to improve Community Pharmacy data has been delivered to most of our advisers. • Advisers working closely with assigned Community Pharmacies and relationships are being built. Delivery of training is challenging due to capacity issues within Community Pharmacy. • Additional adviser capacity in outpatients Raigmore and training with pre-assessment being planned.	• SOP training to remaining advisers • Additional capacity required for prison therefore some adviser time within the community has had to be diverted to the prison. • Roll out training to Community Pharmacies. • Focus in next quarter will be in improving quality of smoking cessation data.	• Review to be commenced at the end of June 2024 • The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. Of those setting a quit date from 1st April 2023 to 31st March 2024, there were 229 successful quits in the 40% most deprived, however these figures will not be finalised until end of July 2024.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
ADP Trajectory Agreed	Yes
ADP Trajectory	Below Target
Performance Guide	Decreasing



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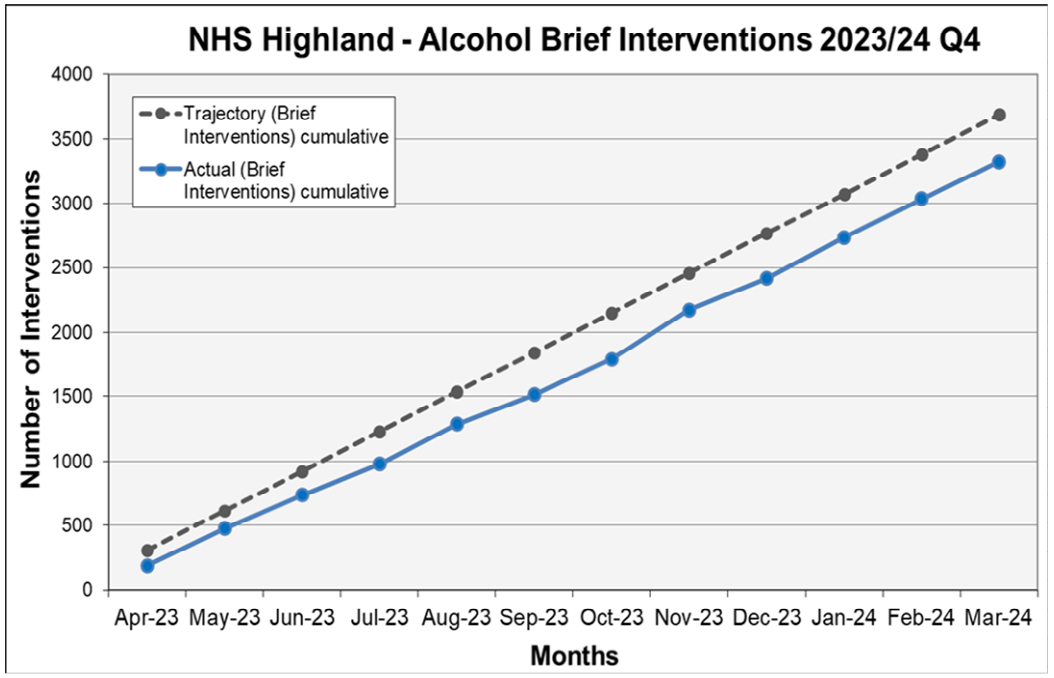
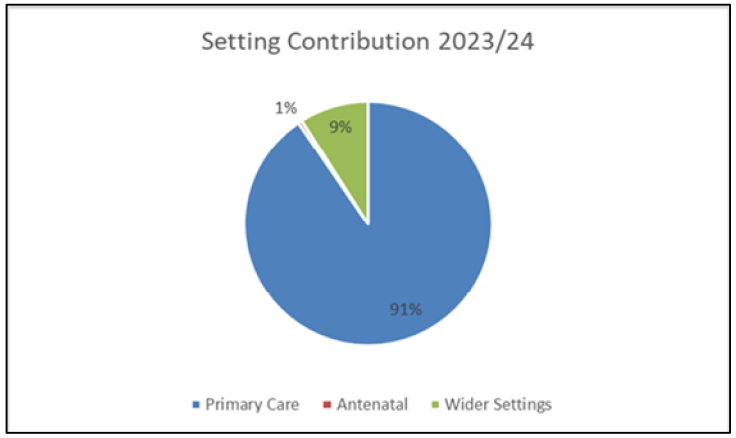
Dr. Tim Allison, Director of Public Health

Alcohol Brief Interventions

Progress Made	Next Steps	Timescale
• 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. •There has been a small number of ABIs recorded in Q4 in Argyll & Bute for wider settings.	• Progress with updating LES. Develop 2024/2025 plan. Continue further evaluation of training to determine practical application. Plan for trainers' development session.	• Review end July 2024.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	
ADP Trajectory Agreed	No
ADP Trajectory	
Performance Guide	Below target
National Benchmarking	
National Target	
National Target Achievement	





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

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with you, for you

Pamela Cremin
Chief Officer
HHSCP

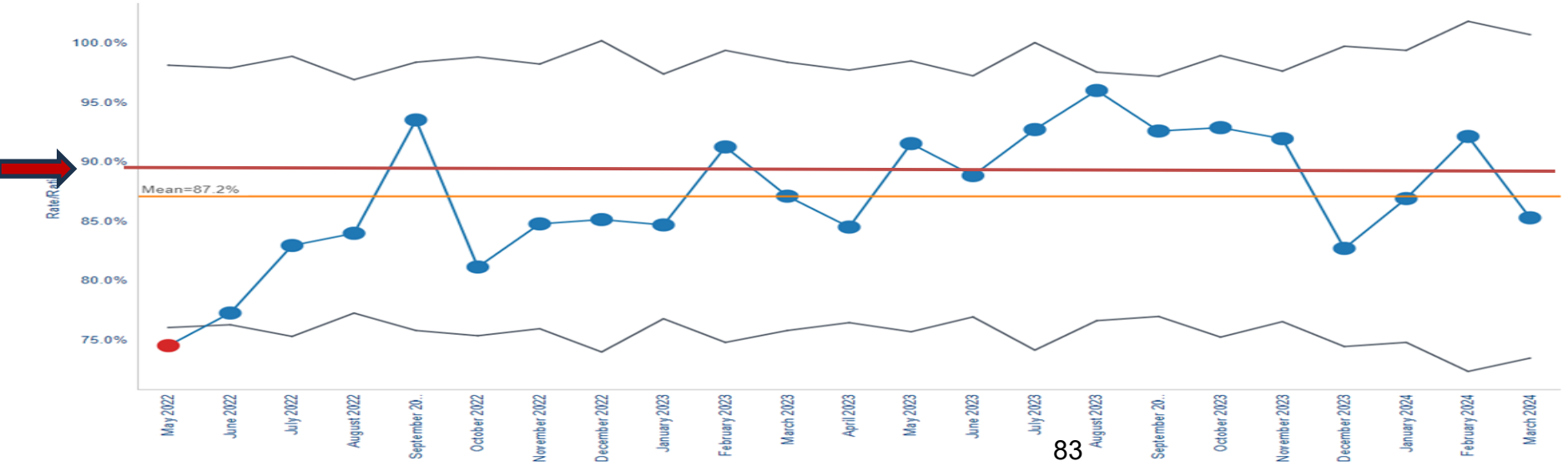
Drug & Alcohol Waiting Times

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Waiting list initiatives are being explored and will be initiated • Additional financial support is being provided to enable recruitment to progress • Confirmation of MAT allocation for 2024-25 will also support recruitment to additional posts	Highland continue to perform above the Standard with 93.4% of people seen within 3 weeks for first treatment.	Waiting list initiatives have been implemented. This work is ongoing Confirmation of MAT allocation for 2024-25 remains outstanding. Confirmation will enable recruitment to additional posts to support continued delivery

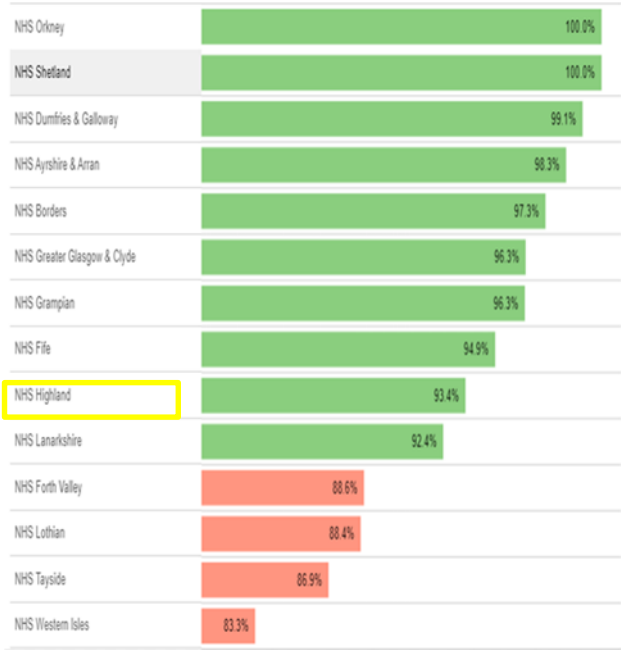
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Stay Well

Latest Performance	**85.3%**
Scottish Average	**90%**
NHSS Target	**90%**
Performance Rating	**Target not met**
When was target last met? Target met in last 24 months	**November 2023 6 times**
Benchmarking	**9h out of 14 Boards**

Drug & Alcohol Waiting Times Less Than 3 Weeks From Referral to Treatment



Benchmarking with Other Boards



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Exec Lead
Katherine Sutton
Chief Officer, Acute

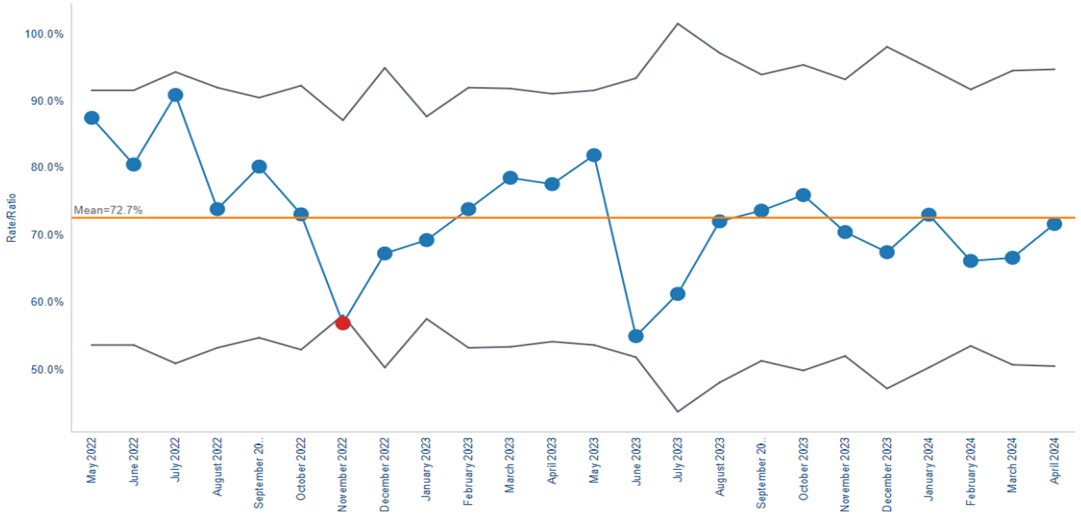
Child & Adolescent Mental Health Services

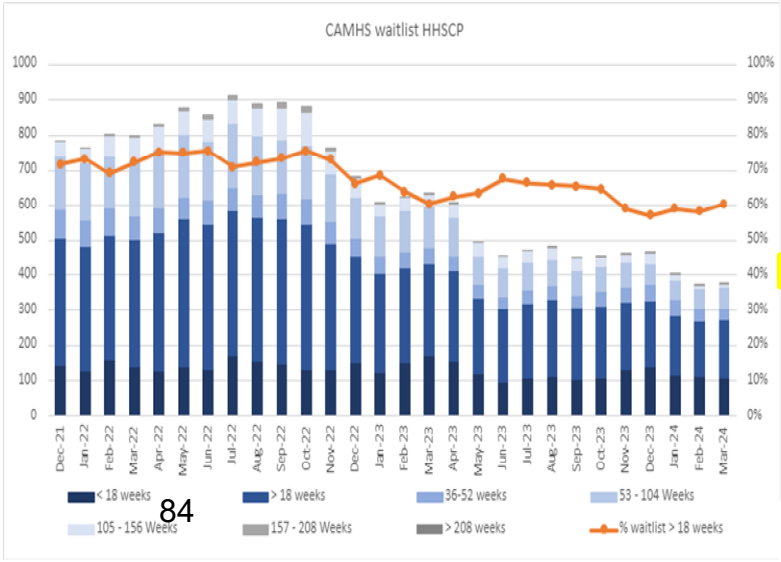
Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Engagement appointments commencing for all new referrals from 3rd May. Excess capacity directed to waiting list cases. • Further recruitment required to implement and support further improvement; delayed due to uncertainty over mental health framework budget allocation.	• Engagement appointments commenced for all new referrals to the service. Excess capacity directed to waiting list cases. • Early findings from engagement appointments - Data shows currently sitting at a 50% conversation rate, ie half cases being deemed appropriate for CAMHS and either seen for treatment or put on wait list and the other half discharged as not requiring CAMHS treatment. Under the old vetting system, decisions based on written information only, 100% of cases reaching that vetting stage would have been placed on wait list Engagement appointment is a 45 minute on line assessment by an experienced CAMHS clinician	Uncertainty over mental health framework budget allocation remains, directly impacting on recruitment to recently vacated posts •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. •Resolution to financial capacity issues to allow recruitment to essential post to progress.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

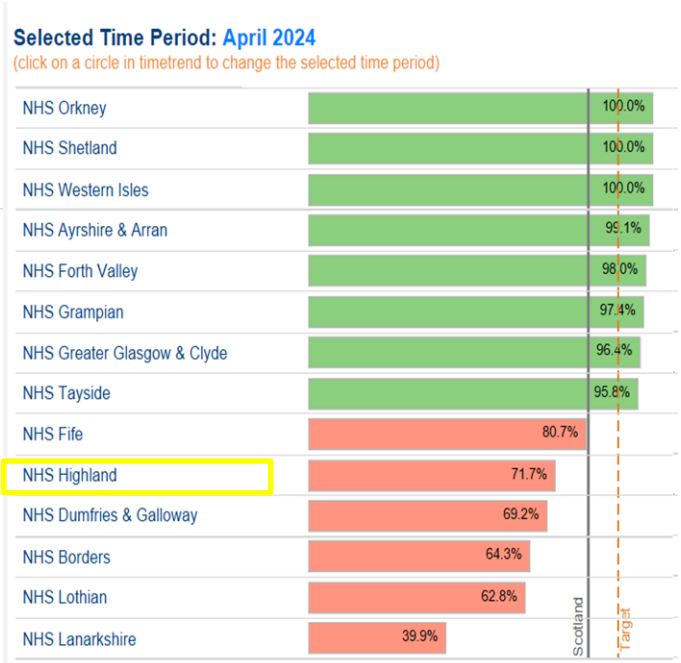
Latest Performance	**71.7%**
Scottish Average	**81.4%**
NHSS Target	**90%**
Performance Rating	**Target not met 3 below mean**
When was target last met? Target met in last 24 months	**July 2022 1 time**
Benchmarking	**10th out of 14 Boards Against trend of Scotland**

CAMHS Waiting Time < 18 weeks





Benchmarking with Other Boards



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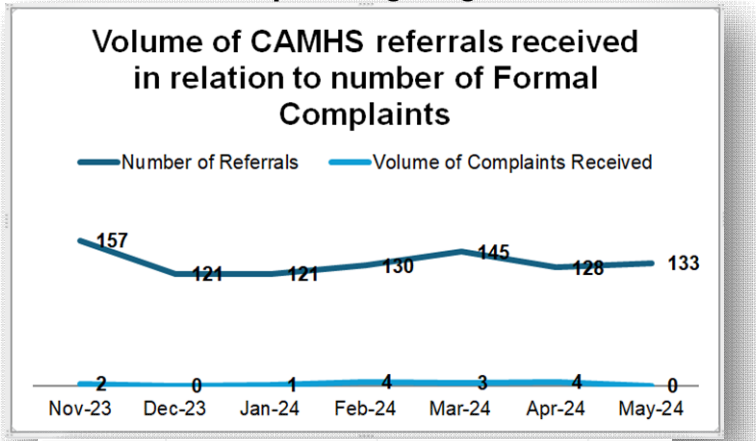
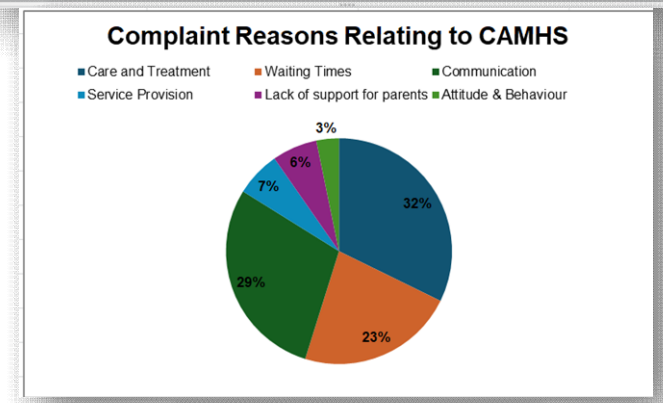
CAMHS View of Complaint and Feedback Activity: Nov 2023 – May 2024

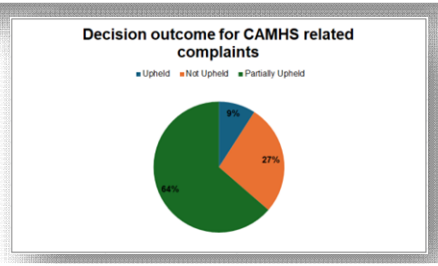
Progress Made	Next Steps	Timescale
• The number of handlers has increased to share the volume	• Progress Care Opinion for the service including the promotion of the child friendly feedback service	• August 2024

Dr Boyd Peters
Board Medical Director

The total volume of CAMHS referrals received is since Nov 2023 is 935, with a total of 14 complaints giving a conversion







NHS Highland – Listening and Responding to our Patients

The Patient Said..
They have concerns with the administering of child's medications

What We Did..
Apologised for any confusion, explained the process but also advised an audit has commenced which will identify if there are changes required with current process

The Patient Said..
They are concerned with timescales, and what support is there available until the assessment?

What We Did..
Apologised for the delay, explained the timescales. Also, provided points of support which could be accessed in the meantime.

The Patient Said..
She has been advised, that if her child receives treatment from the Primary Mental Health Team (PMHT), her CAMHS assessment is withdrawn.

What We Did..
Apologised for any confusion, clarified, patient's position, and how current community support is available to escalate referrals to CAMHS following assessment from PMHT

The Patient Said..
They were given inconsistent information on child transferring from CAMHS to PMHT

What We Did..
Apologised for lack of clarity, and a weekly meeting now takes place in the service to identify and progress the cases which transition to PMHT from CAMHS

Since November 2023, 7 of the 14 complaints were progressed with some level of improvement activity

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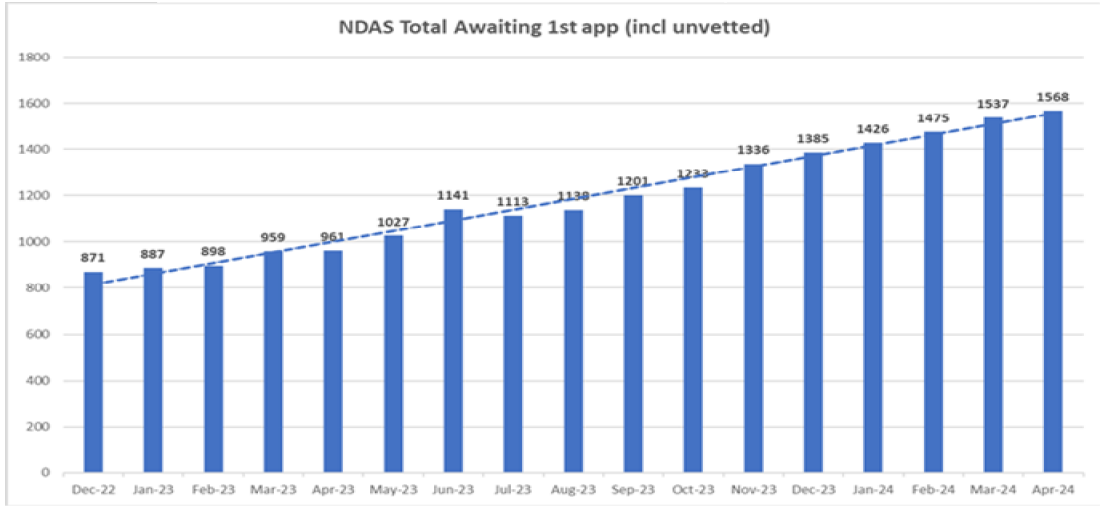
Exec Lead
Katherine Sutton
Chief Officer, Acute

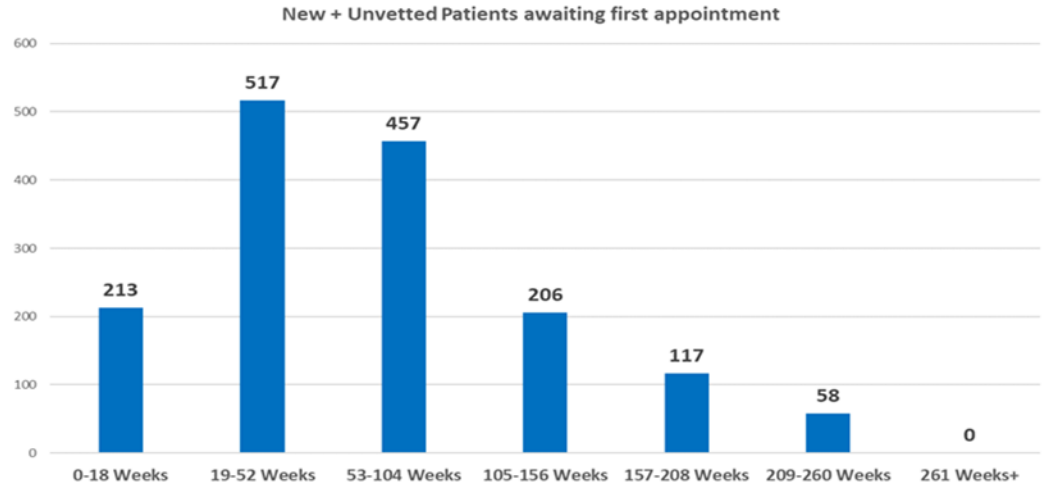
Neurodevelopmental Assessment Service

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 24
• Authority Framework is in place. • Scottish Approach for Service Design is adopted at an ICSP level. • ICSP ND Programme .Board is established and has met. • NDAS Model update completed and in practice. • NDAS Eligibility Criteria reviewed, updated and in practice. • Waiting list cleansing exercise is completed. • ICSP GIRFEC and Child Planning training for MDT`s rolled out.	Due to resignations within the clinical workforce service capacity has reached a critical level and will not be in a position to deliver assessments in August, and limited provision from September onwards. The NDAS North Highland/Highland Council position was presented to Fiona Davies, Chief Executive NHS Highland & Derek Brown, Chief Executive, Highland Council on 3rd June 2024	Actions agreed at CEO meeting being progressed -Review of timeline of local history relating to the development of the NDAS service identifying critical decision points. · Progression of joint leadership to improve NDAS position across NHSH North/ HC Co-chaired Programme Board. · Neurodevelopmental training event. · Mapping of services (and associated resource) that contribute to Neuro-diversity pathways(to include health and education). · Review of key data from across Education, HC Childrens services, NHS H North systems. · Communication with service users and professionals

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	Decreasing
National Benchmarking	n/a
National Target	Full compliance to the Nat ND Service Spec by end March 2026.
National Target Achievement	n/a





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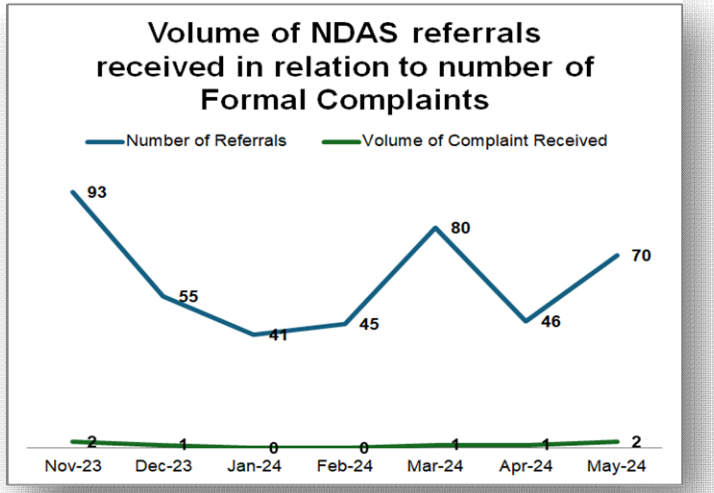
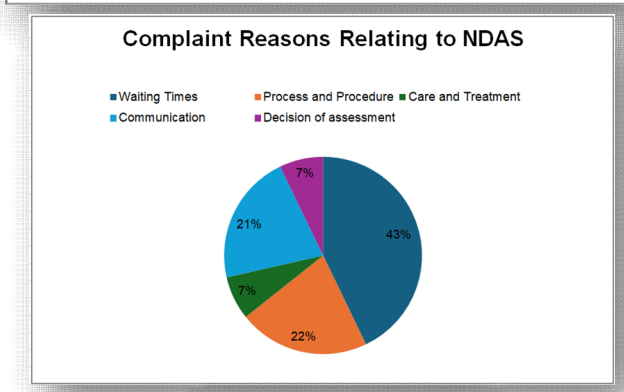
Dr Boyd Peters
Board Medical Director

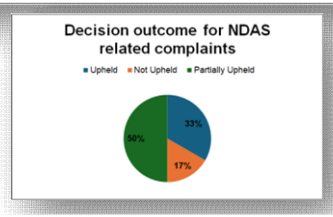
NDAS View of Complaint and Feedback Activity: Nov 2023 – May 2024

Progress Made	Next Steps	Timescale
• Clarification have been made regarding who is responsible for what aspects of response with NDAS , supporting the process of response with Highland Council	• To support the service with navigating the Child Friendly Complaint Procedure and utilising Care Opinion for feedback.	• End of August 2024

The total volume of NDAS referrals received is since Nov 2023 is 430, with a total of 7 complaints giving a conversion rate of 1.6%







NHS Highland – Listening and Responding to our Patients

The Patient Said..
How is the NDAS assessment and triage processed? Parent is concerned with the delay in assessments.

What We Did..
Apologised for the delay and explained the process in triaging assessments.

We gave to the patient the points of contact for support in the meantime, along with clarification of the FOI process for future requests for information.

The Patient Said..
The parent of the patient has explained their concerns with the delay, and asked what should they look for in a private care provider?

What We Did..
Apologised for the delay, explained the process and the NICE framework which we within, which the parent may wish to explore with private care providers

The Patient Said..
They are concerned with the delay. They also asked if the assessment confirms their child's mental health status, will they have access to more additional resources from education.

What We Did..
Apologised for the delay, we explained access to the relevant support should be sought for children and families through the education setting or named person, following the Getting it Right for Every Child (GIRFEC) underpinning framework

Since November 2023, 3 of the 7 complaints were progressed with some level of improvement activity

Together We Care
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Katherine Sutton
Chief Officer, Acute

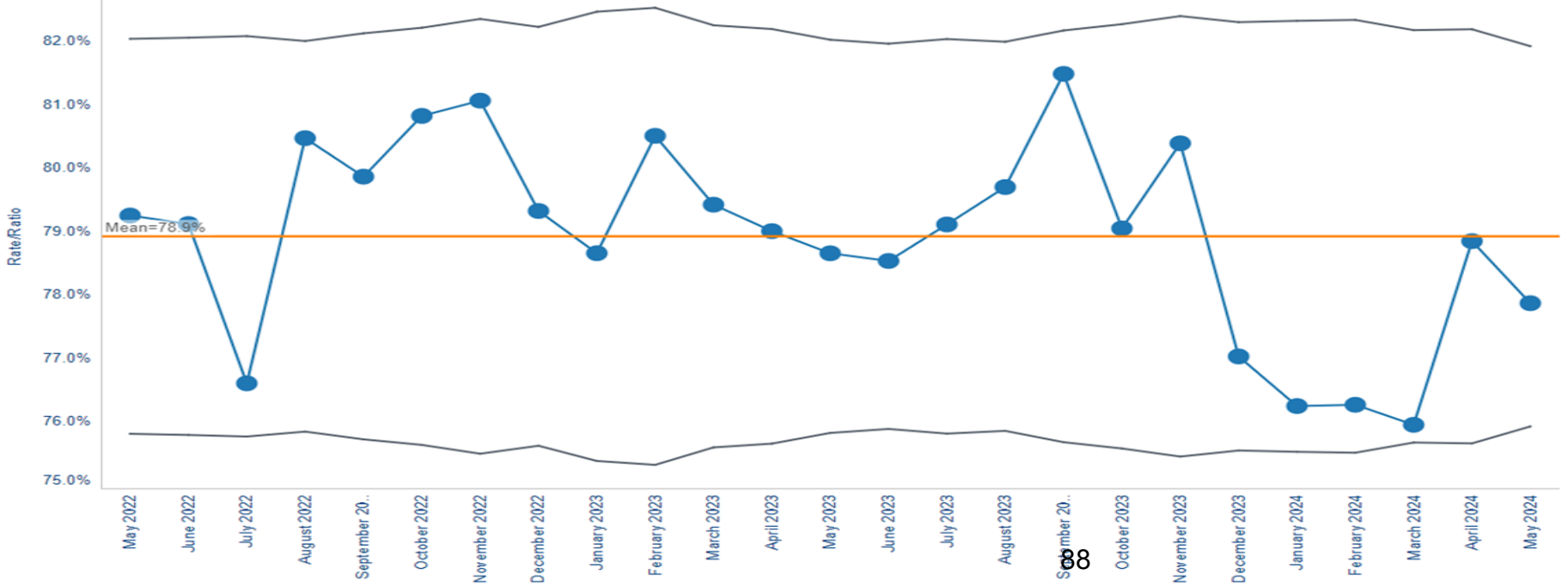
Emergency Department Access – Performance Indicator

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• New version of OPEL tool (V14) being tested to reflect unstaffed surge capacity • New version of OPEL score/Level 4 actions to provided a more structured response to capacity pressures for Raigmore • 3 PDSAs taking place to improve Turn around Time of patient transfers from Emergency Department to downstream areas (adapted safe to sit model, enhanced handover)	• OPEL update tested and awaiting sign off which will provide more proactive response to capacity pressures • 24/7 flow and Discharge lounge in place providing greater control in all levels of OPEL and facilitating early movement • Phased Flow embedded which supports SAS TAT • Safe to sit model embedded in AMU and ED	• Step up/step down process to be tested • Trak ED to support operational visibility across all front door areas • IHI Age-Friendly 4M model in ED to support early intervention for patients with frailty • AMU assess to admit model phase 2 testing • Standard work to be developed for acute receiving physicians • Develop patient management pathways across FNC/AEC/OOH/ED • Explore the triage process in OOH and the potential for Near Me clinics

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well

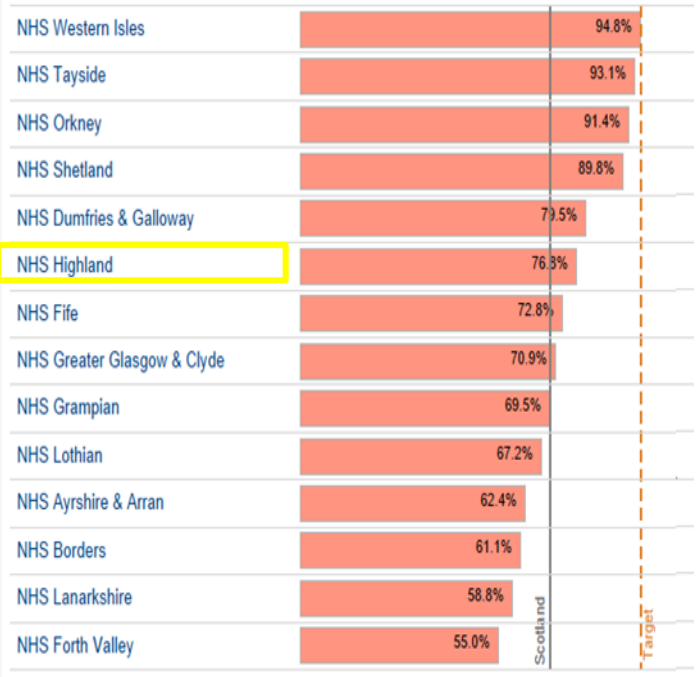
Latest Performance	**76.8%**
Scottish Average	**69.6%**
NHSS Target	**95%**
Performance Rating	**Relatively stable performance although below target**
When was target last met? **No of times in last 24 months**	**July 2020** **0**
Benchmarking	**6th out of 14 Boards**

ED seen < 4 hours

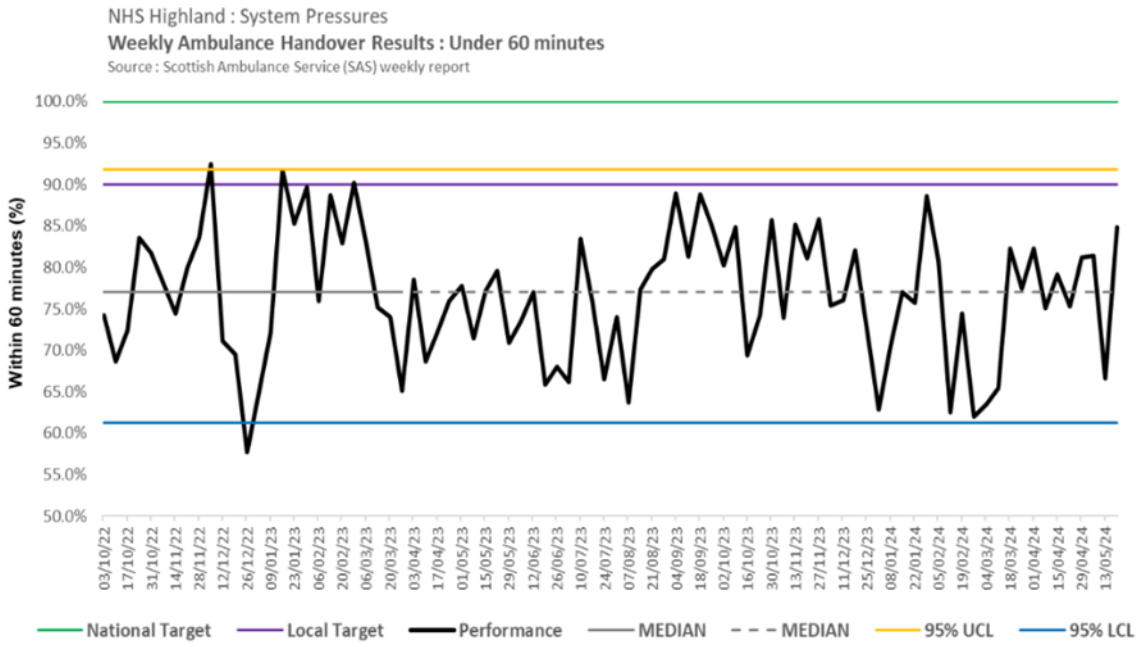


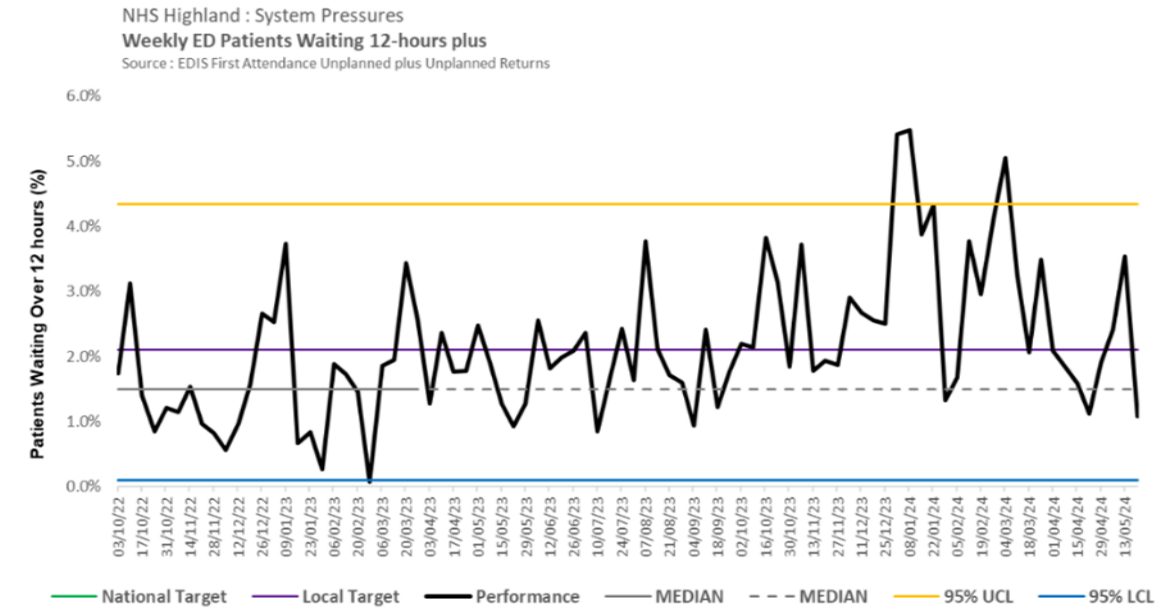
Benchmarking with Other Boards

Selected Time Period: May 2024
(click on a circle in timetrend to change the selected time period)



Emergency Department Access - Quality Indicators





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Chief Officer, HHSCP

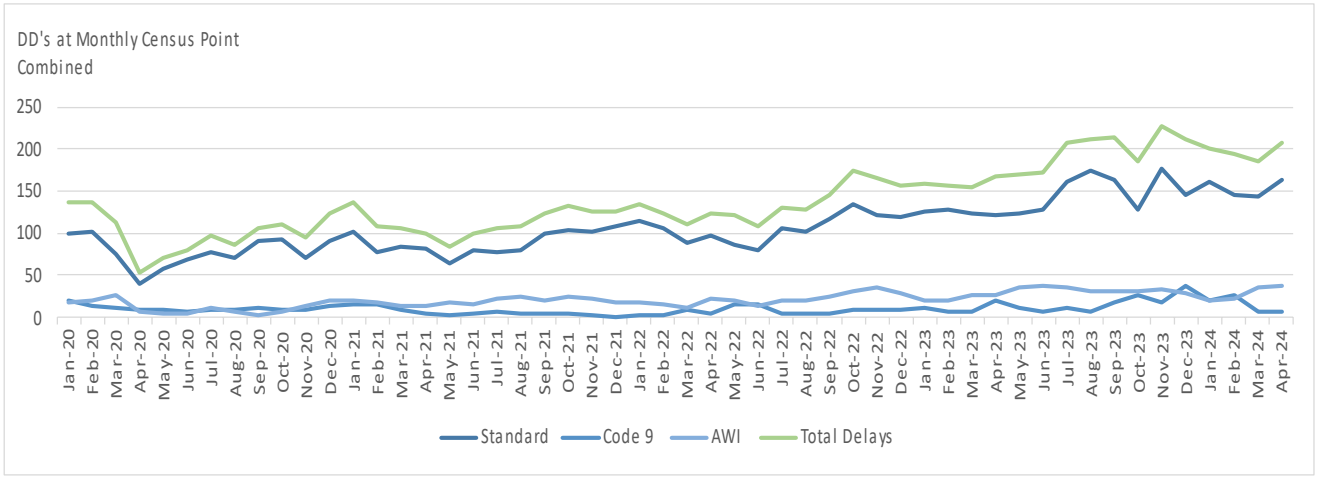
Delayed Discharges

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Prioritisation of unscheduled care plan for 24/25 • Delayed Discharges identified as Centre for Sustainable Delivery (CfSD) leverage point – plan submitted and feedback received. Integral to the unscheduled care plan. • Targeted Care At Home methodology in Inverness to be rolled out. • Extend use of App in New Craigs and RGHs • Pause, stop and restart standard work implemented.	• Dedicated medical and operational leadership are overseeing an improvement project plan to reduce length of stay in community hospitals, in conjunction with aligned projects in the acute sector. • This work is overseen by the Unscheduled Care Programme Board.	• Geographical improvement plans in Inverness and Caithness to be implemented. • Focus on ensuring whole system pathways and processes and are in place in our pressures escalation system. • Data improvement in the recording of Planned Date of Discharge. • Standard Operating Procedure to be developed for recording PDD. • Engagement and oversight with Collaborative Response and Assurance Group. Developing baseline and trajectory for improvement in flow and outcomes for people experiencing delay.

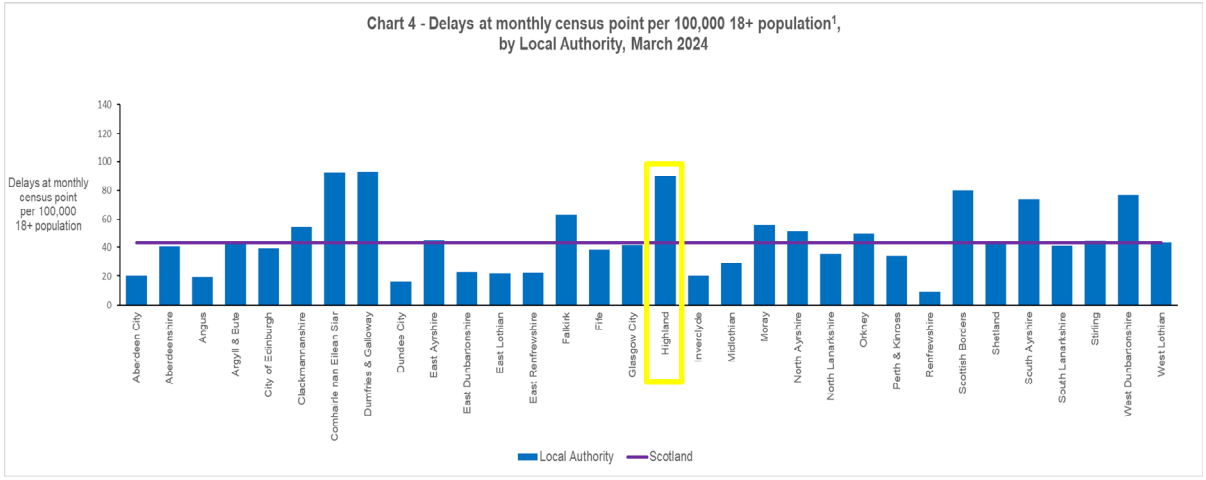
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Latest Performance	207 at Census Point 6213 bed days lost
NHSH Target	95 DDs
Target Achievement	Not Met
Performance Rating	Increasing DDs
Performance Benchmarking	14th out of 14 Boards

Delayed Discharges at Monthly Census Point



Benchmarking with Other Boards/Local Authorities



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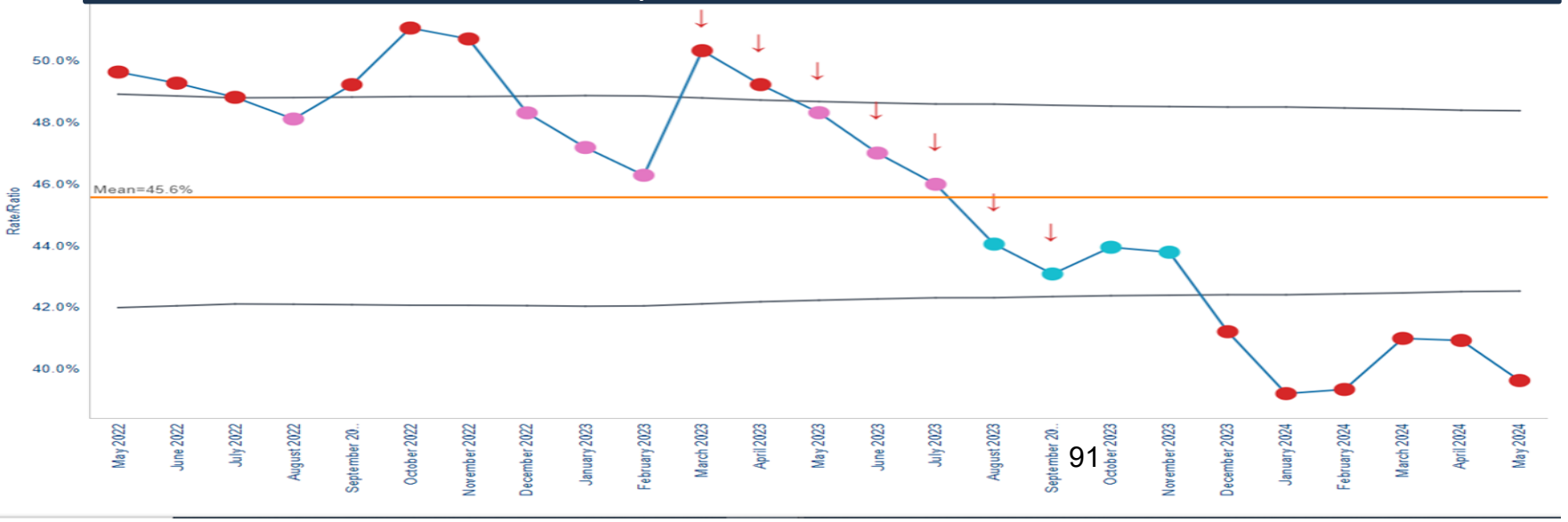
Outpatients (NOP Seen/12 week target) – Target 1

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduction of patients being added to the waiting list due to the implementation of the CFSD initiatives • Waiting times reduced • Workshop with key stakeholders mid May to ascertain future options for Outpatients across NHS Highland • Project Initiation Document and Strategic Assessment completion	• Measures have been implemented specific to services and the work is ongoing. • NECU initiatives understood and underway, dermatology is the most recent service to be included. • NHS Highland Outpatient Strategy – Workshop completed and attended by Stakeholders on 29th May 2024. • Strategy first draft issued and in review.	• Reduction in OPWL long waiters by using CfSD measures and SG waiting list funding, coupled with attention to detail of job planned clinics.

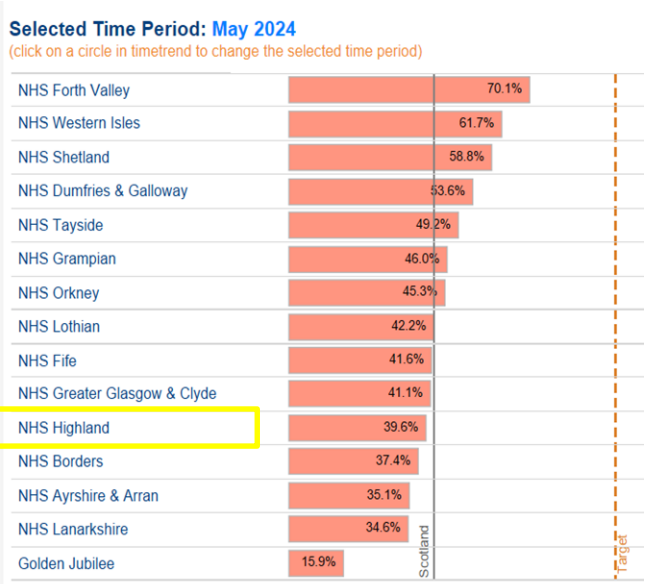
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	39.6%
Scottish Average	42%
NHSS Target	95%
Performance Rating	Target not met Below lower control limit
When was target last met? Highest performance	Never been met 80% in January 2020
Benchmarking	11th out of 14 Boards

Outpatients seen < 12 weeks



Benchmarking with Other Boards



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Outpatients (ADP – Target 2 / Long Waits – Target 3)

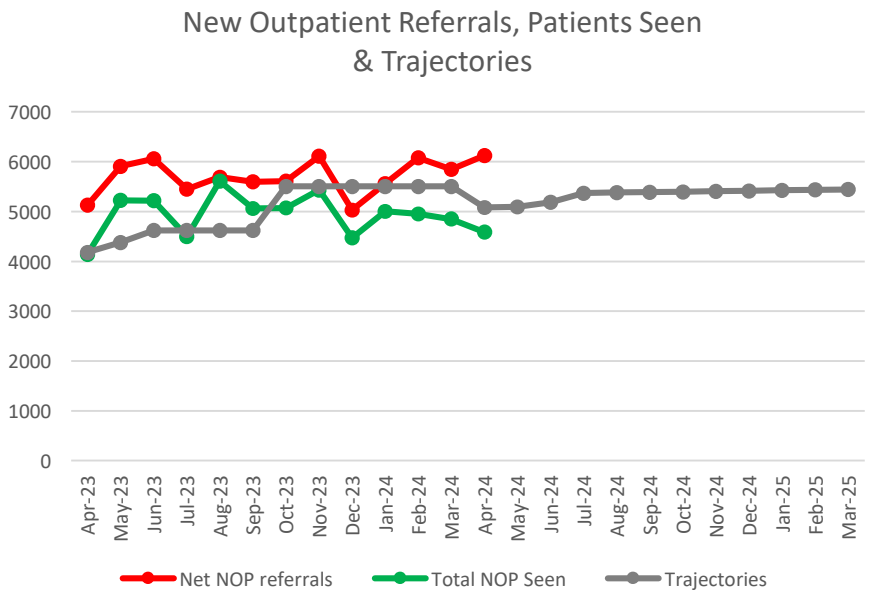
Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduction of patients waiting for an outpatient appointment, particularly patients waiting over 52 weeks • Implementation of CfSD initiatives • Progress development of Local Access Policy and implementation of new Waiting Times Guidance	• Reduction of OP long waiters (>52 weeks) will be visible due to government funded waiting list initiative activity • CfSD initiatives will be further embedded	Marked reduction in OPWL >52 weeks, actual numbers to be calculated on commencement of WLI activity on a cumulative update basis. Further work to be completed on waiting list projections

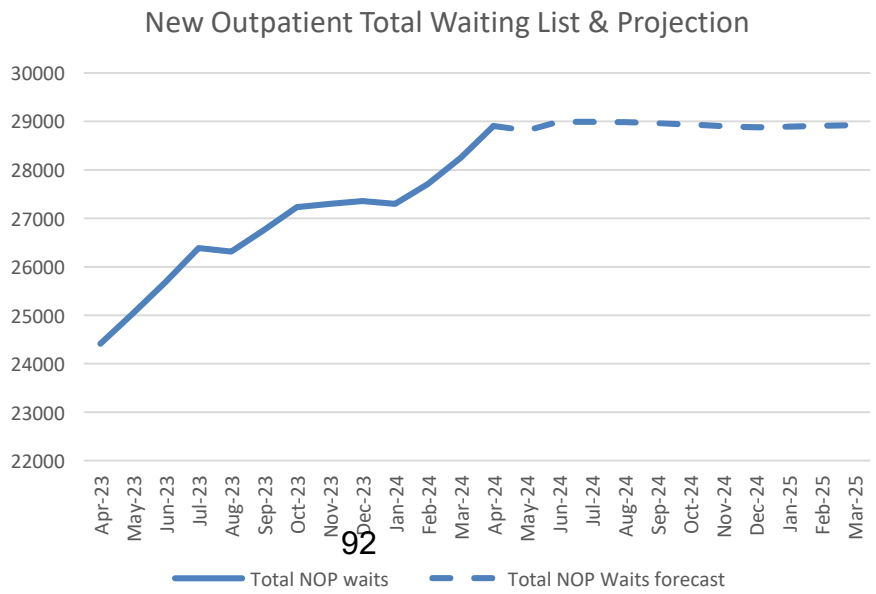
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

ADP Target	Not met 0.8% below
Long Waits Target	Not met 3200 > 52 weeks

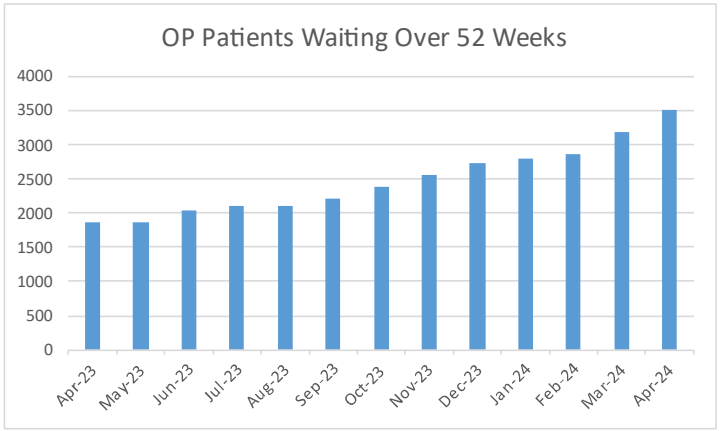
Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen- April 24	Overall
64,045	5,084 (7.9%)	4,586 (7.1%)	0.8% below target





Target 3 – Long Waits



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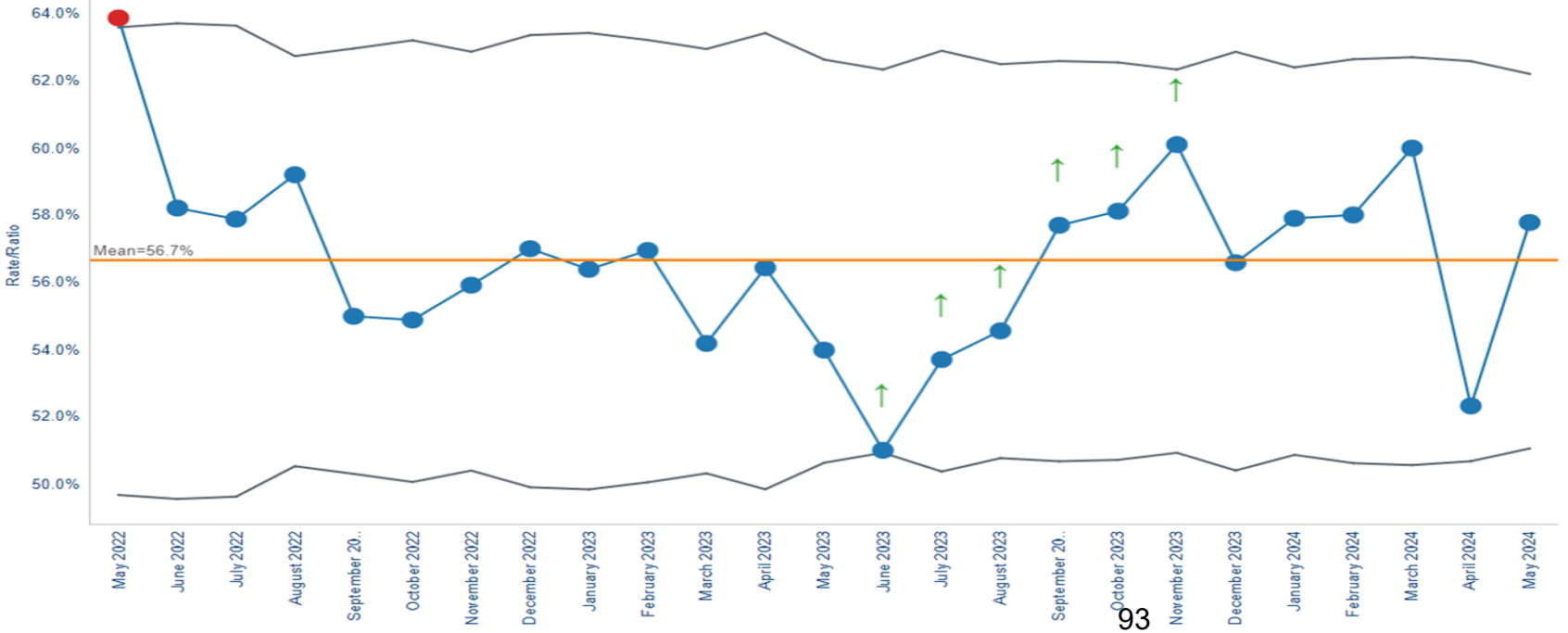
Treatment Time Guarantee (Target 1 - TTG 12 week target)

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduce of the number of patients in particular patients waiting over 52 weeks • Increased theatre capacity from 4th June by opening of an additional theatre in Raigmore which will allow additional activity for Ortho 3 days and ENT 2 days per week focus on long waiting and Cancer Patients (Funded by SG) • Infix rolled out for Orthopaedics and Ophthalmology furt her Specialties will follow with support	• Monitor the number of patients waiting over 52 weeks • Implementation of theatres efficiencies group • Theatres Dashboard almost ready to be introduced to teams to monitor improvements	• **Reduction of the number of patients waiting over 52 week for surgery** • **Reduce the number of non-reportable USC patients within ENT**

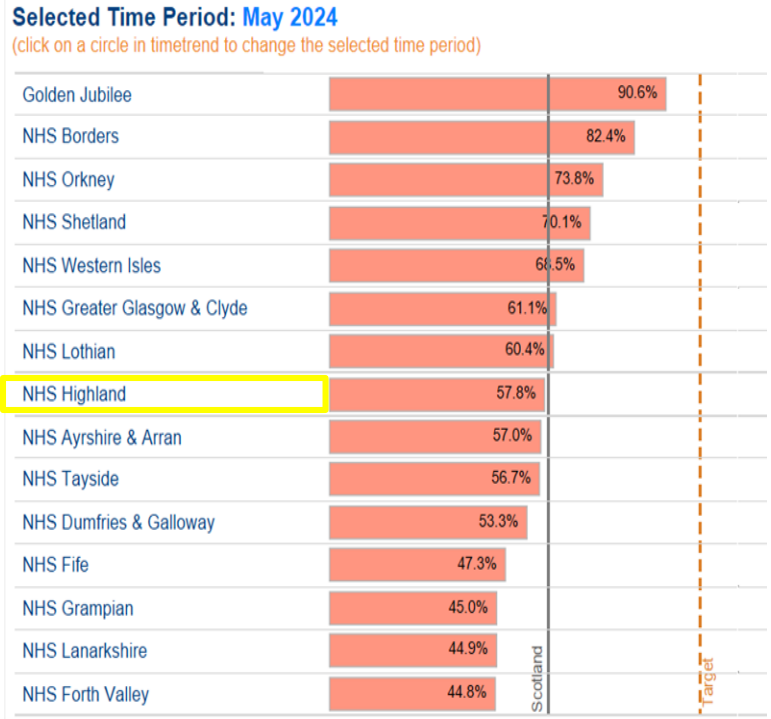
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	57.8%
Scottish Average	59%
NHSS Target	100%
Performance Rating	Target Not Met; Above mean for 1 month
When was target last met? Highest performance	Never been met 69.5% in Mar 2022
Benchmarking	8th out of 14 Boards

TTG seen < 12 weeks



Benchmarking with Other Boards



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Treatment Time Guarantee (TTG Seen/TTG Target)

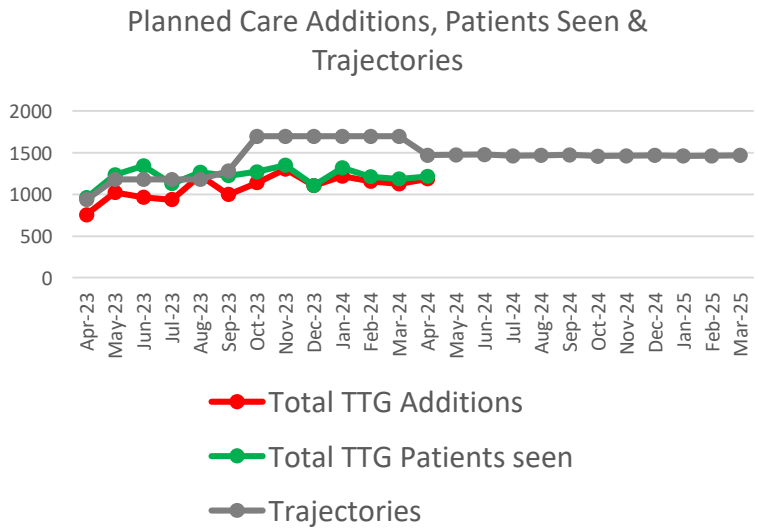
Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduction in the number of patients waiting for surgery. • Improve theatre utilisation and efficiencies	• TTG activity being monitored at Specialty level • ISP performance group monitoring activity on a weekly basis	• Reduce the number patients waiting over 52 weeks for their surgery • Reduce the number of overruns in theatres • Further work to be completed on waiting list projections

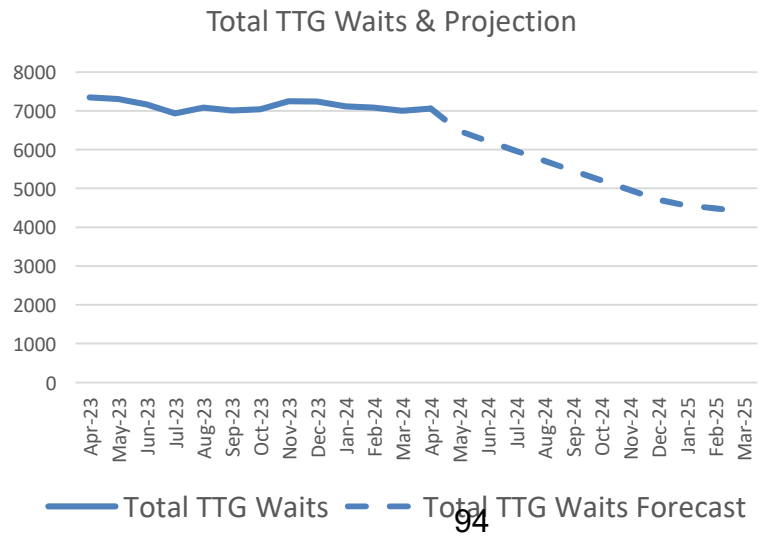
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

ADP Target	Not met 15% below
Long Waits Target	Not met 390 >104 weeks 780 > 78 weeks

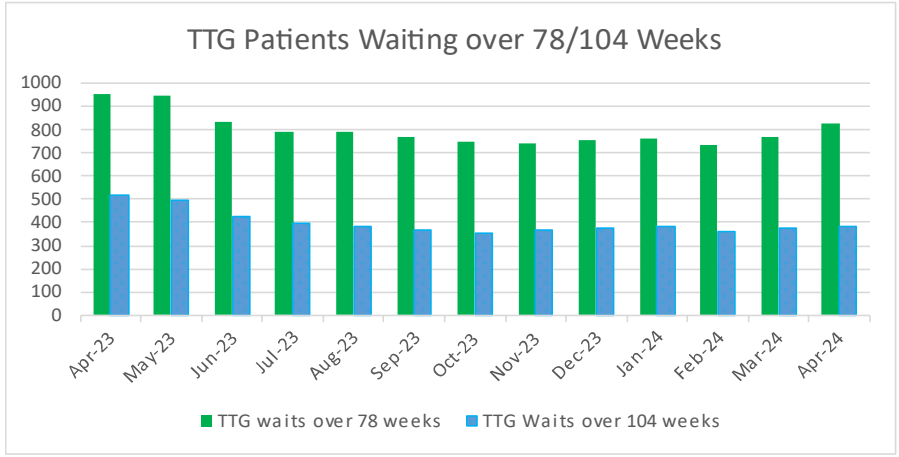
Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen- April 24	Overall
17,603	1,469 (8.3%)	1,216 (6.9%)	1.4% behind target





Target 3 – Long Waits



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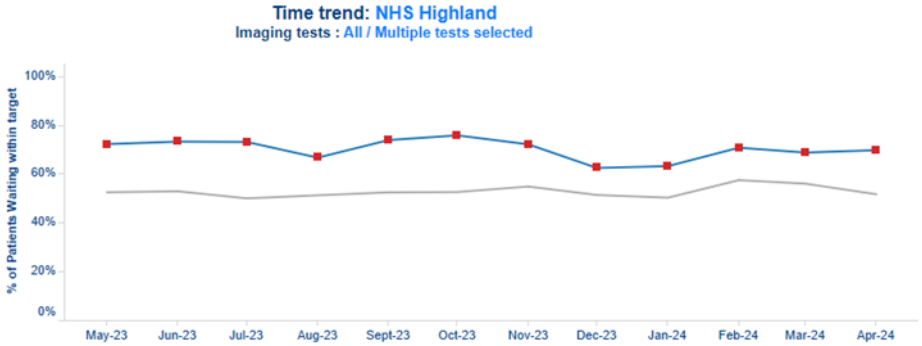
Diagnostics - Radiology

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Utilisation of the additional capacity • Implementation of AI within MRI service providing additional test and reporting capacity	• Provision of Mobile MRI Unit for whole of 24/25	• Additional Prostate MRI slots to be made available through roll out of AI - scan time reduced from 40 to 30 mins. • Consideration of extended working day for CT and MR • Funding to be secured to create additional US Room to meet capacity within 6 weeks

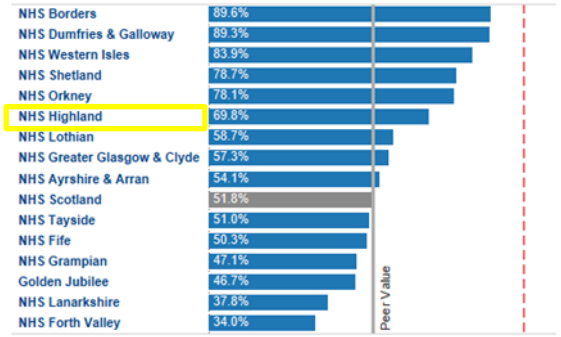
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	68.9%
Scottish Average	51.8%
NHSS Interim Target **NHSS Overall Target**	80% 90%
Performance Rating	Stable – Target not met
When was target last met? **Highest performance**	August 2022 81%
Benchmarking	6th out of 14 Boards

Imaging Tests: Maximum Wait Target 6 Weeks

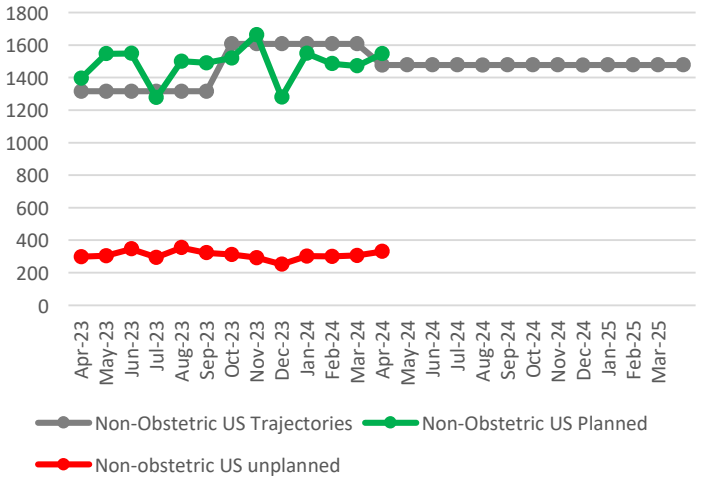


Benchmarking with Other Boards

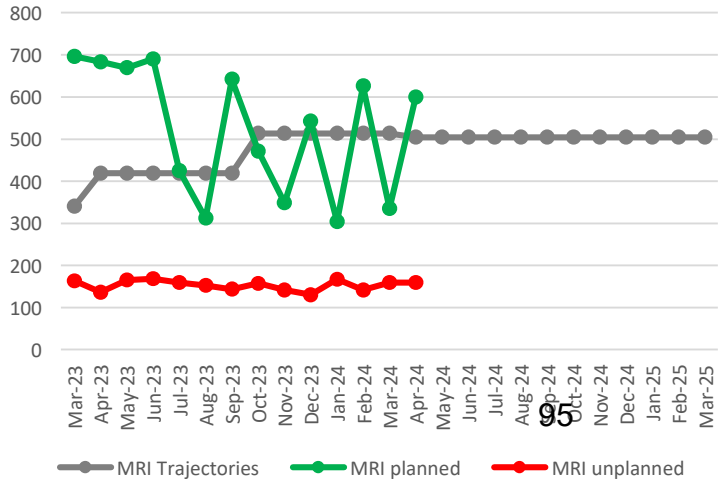


Yearly Trajectory	YTD Target	Patients Seen-April 2024	Overall
33,229	2,768 (8.33%)	2,970 (8.94%)	0.61% above target

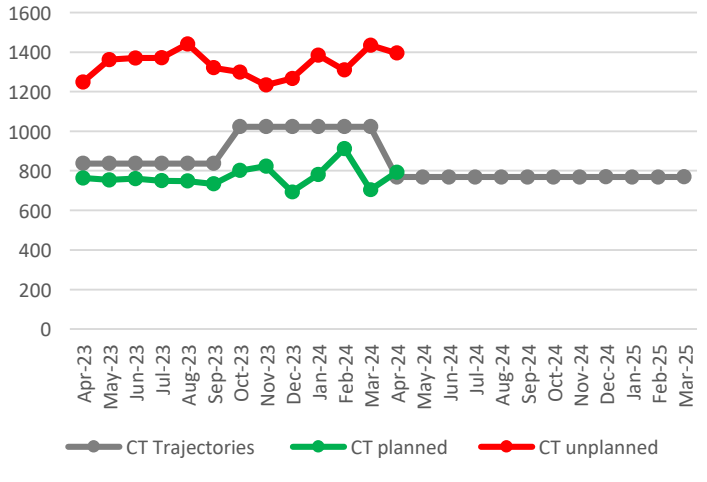
Non-Obstetric Patients Seen & Trajectories



MRI Patients Seen & Trajectories



CT Patients Seen & Trajectories



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Diagnostics - Endoscopy

Previous IPQR Actions

- Continue to sustain quality metrics
- Complete the JAG actions
- Clinical Applications team working on moving the new target on PMS from local 28 day standard to national 42day target
- Clinical Applications team working on adding risk and indication categories to PMS for all surveillance to comply with national programme

Assurance of Completion

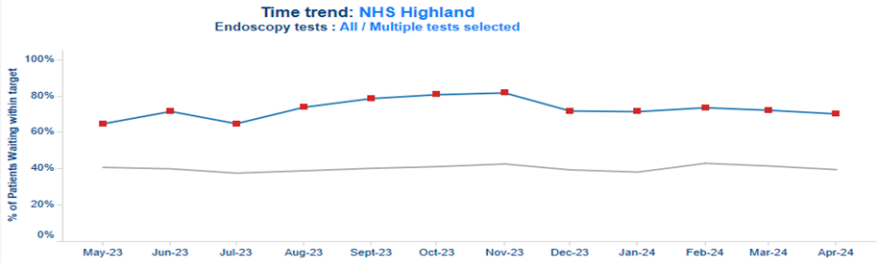
- ENTS (Endoscopy non-technical skills) course hosted in June 2024 on site in Inverness
- All return/surveillance patients due in 2023 across Highland have been invited to arrange appointment
- USC position recovered after downtime for decontamination washer breakdown

Improvements to be made by September 2024

- Ehealth to provide formstream for electronical referral process
- Advert pending for Practice Development Nurse
- Band 5 nurse interviews arranged, will enable preassessment of high-risk patients (JAG)
- Endoscopy Practitioner approved at vacancy committee, awaiting executive approval – open to staff groups including PAs, nurses etc (JAG)
- Nurse assistant band 4 posts – current postholder independent in October (all coursework completed, practical assessments pending). New postholder started in June 2024.
- Improved USC position - new process in place to protect capacity based on 2023 demand data by scope type and site

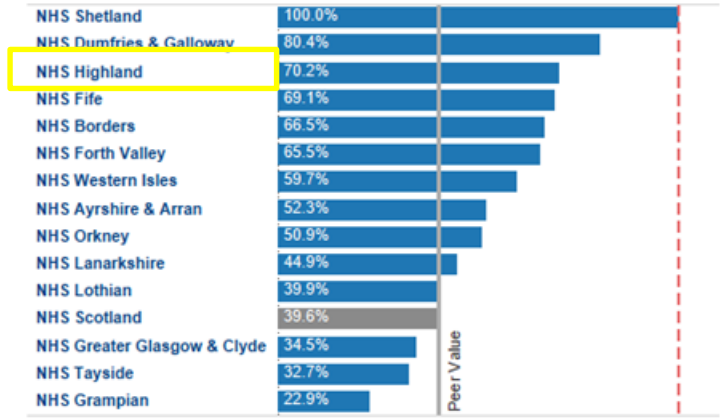
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

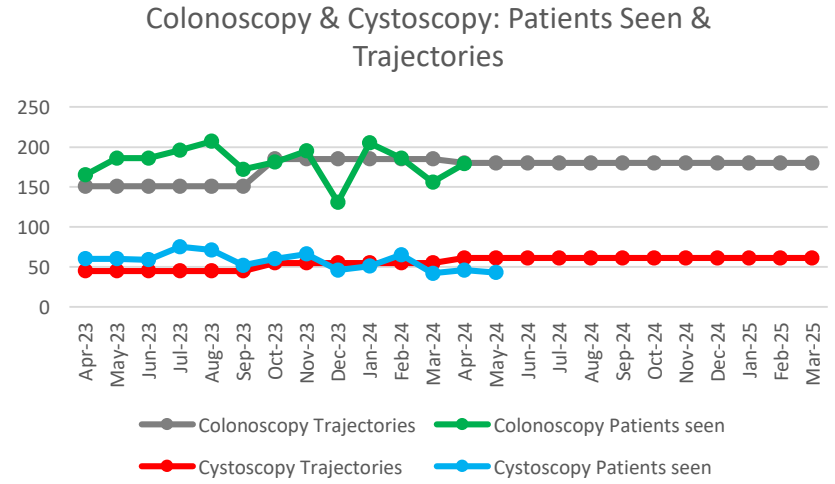
Latest Performance	70.2%
Scottish Average	39.6%
NHSS Target **Interim Target**	90% 80%
Performance Rating	Stable - Target not met
When was target last met? **Highest performance**	Nov 2023 2 times
Benchmarking	3rd out of 14 Boards
ADP Target	Met 10.68% Over

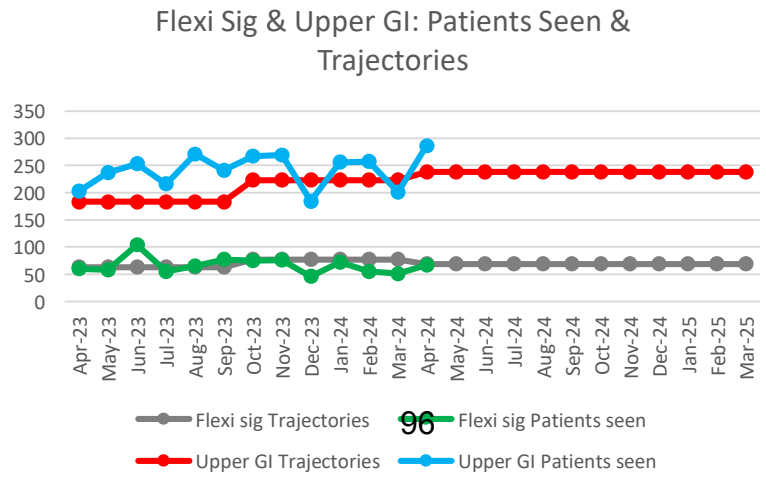


Endoscopy Tests: Maximum Wait Target 6 Weeks

Benchmarking with Other Boards







Yearly Trajectory	YTD Target	Patients Seen	Overall
6,576	548 (8.33%)	578 (8.79%)	0.46% over target

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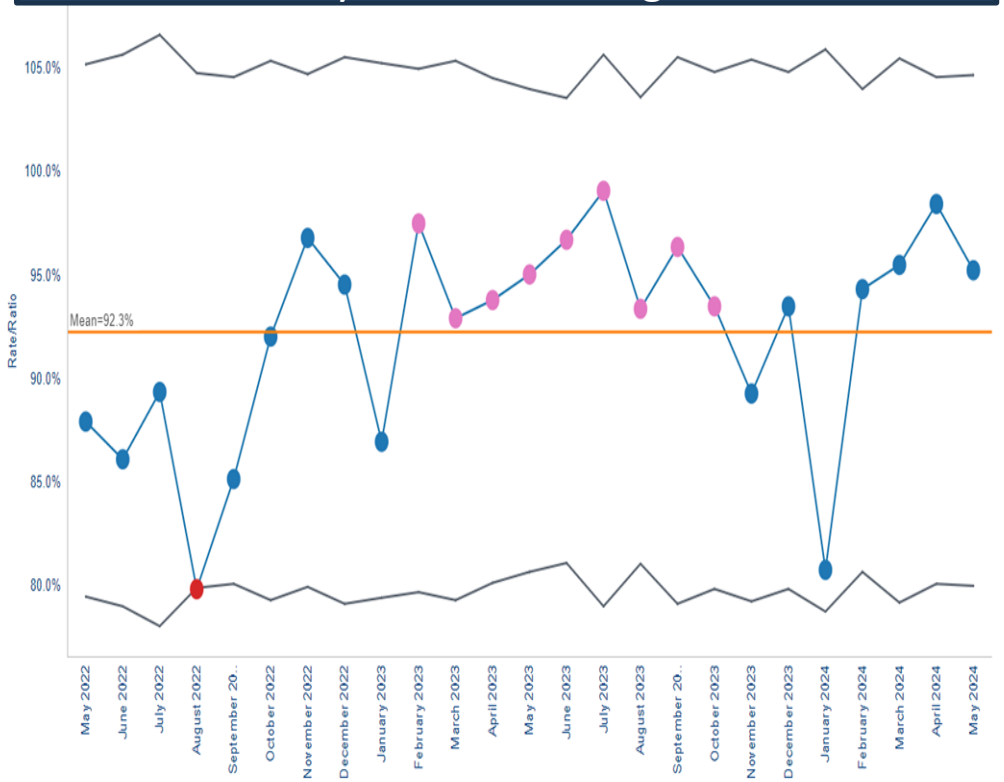
31 Day Cancer Waiting Times

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Review of theatre schedule to maximise capacity in tumour types at greatest risk • Further renewed efforts to recruit to vacant posts. • Development of contingencies involving regional and national centres to provide Consultant management capacity • Recruit to one of the vacant Consultant posts within Oncology	• Review of Breast and Renal Pathways in particular to maximise opportunities for improvement. • To include additional efforts to recruit to vacant Consultant Radiologist posts and also review options to appoint at Radiographer grade. • Agreement of funding priorities to key gaps for the provision of Oncology treatment.	• Provision of additional capacity within Breast • Participation in national review of Oncology service and agreement of preferred model.

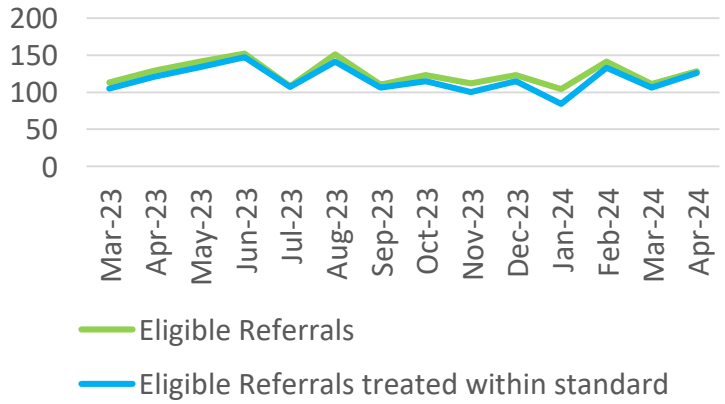
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	95.2%
Scottish Average	94.6%
NHSS Target	95%
Performance Rating	Target Met – 3 months in a row
When was target last met? **No of times in last 24 months**	March 2024 8 times
Benchmarking	9th out of 15 Boards

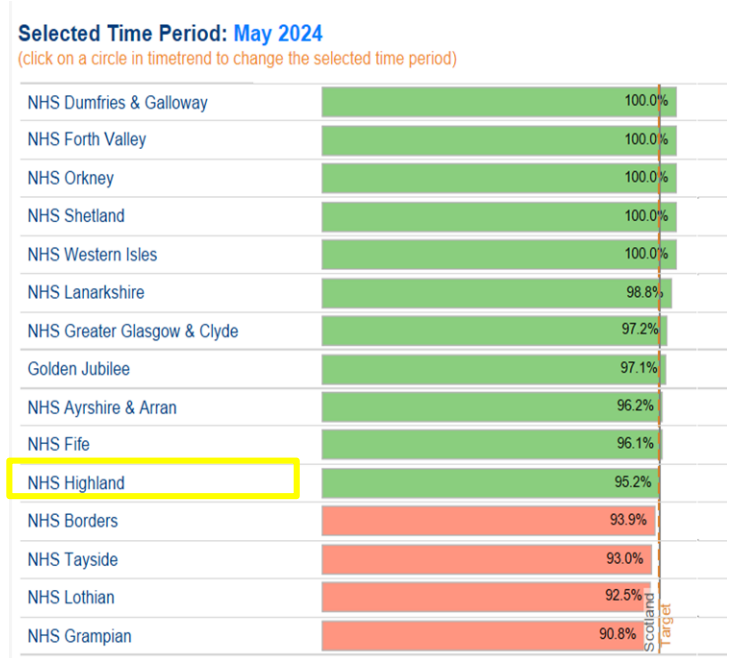
31 Day Cancer Waiting Times



Patients Seen on 31 Day Pathway



31 Day Benchmarking with Other Boards



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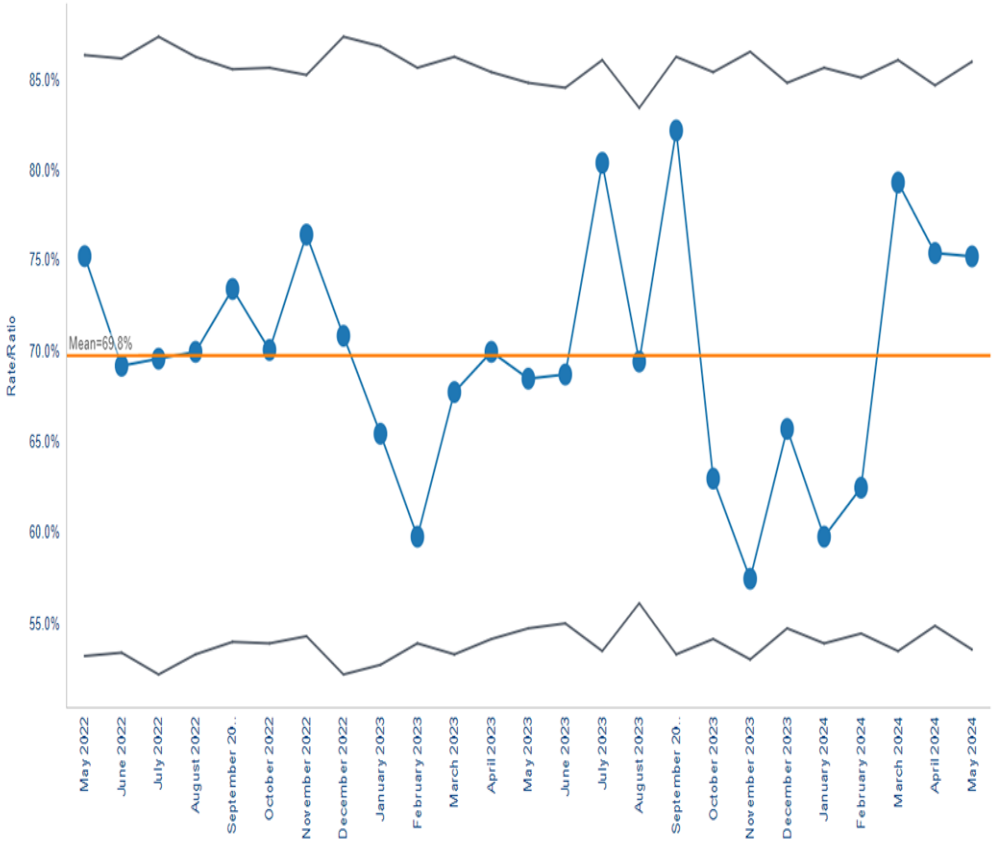
62 Day Cancer Waiting Times

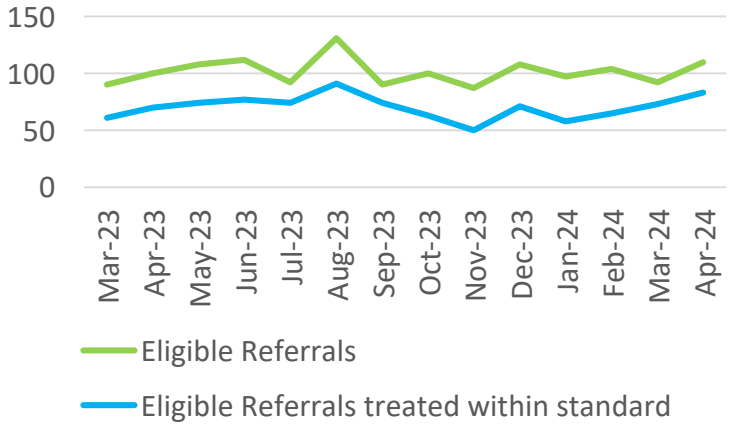
Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• As per 31 Day Actions on previous slide • Continued compliance with FECM • Development of much improved Prostate performance - best in Scotland and fro 27 per cent of all USC activity	• Focus upon improvements within Breast and Renal pathways	• Reduction in waiting times for Cystoscopy using additional SGHD funding. • Improvements to Breast pathways as per previous slide

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Latest Performance	75.3%
Scottish Average	72.9%
NHSS Target	95%
Performance Rating	Target Not Met 3 months above mean
When was target last met? **Highest Performance**	Never Met 82.2% Sept 2023
Benchmarking	7th out of 14 Boards

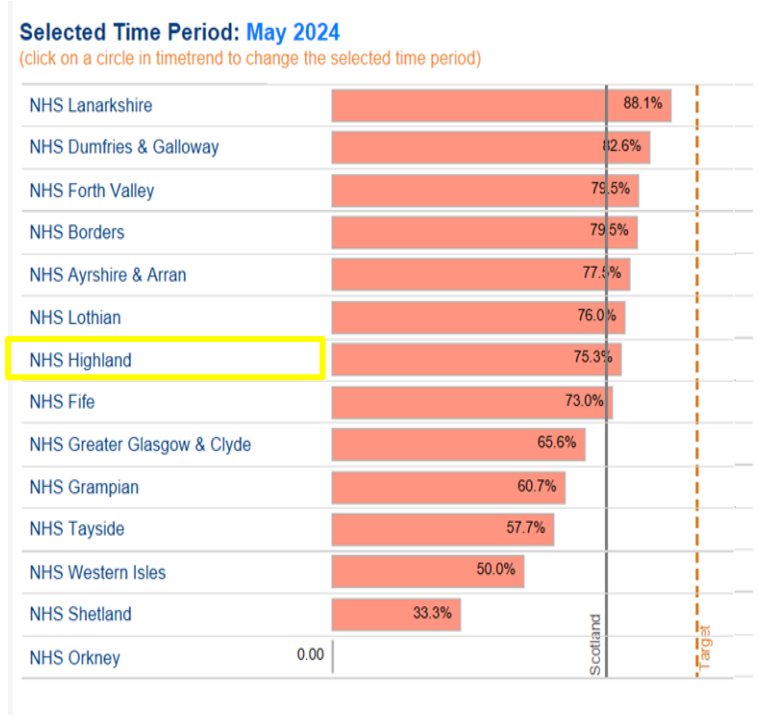
62 Day Cancer Waiting Times



Patients Seen on 62 Day Pathway



62 Day Benchmarking with Other Boards



Together We Care
with you, for you

Pamela Cremin
Chief Officer, HHSCP

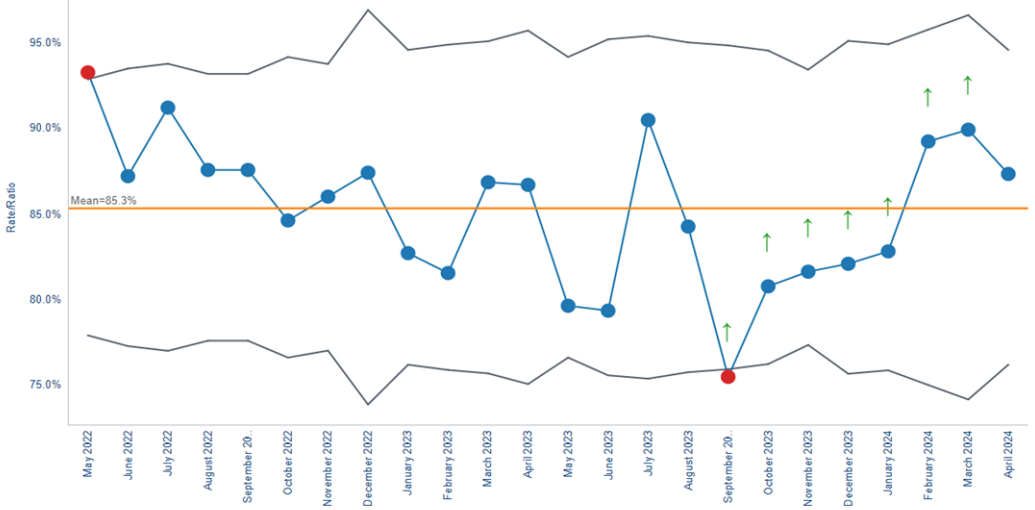
Psychology Waiting Times

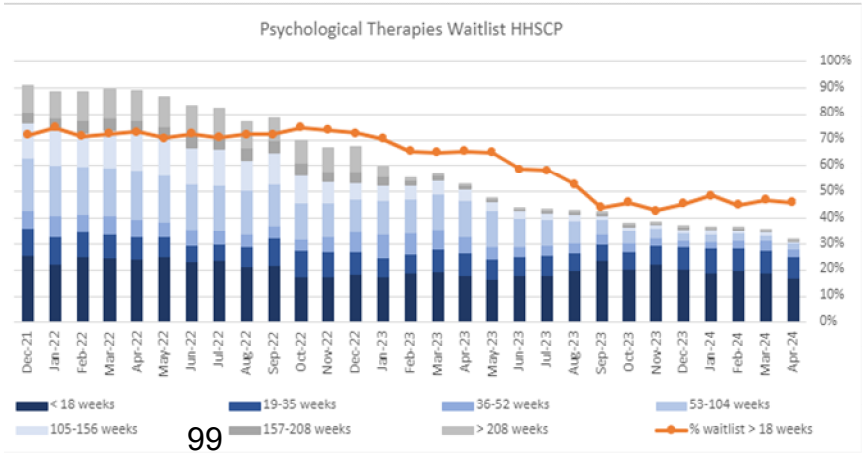
Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• We are in regular dialogue with the CAPTND national team and have alerted NHS Highland eHealth of the estimated software patch release dates • Data field is an ongoing process and will update in July 2024 • SG Assessment is an on-going process, and we are in dialogue with SG regarding improvements to the national tool. • Waiting times are continually monitored for reduction in our wait times and then focus on RTT 18 weeks regarding our performance • Workforce is on-going and we will forward our requests for increase as part of the mental health outcomes framework • We will be exploring if there more collaborative alliance with other Scottish Health Boards to address inequities in service	•Before eHealth can complete the questionnaire implementation, they need to receive a software patch from InterSystems, which is estimated to be sent around June 2024 •Existing data fields identified for data quality improvement as part of going process •We have completed the SG assessment as we are part of the pilot. We are still refining how we improve engagement and quality of performance. We are working with SG to make improvements to the usability of the tool nationally •Waiting times are continuing to reduce •Workforce recruitment is part of an on-going process. We have identified gaps within our service provision related to our workforce structure	•We are in regular dialogue with the CAPTND national team and have alerted NHS Highland eHealth of the estimated software patch release dates •Data field is an ongoing process and will update in September 2024 •SG Assessment is an on-going process, and we are in dialogue with SG regarding improvements to the national tool. •Waiting times are continually monitored for reduction in our wait times and then focus on RTT 18 weeks regarding our performance •Workforce is on-going and we will forward our requests for increase as part of the mental health outcomes framework •We will be exploring if there more collaborative alliance with other Scottish Health Boards to address inequities in service

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

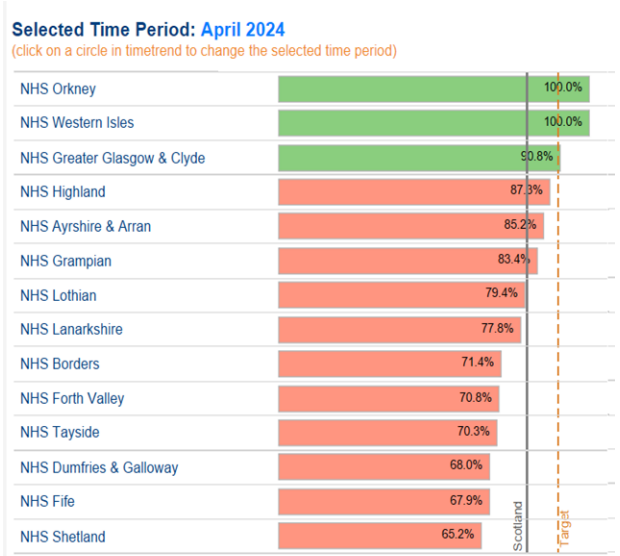
Latest Performance	87.3%
Scottish Average	80.1%
NHSS Target	90%
Performance Rating	Target Not Met Improving for 6 months
When was target last met? No of times in <24 months	March 2024 2 times
Benchmarking	4th out of 14 Boards
ADP Target	Not applicable

Patient seen < 18 weeks





Benchmarking with Other Boards



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with you, for you

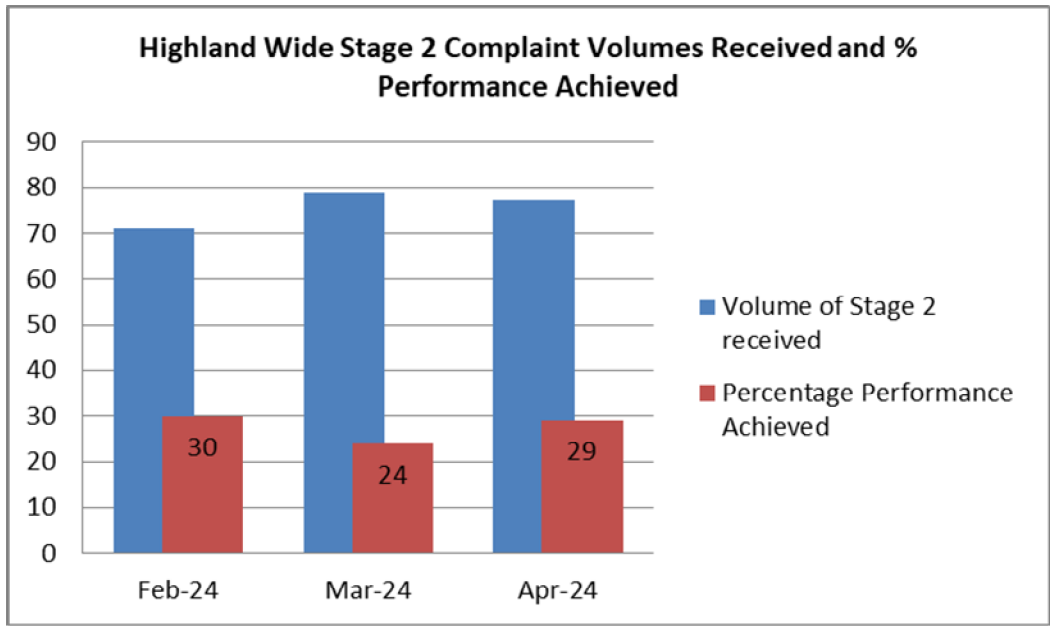
Dr Boyd Peters
Board Medical Director

Complaint Activity: Last 3 months

Progress Made	Next Steps	Timescale
• Preparing for the SPSO Child Friendly Complaint Handling Procedure	• Working group in place, with actions progressing	• July 2024
• Training for Medical Division regarding Quality	• Training sessions arranged on how to construct a robust and quality response	• End June 2024
• HHSCP - Drivers Diagram workshop	• Workshop to define actions for improvements in performance and quality	• July 2024

PEFORMANCE OVERVIEW
Strategic Objective:
Outcome Area:

Latest Performance (Target 60%)	April 29%



Factors which Influenced complaint volumes has been:

- Lack of ADHD care and service provision
- Lack of Adult Social Care provision
- Delays in Urology treatments and communications around delays
- PoTS - delivery of service and communication to patients
- GP – Provision of service
- Lack of sexual health provision in A&B

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
- Continuously high volumes of complaints being logged
- Complaints are more complex impacting investigation times

Top 3 Complaint Issues:

- Care & Treatment - delayed diagnosis, delay in treatment, quality of nursing care, missed diagnosis
- Waiting Times - Delay in CAMHS / NDAS assessments, Urology appts, MRI scans, Surgical procedures, adult social care assessments
- Communication - cancelled appointments, inward patient progress, referrals, conversations with clinicians, contact with social work

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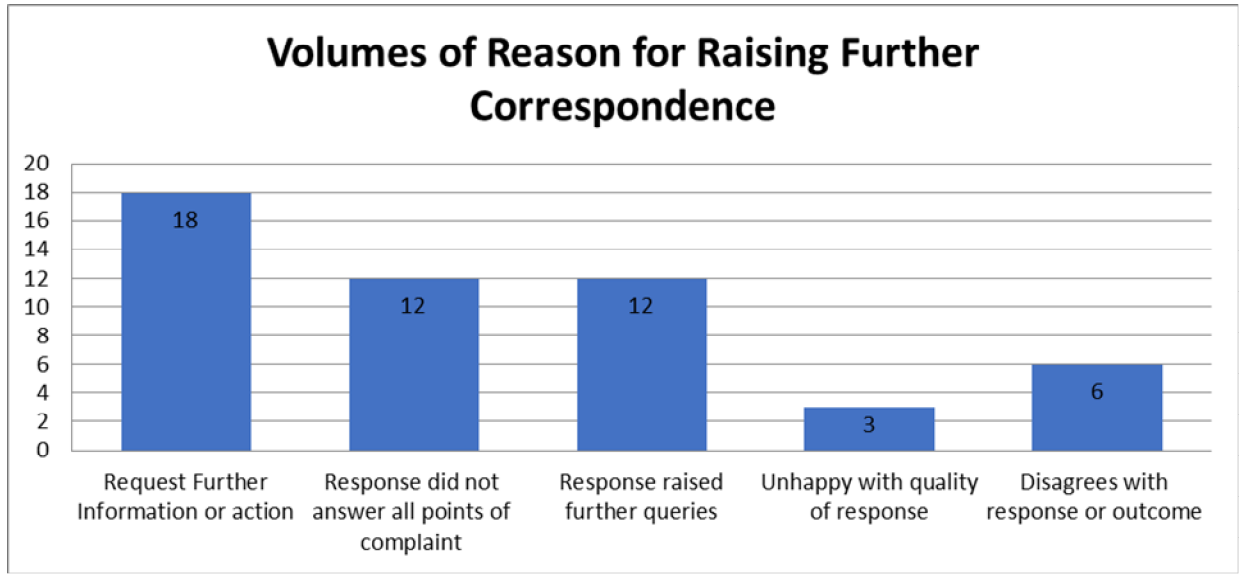
Quality and Impacts: Review of SPSO and Further Correspondence Returns

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.

Dr Boyd Peters
Board Medical Director

Further Correspondence Activity: Since September 2023 total of 621 Stage 2 have been logged and 28 of those became a Further Correspondence (4.5% conversion rate)



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 April 2024 - May 2024

5 New SPSO Enquiries Received. 3 for ACUTE and 1 for HHSCP, 1 for A&B and 1.

Topics of new complaints:

Delay/ Misdiagnosis
Care in Oban Hospital
Primary Care - care and treatment

6 closed SPSO Enquiries. All 6 NTF

Recommendations relate to complaint handling, timeliness of response and responding to all points of complaint

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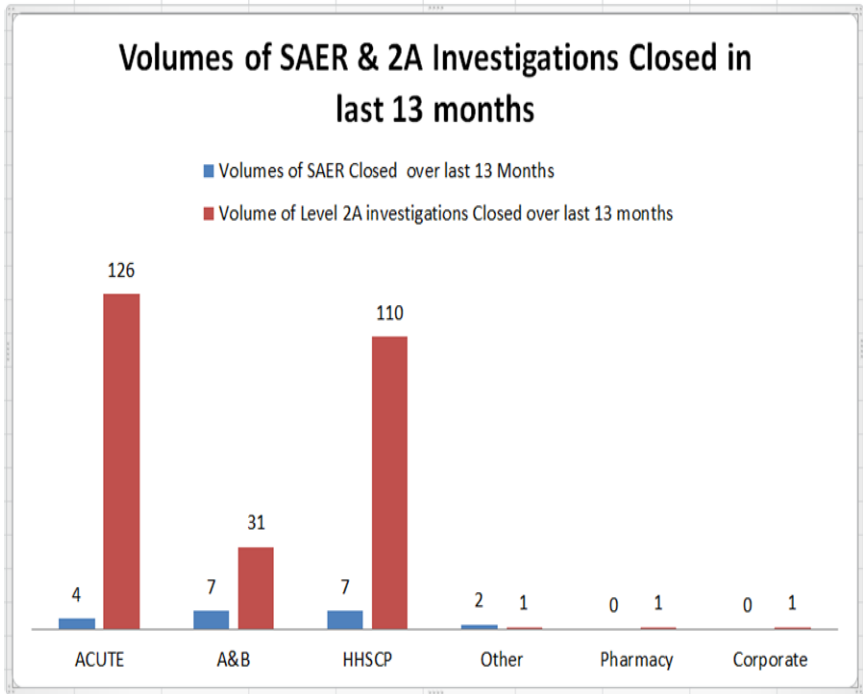
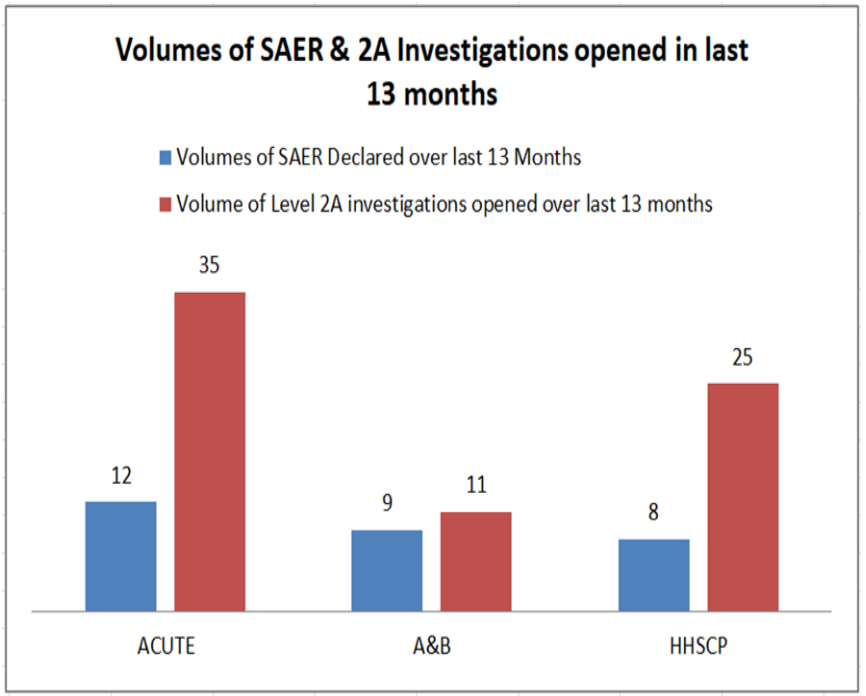
Dr Boyd Peters
Board Medical Director

SAER and Level 2A (Case Reviews): Last 13 months

Progress Made	Next Steps	Timescale
• A look back audit on SAER and Level 2a has been undertaken to ensure appropriate level of investigation. A few cases have been identified that require a case assessment review. • Building capacity to Lead and support SAERs • Working with each operational area to ensure open actions are progressing • All incidents reported in Datix are reviewed through the Quality Patient Safety review structure.	• Incident management training for A&B • SAER training arranged for HHSCP on 13 and 15 August • CGST working with areas to review outstanding actions • Clinical Governance will continue to support to help ensure investigations are efficient , and the correct people are involved at the earliest opportunity.	• By end of September 2024 • By end of August





In the 13-month period a total of 17343 incidents have been raised across North Highland and A&B. A total of 29 SAERs have been declared, giving a conversion rate of 0.16%.

Current Status :

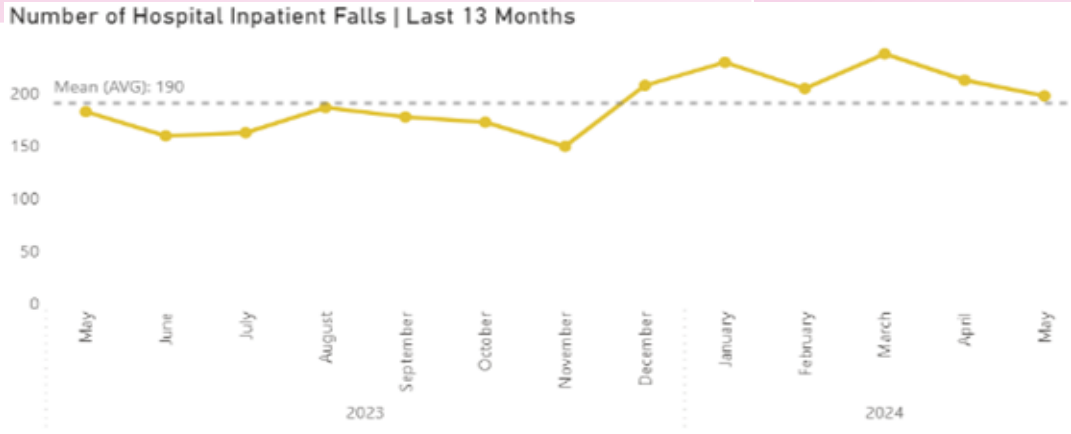
- 64 Major and Extreme cases awaiting decision
- 23 Active level 1 cases
- 54 Active Level 2 cases

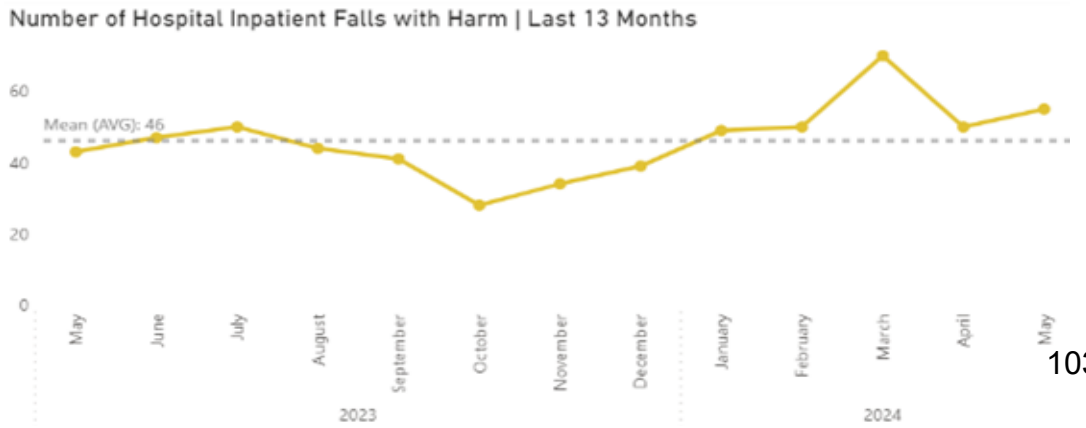
Clinical Governance

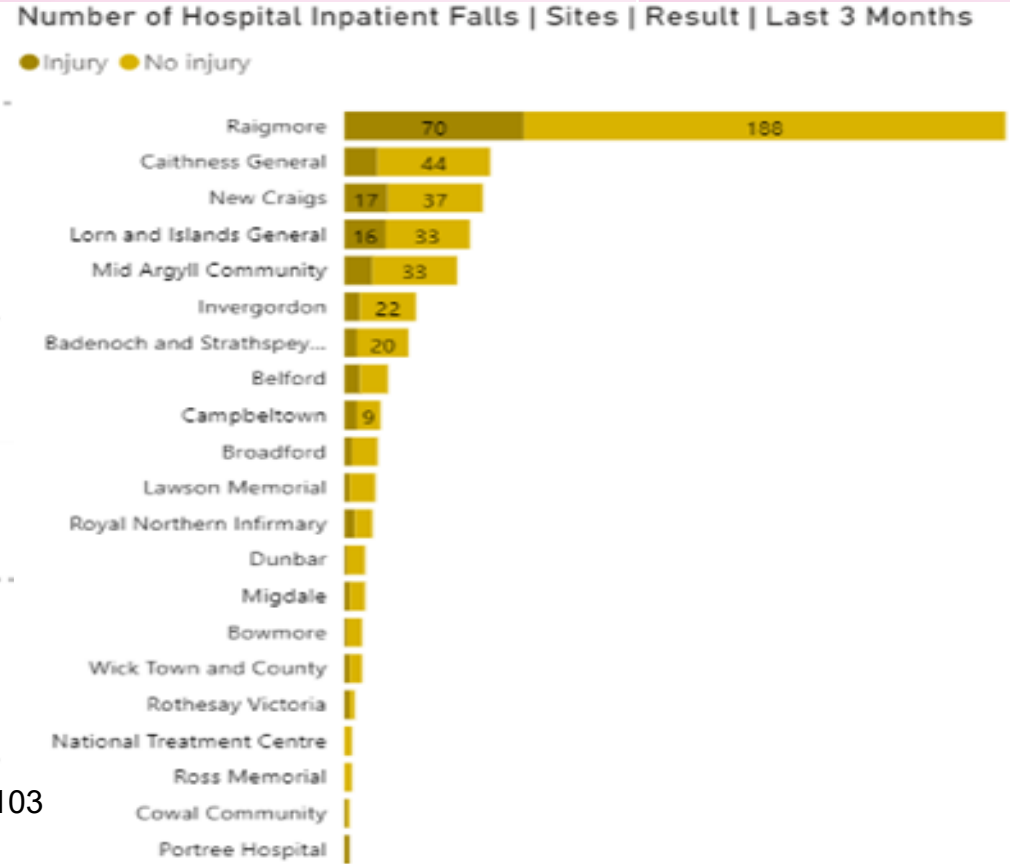
Hospital Inpatient Falls | Run Chart and Site Harm/No Harm Outcome

Louise Bussell
Director of Nursing

Progress Made	Next Steps	Timescale
• Focus on areas of highest falls using revised audit tool – feedback through steering group to identify common themes and share learning and areas of good practice. Initial audits identifying lack of L&S BP checks • Meeting with HIS to discuss high falls rate Rosebank ward and potential strategies to reduce falls • Red flag medicines list agreed and being uploaded to TAM • First draft of post falls review document reviewed by steering group	• Single page prompt sheet to be developed aligned to SPSP driver diagram • Review of lifting equipment across Community Hospitals and identify training needs	31/07/24 31/08/24





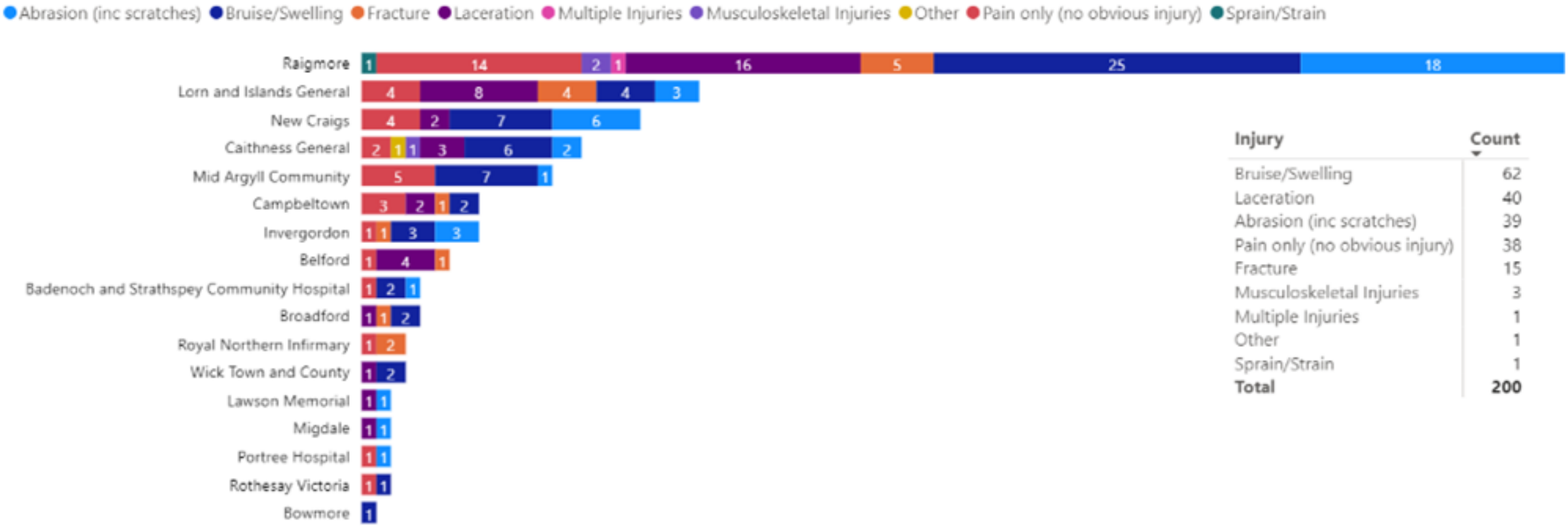


Clinical Governance

Hospital Inpatient Falls | Falls with Harm Site and Injury Type Detail

Louise Bussell
Director of Nursing

Number of Hospital Inpatient Falls | Sites | Injury Type | Last 3 Months



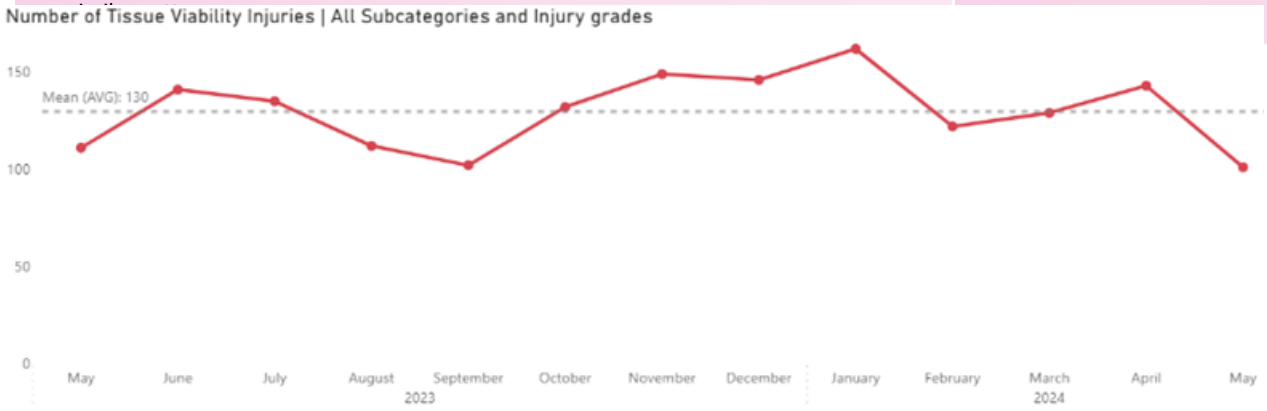
Injury	Count
Bruise/Swelling	62
Laceration	40
Abrasion (inc scratches)	39
Pain only (no obvious injury)	38
Fracture	15
Musculoskeletal Injuries	3
Multiple Injuries	1
Other	1
Sprain/Strain	1
Total	**200**

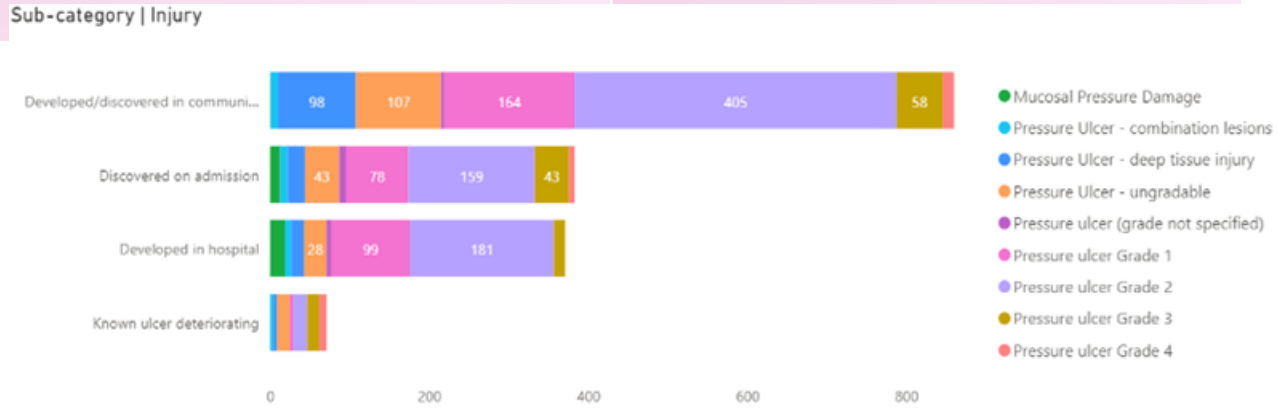
Clinical Governance

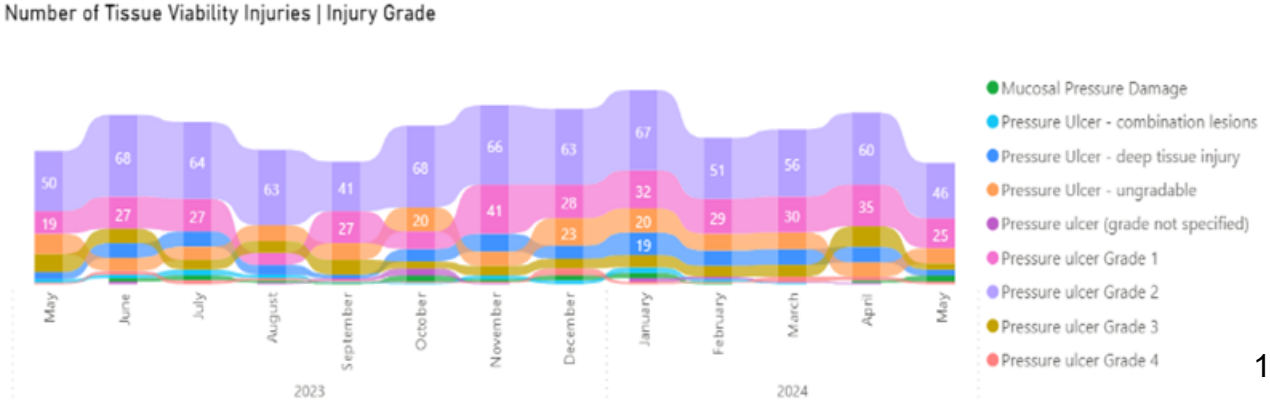
Tissue Viability Injuries | Grade 2/3/4 | Overall and Subcategory Detail

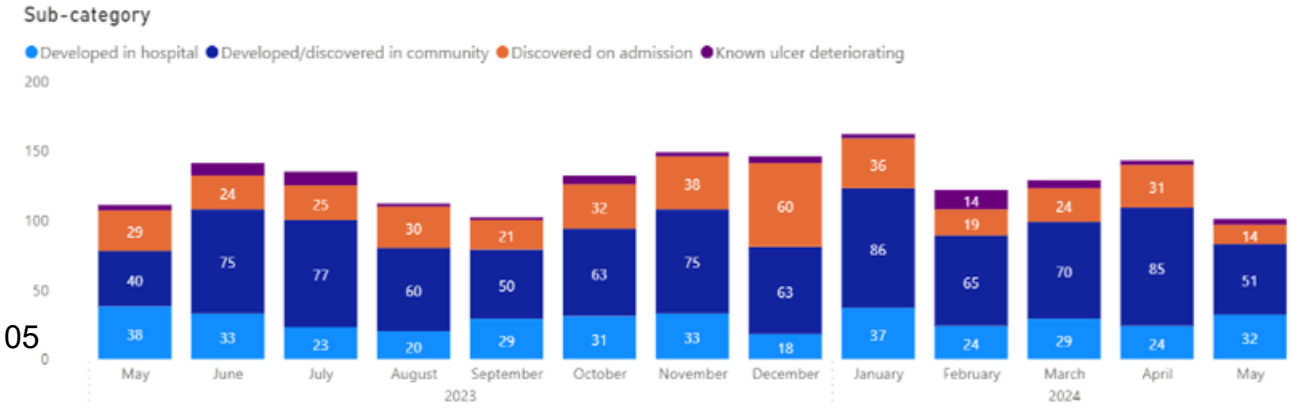
Louise Bussell
Director of Nursing

Progress Made	Next Steps	Timescale
• Target aim to reduce pressure ulcers agreed	• Reduction of hospital acquired PUs by 20%	• June 2024
• Discussions undertaken with SAS re pilot pressure damage risk assessment and implementation of risk reduction measures for patients delayed waiting in ambulances.	• SAS investigating options to access pressure relieving equipment.	• June 2024
	• Consideration of including pressure damage risk assessment in SAS triage tool.	• June 2024
• aSSKINg model - have commenced trials on some Raigmore wards.	• Development of an aide memoir for all users for aSSKINg	• August 2024
• 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.	• Plan community team trial to commence aSSKINg	• May 2024
	• Evaluate acute trial with QI team for Hybrid mattress in progress	• May 2024
• aSSKINg model to be trialled in community	• TV Lead to liaise with HIS re potential to make changes and next steps after trial of aSSKINg tool	• May 2024
• ELearning for pressure ulcers in progress	• ELearning for Pressure ulcers with updated tools	• June 2024
• Hybrid mattress evaluation and results being compile	• Follow up with HIS re: Grade 1 and Grade 2 % r	• September 2024
• 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	• TVLG in abeyance so work continues areond above steps, pending TOR review	









Infection Control | SAB, CDIFF and ECOLI

Louise Bussell
Director of Nursing

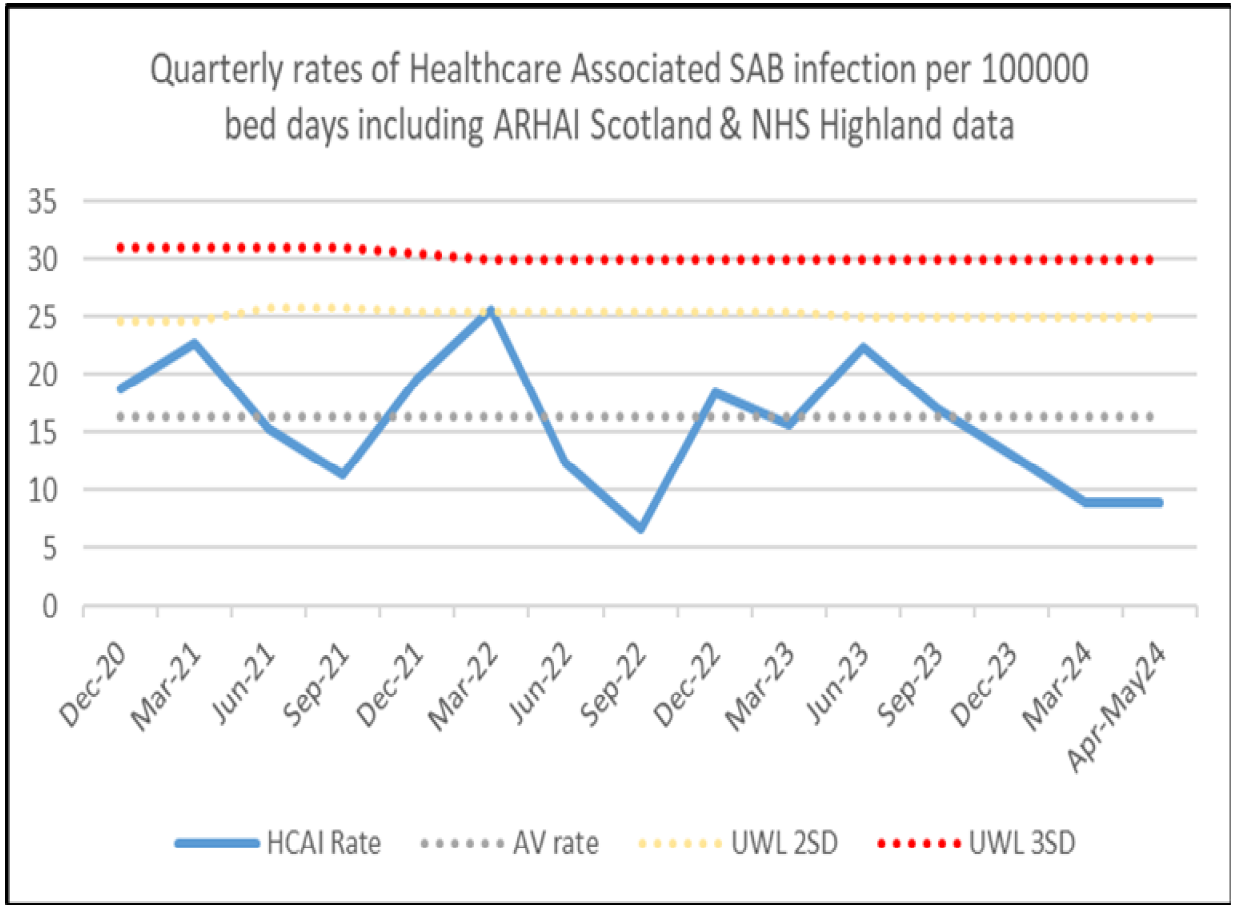
Progress Made	Next Steps	Timescale
• The current reduction aims are: Clostridioides difficile healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by April 2024. Staphylococcus aureus bacteraemia rate of 15.3; and EColi bacteraemia rate of 17.1 • Current NHS Highland and published PHS data identifies a rate of 24 (75 cases) for CDI 2023/24. This reduction aim will not be met • Current NHS Highland and published PHS data identifies a rate of 15.2 (47 cases) for SAB 2023/24. This reduction aim may be met • Current NHS Highland and published PHS data identifies a rate of 23 (74 cases) for EColi 2023/24. This reduction aim will not be met. • NHS Highland was not above normal variation when analysing trends over the past three years and remains within predicted limits.	• 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. • IPC annual work plan continues to be monitored, and a detailed report is submitted to Clinical Governance Committee for assurance. • Await confirmation of future national reduction aims for 2024/2025. At present NHS Highland will roll over current reduction aims • Local review of the management of CDIFF cases in acute care settings has commenced, antimicrobial prescribing practices changed	• Review end of year validated position validated position July 2024 • Local review of the management of CDIFF cases underway, antimicrobial changes to be measured Sept 24 • Await forthcoming publication of reduction aims for 2024/25

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024
Includes validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data when unavailable

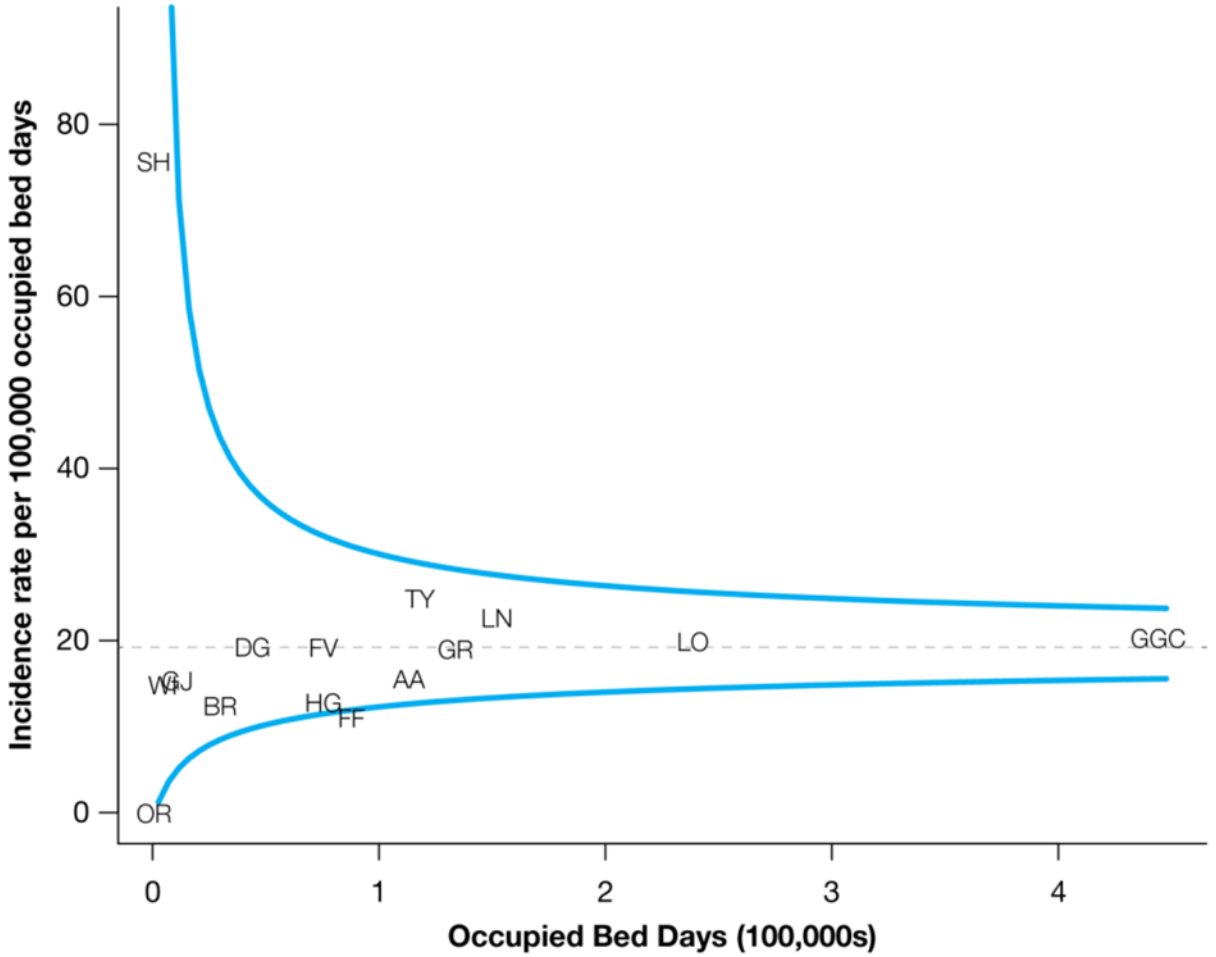
Period	Apr-Jun 2023 Q1	Jul-Sep 2023 Q2	Oct-Dec 2023 Q3	Jan-Mar 2024 Q4 (NHS HIGHLAND DATA – NOT VALIDATED)
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	22.4	16.9	12.8	9
SCOTLAND	18.3	18.1	19.2	n/a
C. DIFFICILE				
NHS HIGHLAND	18.5	31.2	21.8	25
SCOTLAND	15.8	15.5	14.3	n/a
E.COLI				
NHS HIGHLAND	23.8	31.2	27.0	14
SCOTLAND	37.6	37.8	34.7	n/a

Infection Control

Staphylococcus Aureus Bacteraemias (SABs)

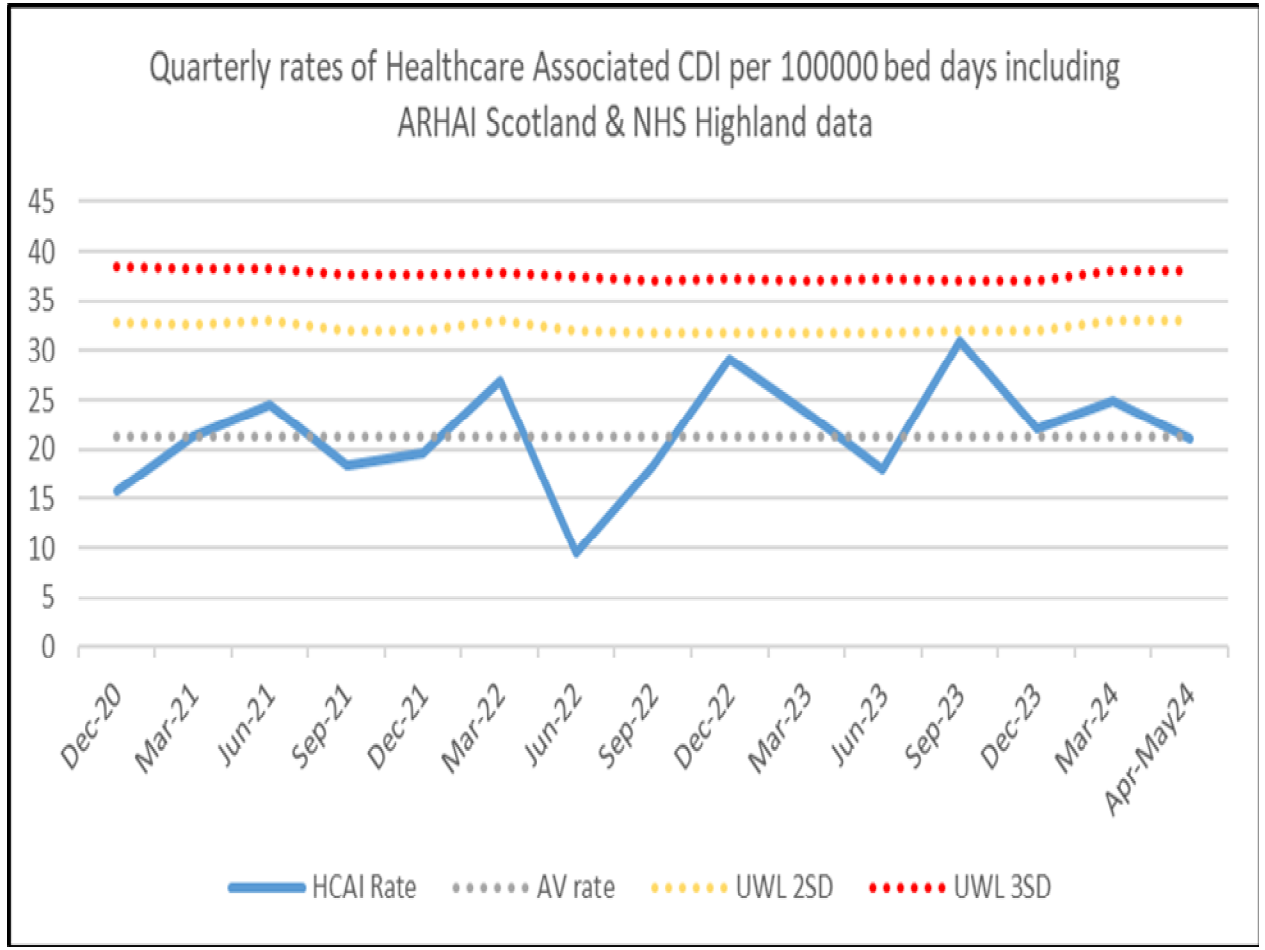


Discovery data | Infection rate per 100,000 bed days | NHS Highland quarter ending December 2023 HG – NHS Highland



Infection Control

Clostridioides difficile infection (CDIFF)



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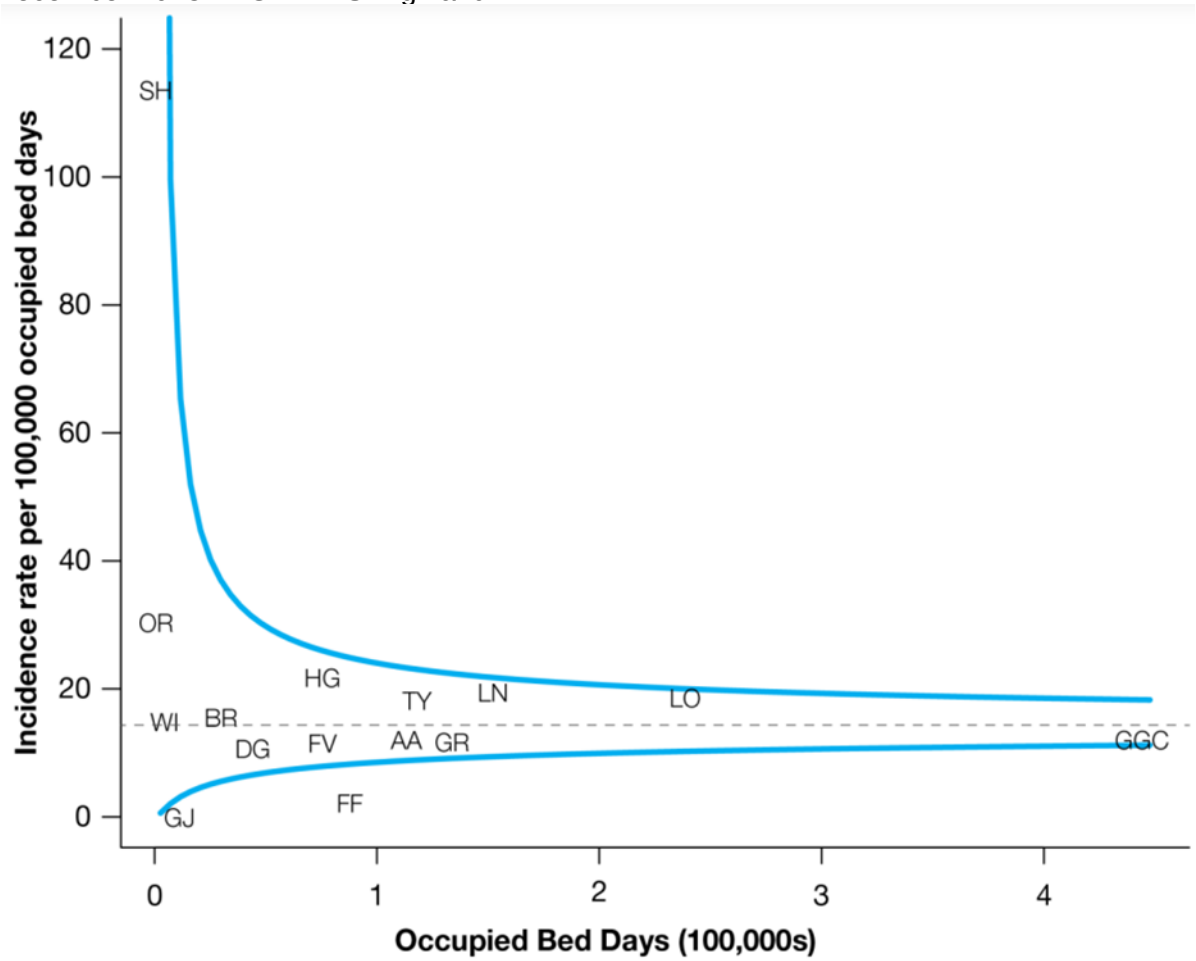
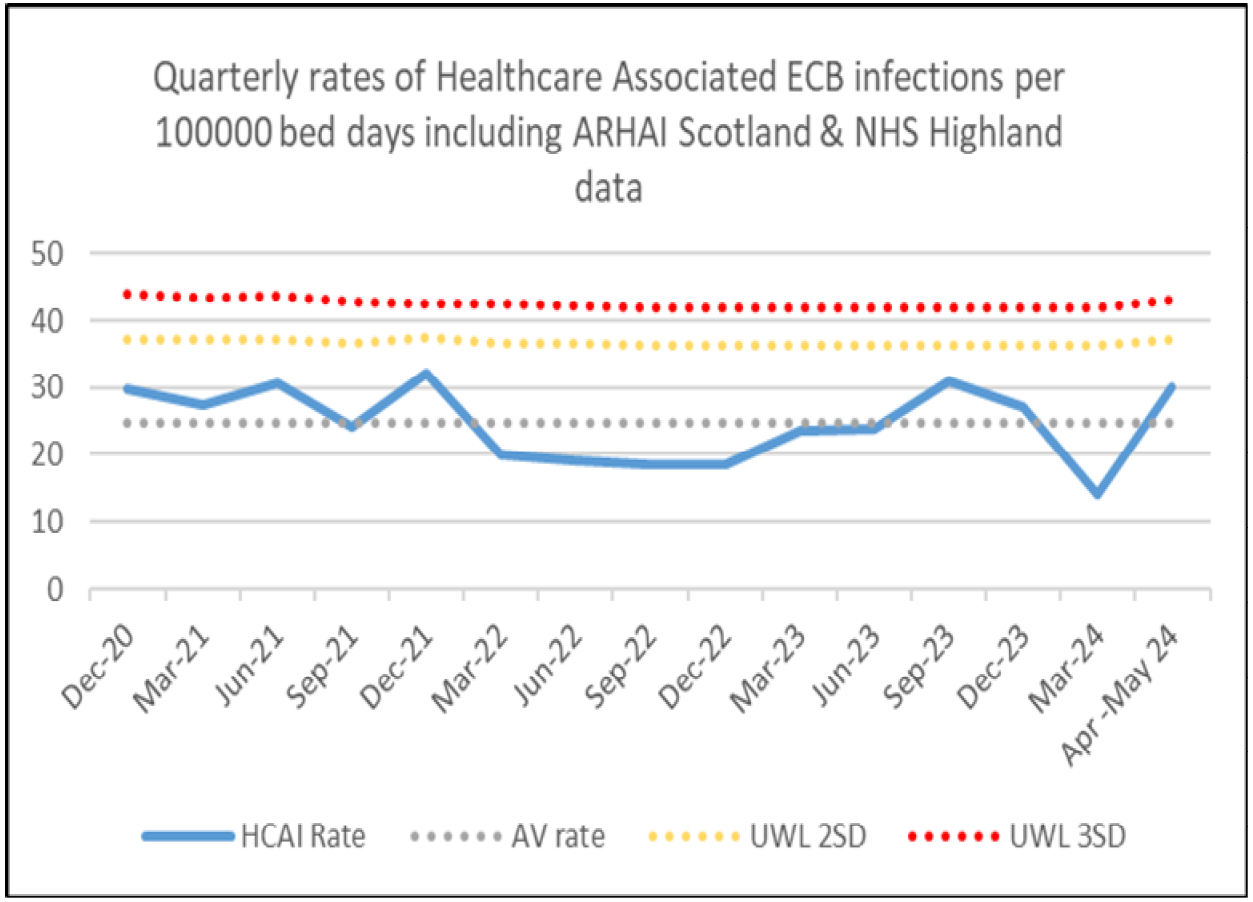


Infection Control

E.coli bacteraemia (ECOLI)



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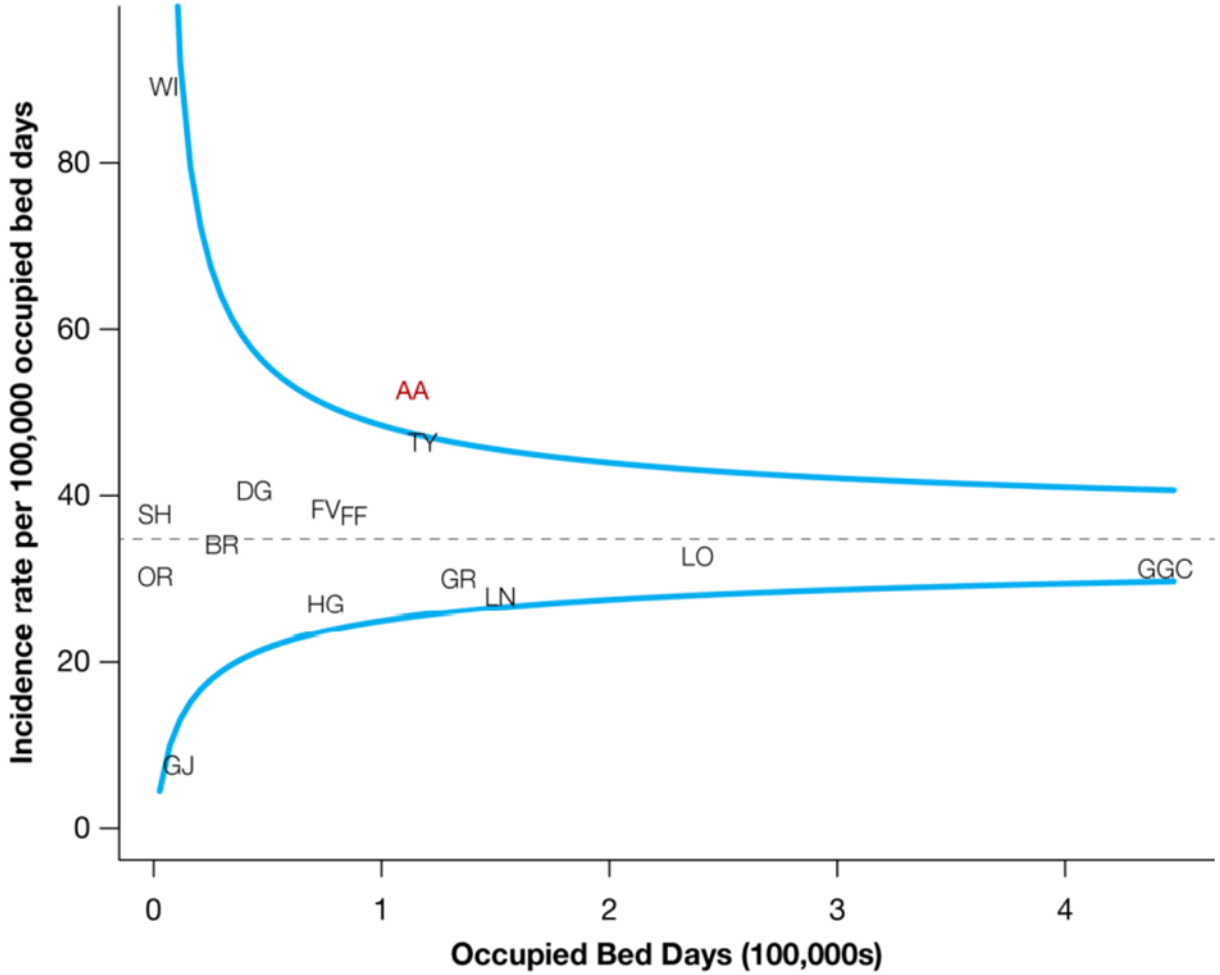

Our People – Workforce and Staff Governance Metrics

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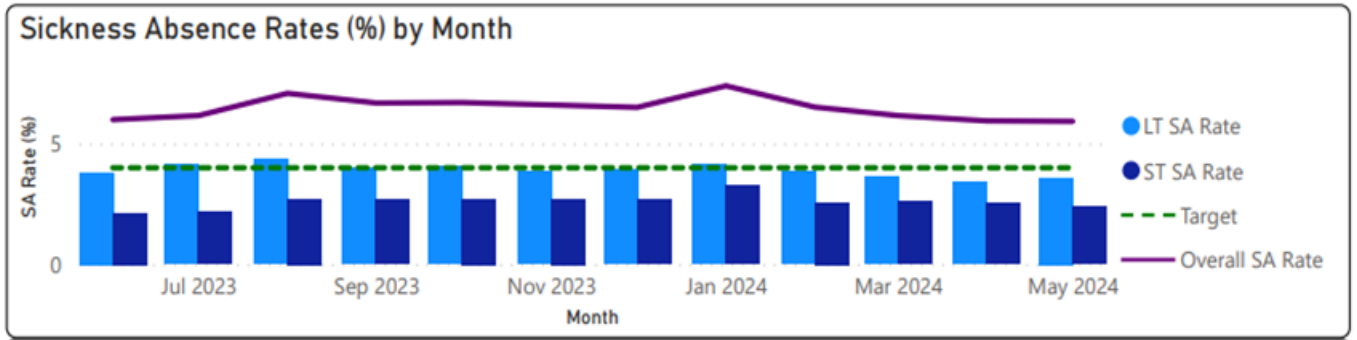
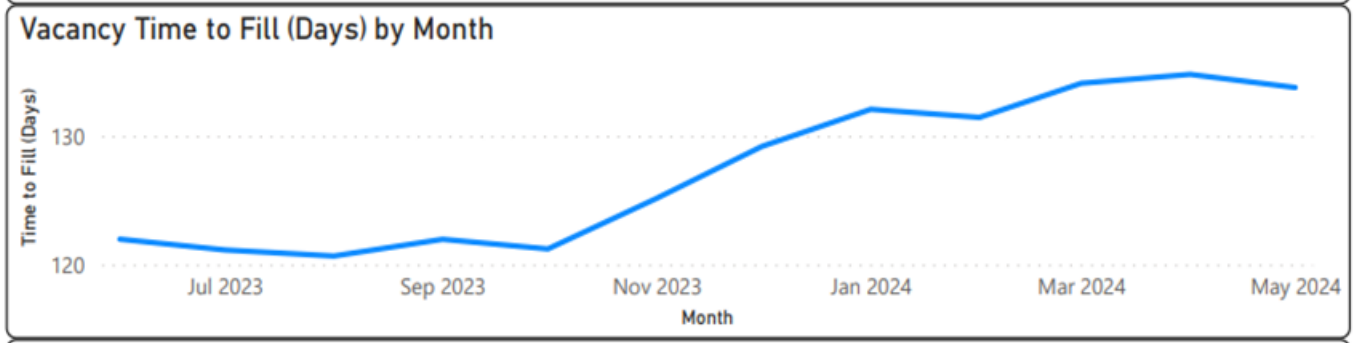
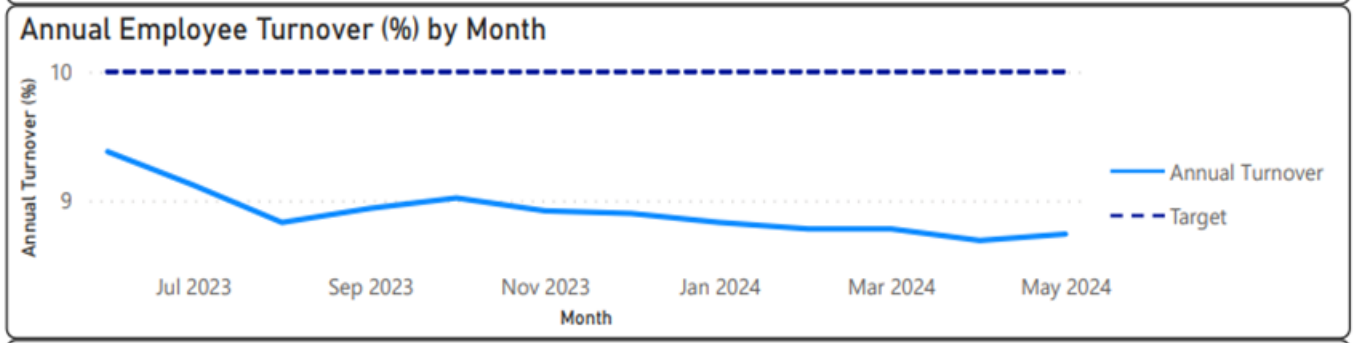
Gareth Adkins
Director of People and Culture

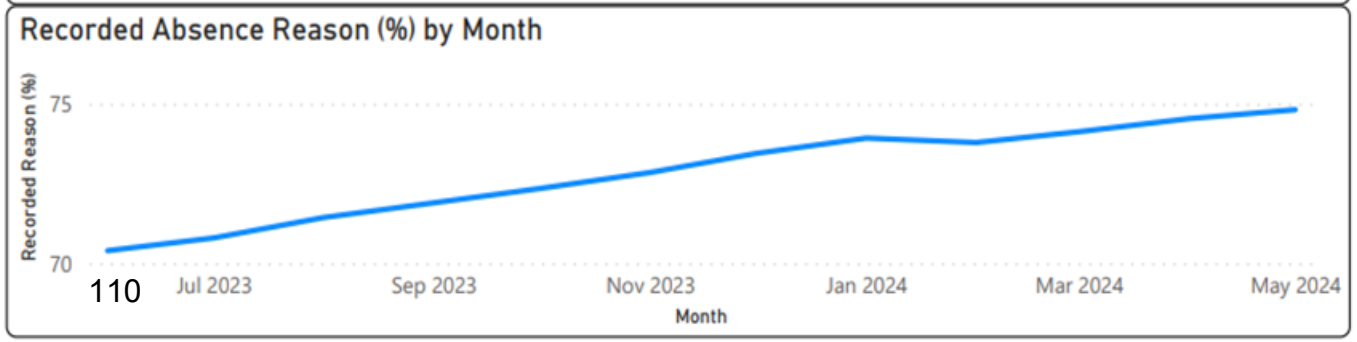
Organisational Metrics May 2024

Sickness Absence Rate (%)	5.92
Long Term SA Rate (%)	3.58
Short Term SA Rate (%)	2.36
Recorded Absence Reason (%)	74.82
Vacancy Time to Fill (Days)	133.75
Annual Employee Turnover (%)	8.74









Our People – Workforce and Staff Governance Metrics

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Gareth Adkins
Director of People and Culture

Training Metrics May 2024

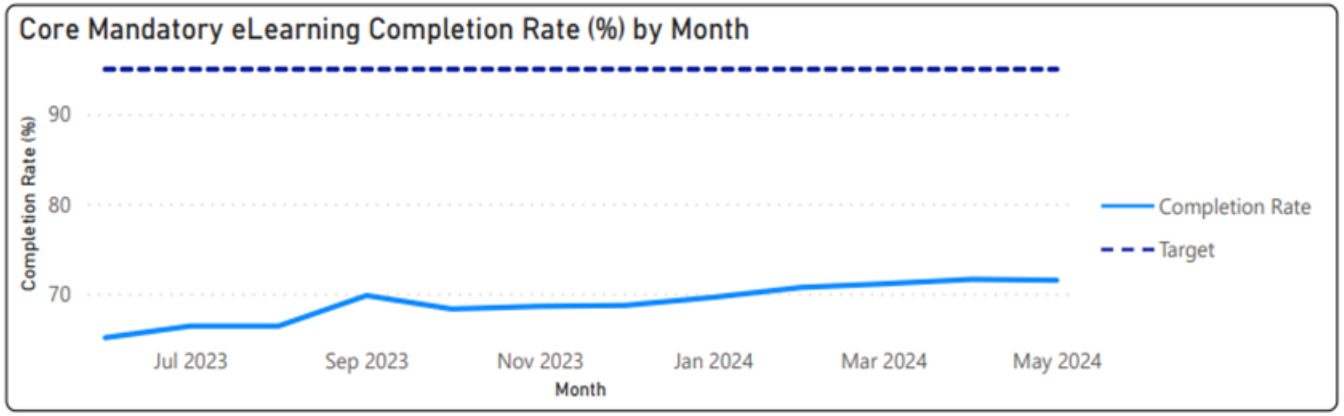
Mandatory eLearning Completion (%)
71.5

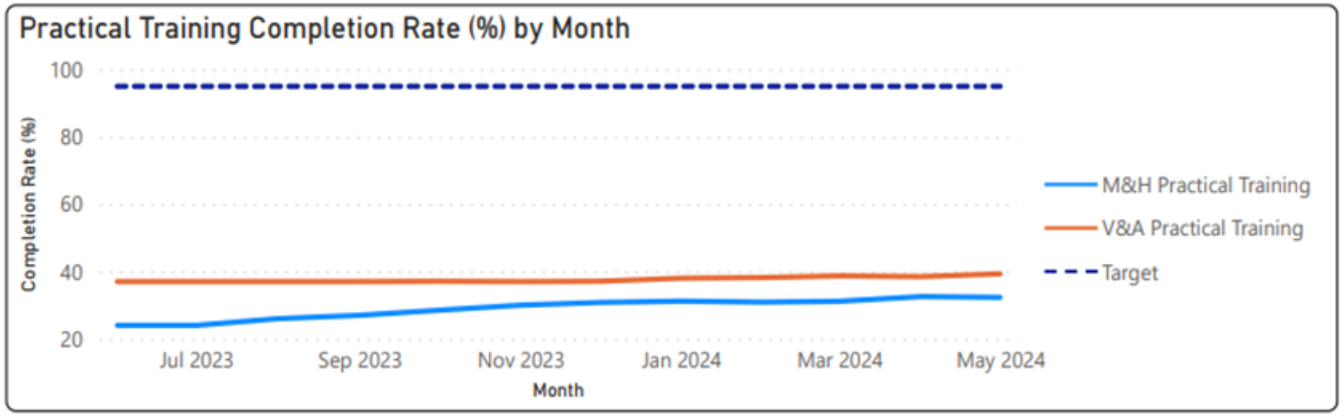
Note that from Feb 2024 V&A e-Learning module has been excluded from Mandatory Training compliance figures until new course is launched in June for all Job Families.

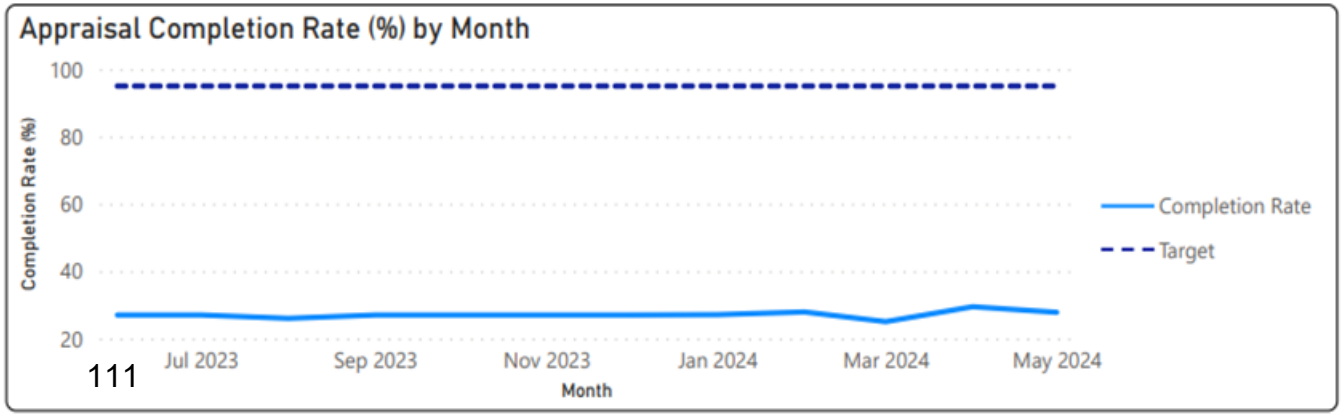
V&A Practical Training Completion Rate (%)
39.3

M&H Practical Training Completion Rate (%)
32.3

Appraisal Completion Rate (%)
27.8







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Gareth Adkins
Director of People and Culture

Our People – Workforce and Staff Governance Metrics Narrative

- NHS Highland absence remains above the national 4% target and over 5.9% for April and May 2024 . The absence rate has increased each year since 2022. 23% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (19% of absences) remain high as well as gastro-intestinal problems (15% of absences). Covid related illness accounts for 6%.
- Absences with an unknown cause/not specified remain high (accounting for around 26%), although this is a decrease of 4% from last report. Managers are asked to ensure that an appropriate reason is recorded and continuously updated.
- Attendance remains low for Once for Scotland policy training including Attendance. Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning. The People Services team continue to work closely with managers of long-term absent employees.
- 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.
- The NHS Highland Health and Wellbeing Strategy consultation has now closed with the feedback being considered. The final Strategy will be launched over the summer months. 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 is being progressed by the Health & Wellbeing Group.
- The average time to fill vacancies remains above the NHS Scotland KPI of 116 days. This data includes vacancies approved at vacancy management group but doesn't include those 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 turnover remains stable in line with the other Boards across Scotland, reporting 8.74% in May, a decrease from the last report. We continue 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 20% of our leavers. Further encouragement is required to capture leaving reasons.
- Refreshed awareness sessions for managing PDP&R has been launched with monitoring of attendance. This will provide information on how to successfully and meaningfully undertake a PDP&R with individuals. The content of the sessions will be regularly reviewed to ensure alignment with policy and good practice. The People Partners will work with the senior leadership teams in ensuring that plans exist for increase in the amount of PDPs undertaken. As part of the Culture and Leadership Framework, new PDP&R training will be offered to all colleagues to improve understanding of the benefits and reasons for regular feedback and development and to increase completion rates. In addition an improvement plan is being progressed regarding the completion of PDPs commencing with senior managers.
- A 6 month monitoring period is near completion 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.

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
3	Covid Vaccine Uptake	Monthly	July 2024	September 2024
3	Board Comparison % Covid Vaccine Uptake	Monthly	July 2024	September 2024
4	LDP 12-week smoking quits by month of follow up-NHS Highland	Monthly	July 2024	September 2024
5	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	July 2024	September 2024
5	Setting Contribution 2023/24	Annual	New	September 2024
5	ABI Trajectory & Delivery	Quarterly	New	September 2024
6	Drug and Alcohol Wait Times	Monthly	July 2024	September 2024
6	Board Comparison % Drug & Alcohol Waiting Times	Monthly	July 2024	September 2024
7	18 Weeks CAMH Services Treatment	Monthly	July 2024	September 2024
7	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
7	CAMHS Waitlist HHSCP	Monthly	July 2024	September 2024
8	Volume of CAMHS Referrals Received in Relation To Number of Formal Complaints	Monthly	July 2024	September 2024
8	Complaint Reasons Relating to CAMHS	Monthly	July 2024	September 2024
8	Decision Outcome for CAMHS Related Complaints	Monthly	July 2024	September 2024
9	NDAS Total Awaiting 1st App (incl unvetted)	Monthly	July 2024	September 2024
9	New + Unvetted Patients Awaiting First Appointment	Monthly	July 2024	September 2024
10	Volume of NDAS Referrals Received in Relation to Number of Formal Complaints	Monthly	July 2024	September 2024
10	Complaint Reasons Relating to NDAS	Monthly	July 2024	September 2024
10	Decision Outcome for NDAS Related Complaints	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
11	A&E – 4 Hour Target	Monthly	July 2024	September 2024
11	Board Comparison % meeting Waiting Time Standard	Monthly	July 2024	September 2024
12	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	July 2024	September 2024
12	Weekly ED Patients Waiting 12-Hour Plus	Monthly	July 2024	September 2024
13	Delayed Discharges at Monthly Census Point	Monthly	July 2024	September 2024
13	Delayed Discharge Benchmarking with Other Boards/Local Authorities	Monthly	July 2024	September 2024
14	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	July 2024	September 2024
14	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
15	New Outpatients Referrals, Patients seen and Trajectories	Monthly	July 2024	September 2024
15	New Outpatient Total Waiting List & Projection	Monthly	July 2024	September 2024
15	OP Patients Waiting Over 52 Weeks	Monthly	July 2024	September 2024
16	Inpatient or Day Case 12 Week Waiting Times (Completed)	Monthly	July 2024	September 2024
16	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
17	Planned Care Additions, Patients Seen and Trajectories	Monthly	July 2024	September 2024
17	Total TTG Waits & Projection	Monthly	July 2024	September 2024
17	TTG Patients waiting over 78/104 weeks	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
18	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	July 2024	September 2024
18	Board Comparison % met Waiting time standard	Monthly	July 2024	September 2024
18	Non-Obstetric Patients Seen & Trajectories	Monthly	July 2024	September 2024
18	MRI Patients Seen & Trajectories	Monthly	July 2024	September 2024
18	CT Patients Seen & Trajectories	Monthly	July 2024	September 2024
19	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	July 2024	September 2024
19	Board Comparison % met Waiting time standard	Monthly	July 2024	September 2024
19	Colonoscopy & Cystoscopy: Patients Seen & Trajectories	Monthly	July 2024	September 2024
19	Flexi Sig Upper GI: Patients Seen & Trajectories	Monthly	July 2024	September 2024
20	Cancer 31 Day Waiting Times	Monthly	July 2024	September 2024
20	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
20	Patients Seen on 31 Day Pathway	Monthly	July 2024	September 2024
21	Cancer 62 Day Waiting Times	Monthly	July 2024	September 2024
21	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
21	Patients Seen on 62 Day Pathway	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
22	18 Weeks All Ages Psychological Therapy Treatment	Monthly	July 2024	September 2024
22	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
22	Psychological Therapies Waitlist HHSCP	Monthly	July 2024	September 2024
23	Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved	Monthly	July 2024	September 2024
24	Volumes of Reason of Raising Further Correspondence	Monthly	July 2024	September 2024
25	Volumes of SAER and 2A Investigations Opened in Last 13 Months	Monthly	July 2024	September 2024
25	Volumes of SAER & 2A Investigations Closed in Last 13 Months	Monthly	July 2024	September 2024
26	Number of Hospital Inpatient Falls| Last 13 Months	Monthly	July 2024	September 2024
26	Number of Hospital Inpatient Falls with Harm| Last 13 months	Monthly	July 2024	September 2024
26	Number of Hospital Inpatient Falls| Sites| Result| Last 3 Months	Monthly	July 2024	September 2024
27	Number of Hospital Inpatient Falls| Sites| Injury Type| Last 3 Months	Monthly	July 2024	September 2024
28	Number of Tissue Viability Injuries| All Subcategories and Injury Grades	Monthly	July 2024	September 2024
28	Number of Tissue Viability Injuries| Injury Grade	Monthly	July 2024	September 2024
28	Sub-Category| Injury	Monthly	July 2024	September 2024
28	Sub-Category	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
29	Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024	Quarterly	July 2024	September 2024
30	Quarterly Rates of Healthcare Associated SAB Infection Per 100,000 Bed Days	Quarterly	July 2024	September 2024
30	Infection Rate Per 100,000 Bed Days	Quarterly	July 2024	September 2024
31	Quarterly Rates of Healthcare Associated CDI Per 100,000 Bed Days	Quarterly	July 2024	September 2024
31	Infection Rate Per 100,000 Bed Days	Quarterly	July 2024	September 2024
32	Quarterly Rates of Healthcare Associated ECB Infections Per 100,000 Bed Days	Quarterly	July 2024	September 2024
32	Infection Rate Per 100,000 Bed Days	Quarterly	July 2024	September 2024
33	Organisational Workforce Metrics	Bi-monthly	July 2024	September 2024
34	Workforce Training Metrics	Bi-monthly	July 2024	September 2024
35	Workforce IPQR Narrative	Bi-monthly	July 2024	September 2024

Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 July 2024**
Title:	**Annual Delivery Plan 2024/25**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

NHS Highland submitted its draft Annual Delivery Plan for 2024/24 and Medium Term Plan 2026/27 to Scottish Government on 11 March 2024, aligned to the board's Financial Plan for 2024/25.

Feedback was received in June 2024 and a letter of approval received from Scottish Government's Deputy Chief Operating Officer on 19 June 2024.

This paper summarises the main points of feedback that have been incorporated to the final version of the ADP and plans for the monitoring, reporting and assurance of the deliverables.

2.2 Background

Annual Delivery Plan/Medium Term Plan

Guidance on the requirement for Annual Delivery Planning activity was provided to NHS Highland in December 2023, with an expectation on the timelines for submission of our ADP for 24/25, whilst also submitting our priorities for Medium Term Planning to 26/27.

Within the guidance it was asked that we explicitly link the ADP/MTP to the Board's Financial Plan, NHS Scotland's 10 recovery drivers, and in particular the 15-box model which has been shared to support NHS boards with developing their planning priorities for the forthcoming year.

The ADP/MTP has been aligned with the NHS Scotland recovery drivers and describes the key actions and deliverables for 2025/25, contributing to our priorities for improvement to 2026/27 and associated outcomes of how we will measure progress.

Feedback and Reporting

The draft ADPMTP has been presented alongside the draft Financial Plan throughout the NHS Highland committee structure and assurance has been taken on the development of these plans to support our planning priorities and progress towards our strategic outcomes.

Progress reporting against the ADP will be submitted against overall progress to the Finance, Resources and Performance Committee, while it is anticipated that future updates can be provided throughout the NHS Highland governance committees and Board on the efficiency and strategic design programmes as they move into future stages of delivery.

Scottish Government have requested quarterly reporting on progress against the Delivery Plan aligned to timescales for NHS Highland's internal governance. Therefore it is anticipated the Q1 update will be reported to the Finance Performance and Resources Committee on 6th September, with further quarterly updates provided.

2.3 Assessment

Scottish Government Feedback

Initial positive feedback was follow-up with written feedback received 6 June, representing updates through peer review by Scottish Government policy leads.

This was followed-up with a letter of approval of NHS Highland's Delivery Plan, received 19 June 2024 from the Deputy Chief Operating Officer, where it was also noted the significant challenged faced in the NHS recovery from

the ongoing impacts of the COVID pandemic, coupled with financial challenges. NHS Highland's approach in integrating service delivery and financial planning for the year was complimented, highlighting that this will help ensure that patient safety and front line services are appropriately prioritised while we work within agreed budgets.

The feedback also recognised the uncertainty of the current financial situation and the Scottish Government noted the requirement of the Annual Delivery Plan to remain dynamic and responsive to the fluid situation.

Choices (SG terminology)
It was noted that as part of the quarterly review of progress against the Delivery Plan and aligned Annual Financial Plan, there will continue to be focus on the financial situation impacts on health boards and how this is impacting the planned delivery and performance documented within ADP 24/25.

The initial draft ADP had reference to a number of local choices / emergency actions that may be required given the scale of the financial challenge faced by all boards in Scotland. NHS Highland is progressing a number of these areas aligned to activity in other NHS Boards.

Where local choices are to be progressed, the Scottish Government have noted they are committed to working closely to understand the nature of these impacts. Through an additional letter received 1 July 2024, Boards will require to progress any choices work locally and will not require further approval at a national level.

Summary of Feedback

The ADP 25/25 format was complimented including the close linkage to the board's Together We Care strategy. Feedback noted the use of deliverables for 2024/25 and priorities to 2026/27 – and associated improvement outcomes – was a helpful way to set-out the board's plans against these strategic outcomes.

Scottish Government highlighted that this ADP pulls together the closer working of the two localities, particularly in terms of reporting, to support the desired strategic outcomes of NHS Highland whilst recognising the differences in governance of the IJB in Argyll & Bute and the Lead Agency model of Highland.

There is both positive feedback as to the content of NHS Highland's delivery plan and areas where amendment(s) and/ or further discussions are required.

This Scottish Government feedback has been incorporated into the latest draft of the ADP MTP document in Appendix A. A summary is set out below;

Recovery Driver: Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community

Areas requiring further detailed context and identified deliverables in 2023/24 include Dentistry and Ophthalmology, and these have been updated in the Care Well and Treat Well sections of the ADP.

Further detailed action around Flow Navigation Service and Urgent & Unscheduled Care including specifics around the interface with Scottish Ambulance Service and future strategic plans being progressed in Argyll & Bute, and what this means for out-of-hours care. Further reference to the national Primary Care Improvement Plan is included.

Recovery Driver: Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need

There is to be further engagement with Scottish Government around the trajectories for improvement around the Urgent and Unscheduled Care portfolio and regular performance and improvement calls will support the definition of agreed trajectories.

Recovery Driver: Improve the delivery of mental health support and services

It was noted there is a reliance on supplementary staffing to deliver Mental Health services but there are clear performance trajectories in place for those areas in escalation, and particularly in relation to CAMHS. The CAMHS Improvement Plan was noted a key component in supporting improved performance from the current position.

Recovery Driver: Recovering and improving the delivery of planned care

The risks associated with maintenance of planned care in the current financial climate are noted, including the impact of proposals to reduce supplementary staffing. The initial submission was written prior to the additional Planned Care funding becoming available from Scottish Government. Whilst many of these risks are mitigated by the additional funding supporting the board to protect planned care activity to the levels of previous years, further strategic transformation of these services is required to develop Sustainable Operating Models, and this is recognised in the feedback.

Recovery Driver: Delivering the National Cancer Action Plan (Spring 2023-2026)

Further detail is required on plans to meet the National Cancer Action Plan – particularly around board plans for implementation of optimal cancer diagnostic pathways and Rapid Cancer Diagnostic Services. Optimal pathways have been adopted and NHS Highland has bid for some additional funding to support implementation. However full achievement of these best practice pathways will require further strategic transformation, as is the position across all boards in NHS Scotland. Assessment of progress against implementation will be picked-up through operational and strategic cancer groups in NHS Highland.

Another area requiring attention is planning the implementation of Rapid Cancer Diagnostic Services. NHS Highland has participated in the Discovery phase as part of the North of Scotland region, however at the time of submission of the Annual Delivery Plan had been awaiting the outcome of the Evaluation from the national pilots into the cost-effectiveness of pathways.

We are aware there is a commitment to organisational coverage of RCDS by March 2026, however further engagement is required as to how RCDS can operate in a rural and island context within the current financial context. This has been updated as a medium-term priority to March 2026.

Cancer Waiting Times performance was a key area where further actions need detailed to meet the Framework for Effective Cancer Management. Since submission of the ADP, a Cancer Operational framework and oversight group has been commissioned to take oversight of performance within the Acute sector. This action will help monitor and drive improvement in cancer waiting times performance and provide the Acute portfolio with assurance of progress against a local action plan for delivery, and the board with assurance of performance improvement through IPQR.

A reference to the Psychological Therapies and Support Framework has been included to highlight that NHS Highland participated in this programme through Macmillan Cancer Support. The benchmarking report should be available to NHS Highland later this year to assess where NHS Highland stands in meeting the framework, relative to other providers across the NHS and third sector providers.

Recovery Driver: Enhance planning and delivery of the approach to health inequalities and improved population health
Further reference is required to NHS Highland's participation in the Alcohol Drug Partnerships Strategic Plan has been added in, particularly around addressing heath inequalities.

Recovery Driver: Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
Feedback has highlighted the need to strengthen the aims and ambitions of the women's health plan in the ADP. Direct links have been added into the Start Well, Treat Well, Age Well and Perform Well. Adoption of further CfSD pathways relative to women's health are also noted as requiring further engagement.

Recovery Driver: Implementation of the Workforce Strategy
NHS Highland actions were noted as appropriate and realistic and it was positive to see engagement in both local and national forums. It was noted by Scottish Government that there has been a pause to the implementation of eRostering across the board, although since submission our board strategy for the underpinning software required for eRostering has been agreed given there were risks associated with double entry of data. This area has been

added to the Grow, Listen, Nurture and Engage Well section of the ADP and is aligned to the Digital Delivery Plan.

Recovery Driver: Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
At the time of submission of the ADP, engagement was ongoing with regards to how the ADP 24/25 interlinks with the board's Digital Delivery Plan (DDP) for 24/25. A number of priorities have emerged including Hospital EPR, Morse and Digital Dictation that can be added into the Digital Delivery Plan and through the strategic change process, work is ongoing to align transformation, improvement and digital change priorities.

Recovery Driver: Climate Emergency and Environment
More explicit explanation of Waste Management Climate Adaptation and Circular Economy to sit within the Anchor Well and Enable Well sections have been requested.

Supporting Theme Value Based Health & Care
It is recommended that Realistic Medicine is a consistent theme throughout the ADP 2024/25 and Scottish Government's feedback is that NHS Highland should be commended for this.

The feedback from Scottish Government has helped draft the latest ADP 24/25 included in the appendix.

Monitoring and reporting
In order to ensure the ADP 24/25 deliverables are achieved, a tracker has been established to collate quarterly updates on the progress of each deliverable, which have been aligned to Executive Leads for the delivery of each "Well" theme in Together We Care.

With quarterly reporting expected to Scottish Government, reporting of the ADP deliverables will be undertaken through EDG (STAG and VEAG) and a quarterly update will be provided.

Assurance reporting will be undertaken through the Finance Resource and Performance Committee on the quarterly progress of ADP 24/25. There will be reporting of individual deliverables to various committees aligned to performance and quality trajectories.

Quarterly updates will be reported to NHS Highland board, with the Q1 update anticipated to be reported in September 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

At the time of writing the ADP has the key deliverables NHS Highland require to achieve transformation and improvement however the challenging financial situation and capacity of our teams may impact on our ability to meet the required level of change required. This level of assurance is complemented with a risk on the corporate risk register and the mitigating actions to support delivery.

3 Impact Analysis

3.1 Quality/ Patient Care

Each deliverable of ADP 24/25 will be tracked through performance trajectories reported as part of the board's Integrated Performance Quality Report and EDG Performance Dashboard. A paper was recently submitted to the Clinical Governance Committee advising on the quality measures complementing the performance measures that would be taken to Clinical Governance Committee. NHS Highland Board will see a refreshed IPQR to complement the now approved ADP and trajectories.

3.2 Workforce

ADP 24/25 has a number of deliverables relating to workforce. The Staff Governance Committee is refreshing their section of the IPQR to provide awareness of progress of the key deliverables relating to the "Our People" section.

3.3 Financial

ADP 24/25 is aligned to the board's Financial Plan for 24/25. Both will be subject to quarterly reporting to Scottish Government.

3.4 Risk Assessment/Management

Risks to delivery of the Annual Delivery Plan are included within the Level 1 Strategic Risk Register for the health board.

3.5 Data Protection

ADP 24/25 has no person-identifiable information. All deliverables will undergo screening for Data Protection.

3.6 Equality and Diversity, including health inequalities

Each programme area within ADP 24/25 are subject to screening through the Equalities Impact Assessment for any actions required.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

ADP 24/25 has been developed through consultation and engagement with senior management and clinicians across NHS Highland. The feedback from Scottish Government has been shared with EDG members to shape the final version.

3.9 Route to the Meeting

The initial draft ADP submitted to Scottish Government was a collated summary of deliverables from key stakeholders across NHS Highland, through assigned Senior Responsible Officers, Clinical Leads and Executive Leads. Development of ADP 24/25 has been overseen by the Head of Strategy & Transformation reporting to EDG.

4 Recommendation

NHS Highland board are asked to;

- **Approve** the Annual Delivery Plan for 24/25 as detailed in the Code for Corporate Governance
- **Awareness** that the reporting will commence to the Finance, Resources and Performance Committee on delivery of the Annual Delivery Plan and in turn the Board will receive 6 monthly reports on progress. The first of which will be September 2024

4.1 List of appendices

The following appendices are included with this report:

- ADP 24/25 220724 – following SG feedback

Annual Delivery Plan 2024 – 2025 Medium Term Plan 2025 - 2027

NHS Highland

Introduction

Pamela Dudek, Chief Executive

Fiona Davies, Incoming Chief Executive

In Highland, Argyll & Bute we want to deliver excellent health outcomes for our population so that they always feel safe, cared for and listened to. We also want to support our workforce to attract, retain and develop passionate and talented people, creating an environment where they can thrive.

We also recognise that public finances across Scotland and within the NHS are extremely challenging but that must not compromise our commitment to delivering safe and effective services for our population working collaboratively with partners, stakeholders, communities and other public sector organisations.

Within NHS Scotland and in Highland we have reached a critical point in remote, rural and island healthcare delivery where the cost of providing health and care to our dispersed population continues to rise, at the same time as demand, as well as expectations of the service rising continuously. There needs to be an open and honest conversation with the public about what the future health and care service looks like to ensure the sustainability of health and care in Highland so we can co-design and co-produce a positive way forward.

The pandemic has led to a more complex health and care system; an increase in inflation, backlogs in elective care, recruitment and retention challenges as well as the pay awards. Our costs are further challenged by an exponential rise in our population in delay in our hospitals as well as the acuity of patients, increasing prescribing costs and increasing cancer referrals which place a strain on our already stretched diagnostic resources.

This 3-year Delivery Plan will refresh our approach to our strategy; Together We Care which follows the life cycle from cradle to end of life through whole system working. As detailed in our Together We Care Strategy these outcomes were determined through consultation and engagement with our communities, partners and colleagues. It will also start our journey with the Joint Strategic Plan with Highland Council in our role as Lead Agency and be the final year in the Argyll & Bute Strategic Plan.

This year, we have embedded a comprehensive value and efficiency programme and strategic transformation programme to address immediate business as usual areas as well as ensuring we have a medium-term planning approach. This is all underpinned by clear governance and accountability processes.

We must work together to support the health and wellbeing of the population, to tackle inequalities and respond to the cost-of-living crisis to prevent further harm to the most vulnerable in our society.

Across NHS Highland we will do whatever we can to ensure we achieve the best outcomes for our population through a value based approach. We need to think differently, embrace innovation, maximise digital enablement and redesign how services are provided in the community and our hospitals.

Our Approach

NHS Highland is currently working through the requirements for strategic transformational change driven by the need for recovery and reform of NHS services, responding to the increasing health and care needs of our ageing population whilst ensuring a focus on value and efficiency of services considering challenges in the world economy.

Underpinned by our five-year strategy **Together We Care and the Joint Strategic Plan with Highland Council, along with the Argyll & Bute Strategic Plan** the organisation continues to ensure services are planned and managed with a focus on delivering for the health and care needs of our population, particularly given the challenges that are faced doing this in a remote, rural and island context within the current financial envelope available within the public sector.

In recent years there has been great effort from our whole system to deliver the foundations needed to achieve our strategic ambitions, with a focus on ensuring these outcomes are done **with and for our communities and people.** Within our approach we are progressing a Strategic Assessment of services to support longer term sustainability aligned to the principles of Together We Care.

Through our 3-Year Delivery Plan, key milestones for April 2024 to March 2025 are laid out in the context of Together We Care and the areas where we will focus on achieving best value in the service provided as our strategic priorities for the next 3 years. NHS Highland faces some critical decisions to reach financial balance in 2024/25, with a significant gap in our budget.

These 24/25 milestones will contribute to the long-term vision to ensure sustainable, high-quality services are delivered as close to home as possible across NHS Highland, in partnership with Highland Health and Social Care Partnership, Argyll & Bute Partnership, Highland Council and the many other organisations we work with.

Emergency Actions

Due to the financial situation we may have remaining actions that are not within our annual plan at present as they will be considered to be emergency, crisis actions which are solely intended to reduce costs and will have a significant impact on service delivery, the quality of services we provide and our performance against targets and are not supported as “choices” to be taken but presented as necessary actions to deliver a financial position.

Our Strategic Outcomes

To deliver on each of our strategic objectives we have developed a set of 16 strategic outcomes and our perform, progress, and enable well areas. Each of these are core to the delivery of the 3-year Delivery Plan that will help us move towards achieving our vision and mission. Some will be delivered solely by NHS Highland however some will be delivered in collaboration with Highland Council and partners across NHS Scotland and external providers.

These outcomes set out the direction for NHS Highland in relation to providing care closer to home, delivery of sustainable care, and putting our population, their families, and carers at the centre.

Our ADP (Annual Delivery Plan) for 24/25 and updated to our MTP (Medium Term Plan) 26/27 are based on these strategic outcomes for our population and outline the actions we plan to continue to build, utilising our approach to planning within NHS Highland.

We have also used this planning cycle to focus on our priorities to 2026/27 to deliver on the ambitions on Together We Care, building on the milestones of delivery for 2024/25 and our areas of focus.

Alignment to NHS Scotland's Recovery Drivers

No	Outcome	Description	Key NHS Scotland Recovery Driver
OUR POPULATION			
1	**Start Well**	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	7 Women and Children's Health
2	**Thrive Well***	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	7 Women and Children's Health
3	**Stay Well***	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	6 Population Health
4	**Anchor Well***	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	6 Population Health
OUR PEOPLE			
5 **6** **7** **8**	**Grow Well** **Nurture Well** **Plan Well** **Support Well**	We will work together to deliver workforce resilience, sustainability and development plans continue with the main deliverables categorised by our People strategic ambitions: Grow, Listen, Nurture and Plan Well. This includes a leadership framework, building partnerships, nurturing an enabled workforce and ensuring NHS Highland is a safe place to work, where colleagues are empowered to speak up.	8 Workforce
IN PARTNERSHIP			
9	**Care Well***	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	1 Primary and Community Care
10	**Live Well***	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	3 Mental Health & Learning Disabilities
11	**Respond Well**	Ensure that our services are responsive to our population's needs, by adopting a "home is best" approach	2 Urgent & Unscheduled Care
12	**Treat Well**	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	4 Planned Care
13	**Journey Well**	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	5 Delivering the National Cancer Action Plan
14	**Age Well***	Ensure people are supported as they age by promoting independence, choice, self-fulfilment, and dignity with personalised care planning at the heart	1 Community Care
15	**End Well**	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	2 Urgent & Unscheduled Care
16	**Value Well***	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with	1 Community Care

		their individual skills and expertise	
ENABLERS			
17a	**Perform Well**	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system - Quality & Population Experience / Realistic Medicine / Health Inequalities / Financial Planning.	All
17b	**Perform Well: TARA**	To refresh the administration support functions to support all operational divisions in NHS Highland, providing a patient-focused, efficient, resilient and sustainable admin facility.	8 Workforce
18	**Progress Well: Digital, RDI, Estates & Climate**	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system.	9 Digital Innovation and 10 Climate Emergency & Environment
19	**Enable Well**	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population.	All

***Working in collaboration with The Highland Council**

Highland Health and Social Care Partnership

Since its inception, Highland Health and Social Care Partnership (HHSCP) has delivered integrated health and social care services across the nine NHS Highland localities on behalf of the Joint Monitoring Committee.

HHSCP's focus has been on working together with partners to ensure that the services provided or commissioned make a demonstrable and positive impact on the outcomes that the Highland population experiences. HHSCP's key objective is to contribute to the achievement of the Scottish Government's National Health and Wellbeing Outcomes. The plan does not distinguish between groups of people, for example by condition or age. The vision and aims of the plan encompass all.

Highland Health and Social Care: Adult Services Strategic Plan 2024-2027: *https://www.nhshighland.scot.nhs.uk/media/qjkd4bvr/highland-hscp-strategic-plan-adult-services-2024-27.pdf*

Earlier this year, the JMC approved the Highland Health and Social Care Partnership Strategic Plan 2024 – 2027 which sets out the HHSCP's vision and ambitions to improve the health and wellbeing of adults living in the area over the next three years by shifting the balance of care away from residential provision where possible.

The actions and outcomes of the plan are embedded within this Annual Delivery Plan for NHS Highland under the appropriate "Well" area.

Enablers to Change

In order for NHS Highland to be move forward with the development and delivery of this ADP and updated MTP, there are several enablers that have been put in place to ensure that our strategic transformation and service change framework is effective. Intelligence and weekly reporting will be key and a number of reports have been designed to enable the actions in this report to be understood.

The following enablers are now in place and will support NHS Highland with the delivery of this plan for 2024/25;

Approach to decision-making (Appendix A); facilitating appropriate governance and assurance on decision-making in NHS Highland through embedding a structured process focused on 5 levels of decision-making.

Sustainable Services Review (Appendix B); engaging nationally with at-risk services where collaborative approaches may be required, for example in vascular surgery or oncology.

Integrated Service Planning (Appendix C): developing a baseline of services pulling together finance, workforce, quality and resources together.

Value & Efficiency Workstreams (Appendix D): immediate actions to deliver efficiencies within services aligned to the 2024/25 financial plan.

Strategic Change Process (Appendix E); a process for change to enable the critical decisions, emergency actions and strategic changes required. This incorporates a programme management approach based on the Scottish Approach to Service Design, and the embedding of Gateway Reviews.

Risk-based assessment (Appendix F): maintaining quality services by embedding our risk assessment processes aligned to our ADP and MTP work.

Performance Framework (under review) (Appendix G): aligning the reporting of performance measures at local board and Scottish Government level, including metrics aligned to the NHS Scotland recovery drivers.

Digital change and transformation (Appendix H): development of a prioritised NHS Highland workplan for the delivery of digital change and transformation of services is a key enabler of work to achieve our strategic and operational outcomes. This will be developed through prioritisation and available resources due to the limited nature of capital monies moving forward. At present we are considering spend in this area moving in to the next financial year and beyond.

Whole Systems Infrastructure Planning (Appendix I): development of a backlog maintenance plan aligned to the review of estates throughout our 2024/25 activities.

Procurement: there are several work streams underway on how we develop a whole system procurement approach in relation to the goods and services we buy across NHS Highland.

Outcome 1: Start Well

Description	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy.
Problem Statements	1. Access to Perinatal and Infant Mental Health (PNIMH) services is variable across NHS Highland 2. Breast feeding support within acute and community settings is variable 3. Continuity of carer rates are not as high as they could be due to workforce availability
Aims & Objectives	• Empower parents and families through support and information to see the benefits of choosing to eat well, being a healthy weight and being physically active from pre-pregnancy to later life • Ensure that we implement all recommendations of Best Start policy and ensure parents and families have the best care experience possible throughout pregnancy and birth • Ensure the actions from the Women's Health Plan are embedded relative to Start Well
Scope	Maternity and Neonatal services provisioned within Acute and Community settings in NHS Highland
Link to NHS Scotland Recovery Drivers	**2 Urgent & Unscheduled Care** **4 Planned Care** **7 Women & Children's Health**
Other Policy Drivers	• Best Start 2017 • A Healthier Future 2018 • Rights Respect and Recovery 2021 • National Guidance for Child Protection in Scotland 2023 • SPSP Perinatal and Stillbirth Change Packages 2023 • Women's Health Plan
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Service Level Agreements (SLAs) Review • Integrated Service Planning
Patient Outcomes & Health Inequalities Impacts	Improvements in clinical and care quality and accessibility across maternity and neonatal care delivery.
Impact on Performance & Finance	Improvements in performance will come from improvements in the efficient use of resources and will be delivered within the current budgetary spend rate.

Start Well: 2024/25 Deliverables	
Description	**Due Date**
Development and implementation of a Midwifery Workforce Plan and associated governance, including future strategy for service.	April 2024
Review and update the Vulnerable Pregnancy Pathway and develop implementation plan that supports continuous improvement as part of business-as-usual.	May 2024
Achieve the UNICEF Baby Friendly Accreditation: Gold Standard.	May 2024
Deliver a full impact assessment on workforce, resource and facility required for enabling a networked neonatal intensive care model of care, per North of Scotland direction in partnership with NHS Grampian, including for any digital solutions required to enable.	August 2024
Embed the actions aligned to the Women's Health Plan including improving access to postnatal contraception being progressed through NHS Highland's community services in North Highland, and the Argyll & Bute Health and Social Care Partnership	March 2025

Start Well: Priorities to 2026/27	
Description	**Due Date**
Deliver more resilient midwifery workforce models by increasing available skill mix to meet individual needs of women and their families.	Ongoing
Implementation plan developed detailing better compliance with Vulnerable Pregnancy Pathway.	May 2025
Maintain the status of the UNICEF Baby Friendly Accreditation: Gold Standard within NHS Highland.	Ongoing
NHS Highland care delivered through a refurbished Level 2 Maternity and Neonatal facility. This will require capital monies.	March 2027
Implement a redesigned Maternity and Neonatal service to ascertain what we can do within current service profile to deliver a high quality, sustainable service that meets our patient's needs.	January 2026

Start Well: Improvement Outcomes
Perinatal advice meeting and professional reflections (PAMPR) % of available sessions attended by health professionals.
Breastfeeding trajectory to reduce attrition of any breastfeeding by 6-8 weeks coupled with formula supplementation rates for breastfed babies.
Improved continuity of carer rates for maternity patients delivering at their choice of place of birth.

Outcome 2: Thrive Well

Description	Work together with our families, communities and partners by building joined-up services that support our children and young people to thrive.
Problem Statement	Reduce current long waits for access to Neurodevelopmental Assessment Service (NDAS) and Child and Adolescent Mental Health Services (CAMHS) which have grown exponentially since the COVID pandemic.
Aims & Objectives	1. Improve access times for both CAMHS and NDAS 2. Create and support CAMHS to develop a workforce plan that supports different professionals 3. Alignment to national service specification for both CAMHS and NDAS across NHS Highland 4. Work collaboratively with The Highland Council to achieve
Scope	CAMHS, NDAS, Community Paediatrics, Paediatrics, Public Health, Adult Mental Health, the Highland Council and other third-sector partners.
Link to NHS Scotland Recovery Drivers	**4 Mental Health Services** **7 Child and maternal health**
Link to Policy Drivers	• Child & Adolescent Mental Health Service • Specification National neurodevelopmental specification: principles and standards of care • Getting It Right for Every Child (GIRFEC)
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning
Impact on Patient Outcomes & Health Inequalities	Failure to implement national service specifications will result in an inequitable service for patients in NHS Highland.
Impact on Performance & Finance	Reducing the spending on supplementary staffing whilst supporting aim to reduce access times for support requires further development.

Thrive Well: 2024/25 Deliverables	
Description	**Due Date**
Waiting list validation for patients on current NDAS waiting list, with the aim of offering a first appointment for all children and young people within 4 weeks.	June 2024
All our children and young people to receive a comprehensive neuro-developmental assessment, leading to shared and collaborative formulation and intervention plan.	July 2024
Ensure systems and processes are in place (including technology and digital) to monitor, report, analyse and respond to fluctuations in local planned capacity, outcomes and interventions for NDAS	December 2024
Improve service user experience, providing clear information and signposting and creating an environment where children feel comfortable appropriate to their needs for NDAS	December 2024
Progress NDAS Service Development including reviewing structure, leadership and governance.	March 2025
Develop data recording Standard Operating Procedures and a reporting dashboard to track reduction in NDAS waiting times on agreed trajectory to NHS Scotland Waiting Times Standards.	March 2025
Delivery of CAMHS Improvement Plan to reduce CAMHS waiting times and improved data quality for NHS Scotland Waiting Times Standards. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	March 2025

Thrive Well: Priorities to 2026/27	
Description	**Due Date**
Reduction in spending on supplementary staffing with redesigned CAMHS and NDAS services.	March 2027
Develop a workforce plan for CAMHS and NDAS that supports workforce diversification and cross profession skill sharing.	March 2026
Achieve alignment to the national service specification for both CAMHS and NDAS in NHS Highland.	March 2027

Thrive Well: Improvement Outcomes
Improved access times for both CAMHS (national standard is 90% <18 weeks) and NDAS from current position.
A sustainable workforce model is in place for CAMHS and NDAS, with a reduction in reliance on supplementary staffing.
NHS Highland meets the national service specification for both CAMHS and NDAS.

Outcome 3: Stay Well

Description	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention.
Problem Statements	1. Deliver robust screening and vaccination programmes ensuring uptake is maximised and access is equitable across our population 2. Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk 3. Ensure more people are empowered to take control of their own health and wellbeing
Aims & Objectives	• We will deliver robust screening and vaccination programmes ensuring uptake is maximised and access is equitable across our population • Engage with individuals, families, and communities to enable people to make healthier choices for their future and provide direct support when they are at risk • Ensure more people are empowered to take control of their own health and wellbeing, including for activities such as smoking cessation and alcohol and drug interventions
Scope	All services across NHS Highland.
Link to NHS Scotland Recovery Drivers	All
Link to Policy Drivers	• National Clinical Strategy • HIS Sexual Health Standards • Diabetic Retinopathy Standards • Bowel Screening Standards • MAT Standards Women's Health Plan • Breast Screening Standards • HIS AAA Screening Standards • Cervical Screening Standards • The Scottish Government Suicide Prevention National Action Plan 2018 • Alcohol and Drugs Partnership Strategic Plans
Link to Value & Efficiency Work Streams	• Vaccination Service • Integrated Service Planning • District Redesign • Corporate Teams Consolidation • Corporate Efficiency Target
Impact on Patient Outcomes & Health Inequalities	Improved outcomes for patients through innovative and integrated working and implementation of prevention and early intervention.
Impact on Performance & Finance	Reduction in demand and waiting times across all areas. Reduced admissions due to early intervention. Reduced bed day requirements.

Stay Well: 2024/25 Deliverables	
Description	**Due Date**
Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland and improving performance overall of vaccination uptake	October 2024
Encourage and promote screening programmes and increase uptake across available screening programmes above national targets. Targets and trajectories will be developed and be part of our performance monitoring	Ongoing
Review the delivery of Health Protection out of hours services in line with NHS Highland's Leases and Agile Working Value & Efficiency workstream.	October 2024
Develop NHS Highland's Hepatitis C elimination strategy undertaking a Public Health approach.	March 2025
Release of NHS Highland Public Health Screening Inequalities Plan 2023-2026 and deliver actions within schedule of plan within current resources.	From Q1 2024-25

Stay Well: Priorities to 2026/27	
Description	**Due Date**
Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.	March 2027
Early intervention, improved disease prevention and reduced inequalities through increased uptake of screening programmes.	March 2027
Improved health protection for our population and reduced inequalities through refreshed Health Protection delivery model.	March 2027
Continue to focus on delivery of actions aligned to the Alcohol and Drug Partnerships Strategic Plan and activities that focus on elimination of smoking through the Quit Your Way programme of Scottish Government	March 2027

Stay Well: Improvement Outcomes
Improved outcomes through prevention and early intervention activity.
Improved outcomes through self-care and prevention.
Improved health inequalities.

Outcome 4: Anchor Well

Description	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus.
Aims & Objectives	• Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health • Work with our population, communities and partners identifying priorities to co-produce and co-deliver health and care • Embed population experience ensuring people are at the centre of what we do
Scope	All services across NHS Highland
Link to NHS Scotland Recovery Drivers	All
Link to Policy Drivers	• Fairer Scotland Duty • Child Poverty Plan Equality Act (2010) • Sustainable Procurement Duty • Planning with People: community engagement and participation guidance • Community Empowerment Act (2015) • Creating Hope Together: Suicide Prevention Action Plan • Women's Health Plan
Link to Value & Efficiency Work Streams	• Shared Services Review – With Partners • Procurement Consolidation & Efficiency • Leases & Agile Working • Stores, Logistics & Fleet • Shared Services Review • Income Generation • Corporate Teams Consolidation • Corporate Efficiency Target
Impact on Outcomes & Health Inequalities	Improved outcomes for patients and clients through community designed and delivered health and care. Reduced health inequalities.

Anchor Well: Priorities to 2026/27	
Description	**Due Date**
Continue to work with the Highland Community Planning Partnership to: • Complete the engagement and consultation work to inform the refresh of the Highland Outcome Improvement Plan • Develop actions, milestones and performance measures for the final set of outcomes • Review and set up the necessary governance arrangements for delivery and monitoring of the refreshed set of priority outcomes	March 2025
Anchors Strategic Plan: develop and deliver as part of Together We Care strategy to 2026/27.	Ongoing
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas. Targets and trajectories will be developed and be part of our performance monitoring.	Ongoing

Anchor Well: Improvement Outcomes
Improved outcomes and reduced health inequalities.
Sustainable services, meeting the health and care demands of our population.
Improved health services that are patient-focused and designed with partners and our population.

Outcomes 5-8: Grow, Listen, Nurture and Plan Well

Description	The people and culture portfolio will deliver these outcomes through workforce change and transformation aligned to our strategic transformation programmes and our population's needs through workforce redesign and diversification, expanding employability routes into health and care and opportunities for 'growing our own'. The portfolio will also focus on 'being a great place to work' through our leadership and culture programme, health and well-being and diversity and inclusion programmes. In addition, we will ensure that we have effective workforce systems and processes in place, supported by workforce policy implementation, to enable our workforce to deliver high quality care and services
Problem Statement	The way we deliver health and care will transform to meet the needs of our population and deliver improved outcomes. We also need to address workforce shortage challenges through increasing attraction to the sector and making the best use of our current and future workforce. This will require different approaches to service delivery including digital solutions and new workforce models which will require workforce redesign including development of new and innovative roles and new educational and development pathways including digital skills development. Our culture and the wellbeing of our staff must be a priority if we are to attract and retain staff and enable them to fulfil their full potential. This will require ongoing work to strengthen and develop our leaders, ensure high staff engagement, healthy and diverse workforce and have a culture which supports our organisation as a great place to work. The support systems for our managers and staff need to be effective and efficient to ensure we are making the best use of our workforce. There are opportunities to improve our systems and processes to support managers and staff to manage and develop our workforce. This will reduce time and effort currently wasted through inefficient systems and processes and ensure we are effective in our management and governance of our workforce. We must also ensure our policies and agreed ways of working are designed and developed in partnership to enable staff to do their jobs well, are aligned with the principles of good staff governance and other national policy and legislative requirements including health and safety
Aims & Objectives	Our aim is to make NHS Highland a great place to work through: • Designing and delivering our leadership and culture framework to enhance leadership skills, improve team effectiveness across the organisation and increase staff engagement • Design and deliver new workforce models needed for new models of health and care through strategic commissioning and acute service redesign • Strengthen our staff governance and partnership working to ensure we deliver and transform services together with our staff • Ensure we utilise digital approaches to enable new workforce models and

	ways of working • Develop, agree and deliver strategic approach to implementing new and existing non-registrant, advanced practice and medical associate roles that will increase workforce diversification including enhancing our employability framework to increase local employment, provide new career pathways to earn as you learn and 'grow our own' • Develop and deliver a refreshed health and wellbeing strategy that will support staff to live well physically and mentally including access to advice and support available in their communities • Develop and deliver diversity and inclusion strategy to increase diversity of our workforce, create an inclusive culture and embed inclusivity in the design of our services • Implementing the Health and Care Staffing Act to support development of our workforce to meet the needs of our population, enable our workforce to work effectively and manage quality and risk associated with workforce availability and supply • Implement health roster across the organisation once double data entry issues have been resolved through a national interface • Adopt a quality improvement approach to support continuous improvement of our people systems, policies and processes that support staff governance standards as well as how we plan, manage and develop our workforce • Develop and strengthen our organisational approach to management and governance of health and safety
Scope	The portfolio will have an organisation wide reach including: • Leadership development across the organisation • Implementing new roles across all services to diversify workforce • Developing employability opportunities with our partners across all our regions, districts, localities and communities • Supporting all staff to live healthy lives and experience good health wellbeing • Developing our workforce to reflect the population demographics in our regions, districts, localities and communities
Link to NHS Scotland Recovery Drivers	8 Workforce
Link to Policy Drivers	NHS Scotland National Workforce Strategy
Value & Efficiency Workstream Alignment	NHS Highland's People and Culture Value and Efficiency Portfolio will deliver the following to support value and efficiency: • Workplace of the future programme to redesign our workplaces and offices and agree new ways of working to meet the needs of different roles across the organisation including fully embedding hybrid working and optimising how staff travel for their work • Support to operational units to review staff absence, identify hotspots and develop actions to maximise attendance • Enhanced controls and governance to ensure we are implementing

	redeployment, pay protection and vacancy management policies effectively • Review and enhancement of supplementary staffing controls to ensure policies are effective at reduction use and costs of supplementary staffing • Integrated service planning to ensure performance and planning, finance and workforce teams work together with operational units to develop comprehensive plans covering service quality and performance specifications, workforce requirements and developments and financial plans • Develop and delivery digital automation solutions to reduce the burden of low value tasks on our workforce and increase productivity and efficiency
Choices **Emergency Actions**	NHS Highland has paused roll out of health roster due to the associated increased costs of double data entry. This has a potential to impact on implementation of the Health and Care Staffing Act and limits our ability to deliver the proposed benefits of the e-rostering programme
Impact on Outcomes & Health Inequalities	A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum Improved staff engagement Strong employee relations Increased range of employment opportunities and roles within health and care including youth and local employment Improved staff health and wellbeing and presence at work Higher diversity in our workforce and positive feedback from staff with protected characteristics
Impact on Performance & Finance	Improved ability to deliver quality and performance standards by reducing workforce gaps and associated supplementary staffing use Reduced staff absence Optimisation of physical estate and opportunities for estates consolidation (shared with estates) Minimisation of avoidable redeployment and pay protection costs Reducing agency use and associated costs through increased organisational level controls Improved performance within people services including recruitment, payroll, staff bank and employee relations processes Reduce burden of low value tasks on our workforce

Grow, Listen, Nurture and Plan Well: 2024/25 Deliverables	
Description	**Due Date**
Launch refreshed leadership development programme	April 2024
Launch refreshed staff engagement programme and develop organisational priorities for improvements in staff engagement	January 2025
Implement ongoing review of redeployment and pay protection arrangements	May 2024
Review and refresh our approach to enabling staff to seek advice, raise concerns and discuss confidential issues	June 2024
Undertake workshops with to embed partnership working arrangements across our organisation	October 2024
Implement recommendations of national task and finish groups for medical, nursing and AHP (Allied Health Professionals) supplementary staffing	March 2025
Design and deliver workplace of the future programme to optimise opportunities for hybrid and agile working and make best use of our office space across the organisation	October 2024
Develop and deliver an organisational approach to analysing staff absence, identifying hotspots and agreeing interventions to reduce absence	October 2024
Refine our approach to integrated service planning and embed into our annual planning cycle	October 2024
Develop a digital automation programme to reduce or eliminate repetitive low value tasks from our corporate functions	July 2024
Develop an employability framework for the organisation to create new routes into health and social care and career development	October 2024
Launch our new Health and Wellbeing strategy and action plan	June 2024
Develop a diversity and inclusion strategy and publish a new suite of equality outcomes	March 2025
Deliver Health and Care Staffing Act programme to ensure we can produce our first annual report and we have a medium-term plan to embed the guiding principles of the act in how we work	March 2025
Develop and deliver an effective rostering programme to ensure we are optimising how we deploy our workforce using health roster (where this is in place)	January 2025
Relaunch our health roster programme once a national interface has been developed; a local strategy has been agreed regarding the double entry of data	September 2024
Plan and deliver our corporate improvement plan for health and safety	March 2025
Deliver a programme of improvement across people services including recruitment, payroll, staff bank and employee relations	March 2025

Grow Well: Priorities to 2026/27	
Description	**Due Date**
Delivery of leadership and culture framework to enhance leadership skills and improve team effectiveness across the organisation	Ongoing
Development of workforce plan informed by integrated service planning	April 2025
Development and delivery of workforce diversification strategic plan	April 2025
Delivery of our employability framework to increase local employment, provide new career pathways 'to earn as your learn' and 'grow our own'; Design and deliver new workforce models needed for new models of health and care; enhancing local supply pipelines and cement our role as an 'anchor institution' for instance our approach to apprenticeships and community outreach.	July 2026

Listen Well: Priorities to 2026/27	
Description	**Due Date**
Explore options for developing an organisational approach to enhancing psychological safety and plan future approach to speaking up	July 2025
Build on learning from our refreshed approach to staff engagement to embed good practice in empowering and visible leadership, listening and engaging staff in setting direction and priorities and involving staff in decision making	July 2025
Explore options for regular review and self-assessment in relation to partnership working to create a continuous improvement approach	October 2025

Plan Well: Priorities to 2026/27	
Description	**Due Date**
Review progress with workforce diversification and consider development of longer-term strategy	March 2026
Develop and publish updated 3-year workforce strategy and plan	July 2026
Complete roll out of health roster and ensure it utilised to inform workforce planning	March 2026
Review impact of Health and Care Staffing Act and ensure learning is embedded in longer term workforce planning and workforce development	July 2026

Nurture Well: Priorities to 2026/27	
Description	**Due Date**
Review leadership and culture framework and plan future strategy	July 2026
Review progress against diversity and inclusion strategy and publish equality outcomes mainstreaming	March 2027
Review progress of health and wellbeing strategy and develop next strategy and action plan	March 2027

Improvement Outcomes
A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum Improved staff engagement Increased range of employment opportunities and roles within health and care including youth and local employment Improved staff health and wellbeing and presence at work Higher diversity in our workforce and positive feedback from staff with protected characteristics

Outcome 9a: Care Well – Home Is Best

Description	Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart and to support our communities in Highland to live healthy lives, achieve their potential and choice to live independently where possible. Treat delayed discharge as a potential harm event to our population at all times
Problem Statements	Workforce challenges persist in current model of delivery, there is need to reshape and prioritise services, creating the conditions for integrated working. There is increasing demand and complexity in the requirement for care and a need to rebalance Acute vs. Community care to match available resources. The delivery of these services in a remote, rural and island context presents challenges to NHS Highland and Highland Health and Social Care Partnership (HHSCP).
Aims & Objectives	• Embed a place-based approach to Home-based Care and Support and care homes so that proactive care is provided, tailored to the needs of the individual • Reduce the number of people who remain in our hospitals due to non-medical needs • Reshape services starting from a district level to be able to meet the future needs of the local population • Focus attention on prevention and early interventions to support people to maintain independence at home for as long as possible • Empower people to exercise choice and independence through codesign and coproduction and include unpaid carers as partners in the planning and provision of care and support • Build strong partnerships between community teams, hospitals, third sector and independent providers of care, and develop further horizontal integration • Support different and new ways to deliver services, traditionally delivered in acute hospitals, through new and emerging professional roles and making use of technological advances. • Implement intermediate care options that support preventing admission to hospital and avoiding a stay in hospital for longer than is necessary • Develop our workforce to be more adaptive and flexible and embed workforce plans in districts • All areas have targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations
Scope	• All providers of Home Care including third sector, volunteers and carers • All adult services, including integrated health and care services, mental health, learning disability and primary care services, delivered to the population at District level.
Link to NHS Scotland Recovery Drivers	**1 Primary and Community Care**
Link to Policy Drivers	Public Bodies Working Act (2014)
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning • Delayed Discharge and Length of Stay • Out of Hours Care Model and Funded Nurse Care redesign • Bed Capacity Planning • Prescribing

Impact on Patient Outcomes & Health Inequalities	**Allied Health Professionals (AHPs);** more localised care with right care, right time, right place adopted. Reduction in variation and models of care. **Workforce models;** ensures safety and access more widely in the community. **Care home provision;** provided more care at home or closer to home in line with strategic direction; better use of workforce. **Reduced burden of disease;** increased years of life and increased quality of life.

Care Well – Home is Best: 2024/25 Deliverables	
Description	**Due Date**
Develop a risk based standard generic assessment that has clear identification of need and reduced variation in allocation of care packages working in partnership with Highland Council	July 2024
Allocation of C@H resources that considers capacity and demand for services at a district level and use intelligence to help inform decision making	July 2024
Care pause, stop, re-start to reallocate care when people are receiving in patient health services. PDD will be an important factor in this approach	June 2024
Develop focused commissioning plan that places less reliance on internally delivered models of care. This will involve working collaboratively with partners and develop block commissioning models.	March 2025
Discharge to Assess model develop learning from other Boards with urgent ASC response with wrap around care. Facilitate social care assessment at home rather than in hospital setting.	July 2024
Complete cost benefit analysis of TEC to assess any reduction in reliance on physical approaches.	October 2024
Develop intelligence-based approach to flow at district level by understanding weekly projections and planning according to demand. This will be developed through our approach to performance monitoring to support our population being cared for in the right place.	May 2024
Develop care home strategy and an alongside intermediate care strategy that focuses on maximisation of our resources.	December 2025
Enhance access for Care Homes to FNC/OOH including redirection to other appropriate pathways during the out of hours period to sustain current level of onward transfer to hospital.	June 2024
Complete and implement findings from 2:1 Care at Home pilot in Badenoch and Strathspey and plan for roll-out to other districts.	May 2024
Complete a costed capacity plan and block model commissioning plan for delivery of Care at Home across HHSCP.	June 2024
Develop a workforce plan to deliver the Home is best redesign in Inverness. Currently Inverness has the highest number of our population in the wrong care setting despite being clinically ready for discharge	July 2024
Review NHS Highland care home provision, consider sustainability of all sites and options for suspended services.	July 2024
Complete a market facilitation plan for independent delivery of commissioned Care Home services.	December 2024
Review of options for consolidation of Community Hospitals across five districts in the HHSCP.	March 2025
Review Community Hospital model across NHS Highland and develop overall understanding our provision of health and care in these setting through an agreed Community Hospital service specification.	Dec 2025
Focused review of length of stay for those not in discharge across all health and care setting across HHSCP and review intelligence to develop focused improvement plan (see Respond Well Optimising Flow).	July 2024
Roll out of Integrated Service Planning across all Health and Social Care areas. Implement integrated model across all districts including further understanding of district nursing model	June 2024 onwards

Care Well – Home is Best: Priorities to 2026/27* (This section will be further developed as we undergo a review of our overall strategic plan across the HHSCP)	
Description	**Due Date**
Care at Home – hours of care provision confirmed and secured.	April 2025
AHPs and roles across acute/community boundary implemented.	April 2025
Suspended care home closures; progress preferred option on the outcome of options appraisal.	April 2025
Complete Strategic Commissioning review and delivery of implementation plan, moving from contract monitoring approach to quality and effectiveness discussions based on person-centred outcomes.	June 2025
Consolidation of Districts based on review and options appraisal undertaken, building on discovery work undertaken in Lochaber, Caithness and North Coast.	March 2026
Commission supporting strategies from corporate support departments including estates, eHealth and People and Culture to delivering care and support that enable district planning and put our population, families and carers experience at its heart.	March 2026
Roll-out the implementation of 2:1 Care at Home pilot across HHSCP based on learning from Badenock and Strathspey.	May 2026
Maximise use of NHS estate working with our partners in Highland Council to deliver place-based care.	March 2027

Care Well – Home is Best: Improvement Outcomes
Care and assessment provided at home as standard, resulting in fewer hospital admissions, reduced length of stay in acute setting, fewer delayed discharges and better patient outcomes.
Improved patient experience of care evidenced through patient feedback.
Reduced demand for residential care with earlier intervention at home.
Improved sustainability of care home provision.
Reduced cost of supplementary staffing through revised workforce models and improving quality of care through continuity of staffing.
Improved sustainability of remaining Community Hospital sites and related workforce.
Improved access to care at home through reprovision of capacity made available.
Improved sustainability and ability to respond in the independent and third sectors.

Outcome 9b: Care Well – Primary Care

Description	Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart.
Problem Statement	A key focus of our Together We Care strategy is to work together with health and social care partners by delivering care and support that puts our population, families, and carers experience at its heart. Our Primary Care services are central to this, and focus is currently on our local strategic approach to sustainable primary care services within NHS Highland. There are several challenges in the delivery of services including the need to rebalance our primary and secondary care services to meet the needs of the person as close to home as possible. There is increasing health and social care complexity and need – due to ageing population and complex comorbidities – and widening social inequalities. In NHS Highland there are rural and island challenges in service delivery and close integration required across the health and care system to deliver whole system, integrated models of care.. NHS Highland is seeking to develop a Primary Care strategy in 202/25 and in order to support these activities, work is ongoing to engage a wide range of stakeholders Data and intelligence will be pivotal to identify change priorities across Primary Care as part of our design of services across the Highland Health and Social Care Partnership. In Argyll and Bute, Primary Care services are a key strategic theme with key actions to focus on quality improvement and taking forward the recommendations of a comprehensive Cluster review to improve the effectiveness of working. This is all with the goal to improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.
Aims & Objectives	• To provide a local strategic approach to sustainable, Primary Care Services within NHS Highland, including General Practice, Dentistry and Community Pharmacy services • To rebalance our Primary and Secondary Care services to meet the need of the person, as close to home as possible • To provide continuity of care of the person as close to home as possible • To deliver, whole system, integrated models of care • Build on positive interfaces with secondary care, for example in optometry
Scope	All NHS Highland-commissioned services provided in the community.
Link to NHS Scotland Recovery Drivers	**1 Community and primary care** **3 Mental Health** **4 Planned Care**
Link to Policy Drivers	HHSCP Adult Services Strategic Plan NHS Highland Primary Care Improvement Plan
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning

	• Delayed Discharge and Length of Stay • Out of Hours Care Model and Funded Nurse Care redesign • Bed Capacity Planning • Prescribing (1-4 from 15-box model)
Impact on Outcomes & Health Inequalities	• Quality approach to improve health outcomes and reduce health inequalities • Understand and model capacity to match demand within Primary Care services • Create stability and build sustainable Primary Care services

Care Well – Primary Care: 2024/25 Deliverables	
Description	**Due Date**
The creation of a community urgent care service through service redesign of existing services.	March 2025
Reduce variation in diagnostics by reviewing Investigation and Treatment Room (ITR) work and its relation to Community Treatment and Care (CTAC) services, aligning to outcomes at Practice and District levels.	March 2025
Reduce variation in prescribing and diagnostics across clusters and practices through a quality improvement approach aligned to our value and efficiency workstreams	March 2025
Using the Scottish Approach to Service Design (Double Diamond) methods at a district level, developing change plans with key milestone and outcomes for our 2C practice model.	March 2025
GP access (NHS Delivery Framework intelligence) and overall understanding of our delivery models of primary care (dental, optometry and pharmacy) will be part of our performance monitoring. Impact of new dental service contract needs understood	March 2025
Partner with the Scottish Government's Community Eyecare Team, NHS Education for Scotland Digital and National Services Scotland to develop the Enhanced Service for Community Glaucoma Service (CGS) across NHS Highland to support safe patient care.	March 2025
Explore opportunities with the Scottish Dental Access Initiative Grants to improve access to Dental Services	March 2025
Progress the following Oral Health programmes; Continued delivery of Childsmile programme across NHS Highland, delivery of the Recycle & Smile scheme to recycle teeth cleaning equipment, and Caring for Smiles to continue the only awareness training to Community teams across NHS Highland	March 2025

Care Well – Primary Care: Priorities to 2026/27	
Description	**Due Date**
National Primary Care Improvement Plan – delivering local actions.	March 2027
Reshaping and prioritising across the districts to meet local need, utilising a human rights and inclusive approach working to the principles of the Public Bodies 2014 Act.	March 2027
Enabling data-driven services to drive improvement and quality through quality clusters.	March 2027
Management of dental contracts with the independent sector including planning the delivery of dental services to the NHS Highland population in the face of workforce challenges and capitalise on any opportunities to increase the availability of additional service providers.	March 2027

Care Well – Primary Care: Improvement Outcomes
Primary Care services matched to available capacity and demand, measured through access metrics.
Eliminate variation across districts through quality improvement programme.
Primary Care services planned to meet the needs of our NHS Highland population.
Reduction in inequalities associated with access to healthcare in a remote, rural and island geography.

Increasing the number of patient registered for the Community Glycoma Services in NHS Highland through engagement with new digital tools when available.

Outcome 10: Live Well

Description	Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling staff in all services to speak about mental health and wellbeing
Problem Statements	1. Secondary Care Mental Health Services workforce models not sustainable 2. Workforce availability is limited with the current operating models of MH&LD care delivery 3. Continuing to use locum medical staff in the way at current run rate without system change is not sustainable 4. There is a gap in consistent delivery of 24/7 services 5. There is no neurodevelopmental pathway and ADHD is not a mental illness 6. There are not clear mental health performance targets for each sub-specialty 7. Staff wellbeing and retention is paramount 8. Whole systems partnership working is required between operational and clinical leadership in MH&LD to enable opportunities to transform services towards sustainable operating models
Aims & Objectives	Deliver consistently excellent care that is quality focused, follows best practice, is data driven, efficient, consistent and supported by the latest digital technologies. We will develop integrated local services by working together with local partners in district planning to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention. We will improve the quality of care delivered to patients receiving enhanced care to support their mental health and develop individualised care planning and the right level of care to those in crisis.
Scope	• All adult services in mental health and learning disabilities and psychological therapies, delivered to the population at district level. • Reshaping and prioritising across the districts to meet local need, utilising a human rights and inclusive approach working to the principles of the Public Bodies 2014 Act. • Adult services to be seen a part of cradle to grave services working to achieve this with the Highland Council as partners. • Services delivered by district teams and those more centralised services serving district populations. • Commissioned and board delivered services. • The scope will build on existing redesign progress including redesigns in Lochaber and Caithness. • Using Double Diamond methods at a district level, developing change plans with key milestone and outcomes. • Ensuring a focus on Forensic Mental Health services and taking any improvement actions as required.
Link to NHS Scotland Recovery Drivers	**3 Mental Health Services**
Link to Policy Drivers	Scottish Government Mental Health Strategy 2022-2027
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning • Delayed Discharge and Length of Stay • Out of Hours Care Model and Funded Nurse Care redesign • Bed Capacity Planning • Prescribing

Impact on Patient Outcomes & Health Inequalities	Improved patient outcomes by reducing variation and ensuring access to services is equitable across NHS Highland. Impact Assessments will be undertaken to understand the consequences of any changes required in services. Increasing the resilience of the workforce will ensure a focus on achieving the quality and national standards to meet the needs of our population in a sustainable way.
Impact on Performance and Finance	Development of a sustainable model will ensure the required service works within the available finance to deliver what is required to our population in a sustainable way.

Live Well: 2024/25 Deliverables	
Description	**Due Date**
Develop a baseline of MH&LD service provision across NHS Highland through Integrated Service Planning.	May 2024
Develop benchmarking comparator position of MH& LD service provision across Scotland but especially with rural and island Boards to assess current service	June 2024
Shift balance of care to bolster resilience to statutory responsibilities through core resources	May 2024
Improve the delivery of care for individuals with complex and critical needs through focused improvement plan development	March 2025
Redesign operational structure to align with wider changes elsewhere in Highland	March 2025
Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	March 2025
Embed MAT Standards within practice in NHS Highland.	March 2025
Review Mental Health services in prison and custodial care and implementing the deaths in custody toolkit.	March 2025

Live Well: Priorities to 2026/27	
Description	**Due Date**
Reduce total spend on Mental Health Supplementary Staffing through revised model of care.	March 2027
Implementing the Mental Health & Learning Disabilities Digital Plan to capitalise on digital opportunities in these pathways (this will depend on capital monies)	March 2027
Improve Mental Health built environment and patient safety.	March 2027
Bring psychiatry consultant budget into balance through Integrated Service Planning and reduction on reliance of supplementary staffing.	March 2027
Develop supporting healthcare service to support new HMP Inverness, which doubles the capacity of the current facility, and consider any links required to national digital programmes supporting.	2026

Live Well: Improvement Outcomes
Delivering a care model that reshapes services that utilises digital opportunities, delivered according to best practice.
Matching capacity to demand within current budget available for these services.
Access to care is consistent across the districts in NHS Highland.
Improving access to Psychological Therapy treatment within NHS Highland with 90% achieving the 18-week referral to treatment standard.
Meeting the national quality indicators profile as per the national Mental Health Strategy 2022-2027.

Outcome 11: Respond Well

Description	Ensure that our services are responsive to our population's needs by adopting a "home is best" approach linked our Care Well theme
Problem Statements	**Community Urgent Response:** No defined pathway to access urgent and unscheduled care. **Flow Navigation:** Lack of pathways /dispositions for people accessing urgent care via 111. **Hospital at Home:** Need to reduce acute hospital occupancy and reduce the number of older frail people suffering harm as a result of admission to acute hospitals. **Acute Front Door:** Lack of pathways to reduce demand on inpatient acute beds. **Optimising Flow:** Patients especially frail elderly are spending too long in hospital resulting in acquired harm and hospital overcrowding. **Frailty:** No pathways or services to identify people with frailty syndromes and support them to remain at home as well as possible. **Mental Health:** Pathways for urgent, unscheduled mental ill health care or emotional distress support are inconsistent across Highland and need to reduce length of stay in acute mental health hospital. **OPEL**: Currently OPEL is used independently in our different teams; this needs brought together into one OPEL system across the Highland area
Aims & Objectives	Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time. Ensure that those with serious or life-threatening emergency needs are treated quickly. Work to minimise the length of time that hospital-based care is required.
Scope	All areas of urgent and unscheduled care, including Primary Care, Secondary Care and Mental Health services, across the Highland Health and Social Care Partnership area.
Link to NHS Scotland Recovery Drivers	**2 Urgent & Unscheduled Care**
Link to Policy Drivers	Urgent & Unscheduled Care Collaborative
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning • Delayed Discharge and Length of Stay • Out of Hours Care Model and Funded Nurse Care redesign • Bed Capacity Planning • Prescribing (1-4 from 15-box model)
Impact on Patient Outcomes & Health Inequalities	• Delivery of services as close to where people live as possible • Reduce time to wait for urgent and unscheduled care services • Support people to access the right part of our system to meet their health and care needs • Improved patient outcomes – including morbidity and mortality rates

Respond Well: 2024/25 Deliverables	
Description	**Due Date**
Hospital at Home Development of a comprehensive H@H model to ensure equity of service delivery across the board area which helps to reduce acute hospital occupancy and reduce the number of older frail people suffering harm within current resources.	March 2025

Acute Front Door Develop a range of pathways to reduce demand on in patient acute beds – in primary care and secondary care.	March 2025
Optimising Flow Scope pathways and processes which support early diagnosis, promotion of realistic medicine and timely discharge from in-patient care for those requiring admission.	March 2025
OPEL Develop whole system OPEL collaboratively in order to respond when our services are experience pressures to manage and mitigate risk across all services	September 2024

Respond Well: Priorities to 2026/27	
Description	**Due Date**
Urgent Care Response Development of a one-stop shop to access Urgent and Unscheduled Care in Highland, integrating OOH and FNC services and dispositions	March 2027
Optimising Flow Place based approaches developed and delivering	March 2027

Respond Well: Improvement Outcomes

Engagement with Scottish Government on the following trajectories for improvement in Unscheduled Care.

- % of A&E patients waiting times less than 4 hours – 85% by Q4 24/25
- % of Flow Group 1 (minors) spending less than 4 hours in A&E = 90% by Q4 24/25
- % of A&E patients waiting more than 12 hours = 0% by Q4 24/25
- % Ambulance handover times under 60 minutes = 100% by Q4 24/25
- Reduce emergency admissions = 4,550 per quarter by Q4 24/25
- Acute hospital occupancy = 95% by Q4 24/25
- Delayed Discharges = 60 by Q4 24/25
- Emergency length of stay = 2 days by Q4 24/25
- Increase number of patients 16-64 discharged with LOS of 1-2days = 545 per month by Sep26
- Increase number of patients over 65 discharged within 72 hours = 737 per month by Sep26
- Increase number of patients 16-64 discharged with LOS 3-7 days = 193 per month by Sep26
- Increase number of patients over 65 discharged with LOS 4-14 days = 364 per month by Sep26

Outcome 12: Treat Well (Scheduled Care)

Description	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.
Problem Statement	Theatre space is not being utilised to full capacity across NHS Highland. Day case theatre is not the norm due to travel distances for patients, causing delayed discharges within hospital settings. Rural General Hospital (RGH) sites are fragile, owing to their high dependency on locum and supplementary staffing. Low clinical volumes make it difficult to retain skills and attract new workforce. Estates and infrastructure of many sites is poor, requiring maintenance and capital spending. Diagnostics and clinical support services across NHS Highland have seen increased demand over the last three years. High costs and delays to diagnosis are associated with outsourcing in both in both radiology and pathology. Primary care diagnostic requests increasing. Many diagnostic test requests do not follow the principles of shared decision-making or realistic medicine. Many services across NHS Highland are not sustainable owing to workforce and financial pressures. Whilst there are national challenges to certain workforce cohorts, these are expounded in NHS Highland due to our rural geography and the lack of training facilities, resulting in a heavy reliance on locum and agency staffing. Outpatient space is at a premium in NHS Highland, with services struggling to deliver care due to lack of facilities and current digital systems do not support optimal processes. Outpatients return waiting lists are high and increasing.
Aims & Objectives	NHS Highland's Planned Care submission for 2024/25 has detailed the requirements to maintain activity to the levels of previous years. In setting out to achieve this, NHS Highland has the following aims and objectives in the delivery of our scheduled care to the population including; • Ensure that all surgical services are operating efficiently and effectively, utilising maximum capacity of theatre space across NHS Highland, and drive to deliver day case surgery. Ensure that national guidance on procedures of low clinical value is being followed. • Ensure our population have timely access to planned care maximising our efficiency within current resources, making sure patients have the best experience possible, receiving high quality, sustainable care. • Ensure that only high priority, clinically effective, and cost-effective medicines are prescribed across NHS Highland to reduce costs and improve patient outcomes. • Optimise diagnostic capacity and improve efficiency with new service delivery models across Diagnostic services. Ensure all diagnostic interventions add value to the patient's journey. Ensure diagnostic interventions are underpinned by principles of shared decision making and realistic medicine. • Deliver a hospital without walls system that transforms the way we deliver outpatient services which will rethink the boundaries between patient and clinician to make the most of our valuable resources. • Ensure that delivery of all Women's and Families services focus on providing the services required for our population, including for paediatrics which includes close collaboration with other NHS boards • Maximise efficiency, transparency and time to care, by ensuring that clinical digital systems are person centred and without boundaries. • Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations

Scope	All Acute / Planned Care services, including diagnostics. All inpatient and outpatient, medical and surgical services across NHSH.
Link to NHS Scotland Recovery Drivers	**4 Planned Care**
Link to Policy Drivers	• National Clinical Strategy • Women's Health Plan
Link to Value & Efficiency Work Streams	• Theatre Optimisation and Procedures of Low Clinical Value • Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning • Delayed Discharge and Length of Stay • Out of Hours Care Model and Funded Nurse Care redesign • Bed Capacity Planning • Prescribing (1-4 from 15-box model) • Oxygen Service • Waiting Times Guidance implementation • On Call Rotas and Junior Doctor compliance • Diagnostics (Primary Care & Acute) • Service Level Agreements • Non-emergency Travel (Patient and Workforce)
Impact on Outcomes & Health Inequalities	Improved outcomes for patients through innovative and integrated working, with more timely referral pathways, diagnostics and treatment.

Treat Well: 2024/25 Deliverables	
Description	**Due Date**
Reduction in number of procedures of low clinical value (see also Perform Well for commissioning of PoLCV) and increase theatre utilisation through a trajectory for improvement.	August 2024
Prescribing efficiencies; delivering cost improvements through implementation of best practices to support value and efficiency requirements.	March 2025
Review of Service Level Agreements in Acute for patients who travel out with the board for treatment and embedding processes for cost recovery for out-of-area patients treated in NHS Highland.	March 2025
Increased theatre productivity (national target 90%) by utilising new processes including optimising the use of digital tools that are available within NHS Highland and exploring further opportunities, utilising available resource.	March 2025
Increase in virtual appointments to improve efficiency and reduce travel associated.	August 2024
On call rota review resulting in reduced locum spend by utilising current staffing workforce.	March 2025
Oxygen service cost reduction and improved governance implemented.	March 2025
Create a value-based diagnostic plan for NHS Highland through understanding delivery models and utilising a shared decision-making approach. Prioritised understanding and improvement plan for diagnostic capacity for USC and surveillance.	March 2025
Local improvement plans in place for all Acute fragile services working collaboratively with the national clinical sustainability reviews.	July 2024
Outpatient services immediate improvement plan including increasing the use of remote appointments, patient-initiated return, ACRT and rebase job plans to ensure those who need access to urgent services are accommodated to meet national waiting time targets	July 2024
Reduce supplementary staffing (medical) across Acute services.	June 2024
Reduce agency nurse staffing across Acute by 95%.	June

	2024
Utilise Patient Hub in acute settings to digitalise letters and reduction in use of consumables.	March Mr2025
Continue to maximise the opportunities of the National Treatment Centre in Inverness including opportunities to work with partner boards in maximising capacity utilisation.	March 2025
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU in a planned and managed way across NHS Highland.	March 2025
Develop the plan for delivery of NHS Highland actions in relation to paediatric audiology service following national independent review of services.	March 2025

Treat Well: Priorities to 2026/27	
Description	**Due Date**
Review Rural General Hospital Model of Care options including access for Lorn & Isles Hospital, to ensure that efficient, high quality and sustainable care can be delivered to the population of Highlands. Implement preferred option.	April 2026
Implement a sustainable and quality service for the delivery of non-surgical cancer treatment for patients living in NHS Highland, focused on the direct and delivery stages of care	June 2026
Ensure that all acute services provided by NHS Highland are sustainable, working in partnership nationally for those services that require collaborative approach across NHS Scotland.	June 2026
Develop and consolidate models of diagnostic delivery that are not reliant on locum / agency staffing and take advantage of regional / national opportunities. Implement the right test first time. Ensure BRAG prompts are embedded in all conversations about diagnostics.	April 2026

Treat Well: Improvement Outcomes
Ensure that we can provide sustainable and high-quality services now and in the future by: - Undertaking integrated service planning for all service provided by NHS Highland or jointly through our partnerships to identify more efficient ways of working - Ensure our workforce is resilient and sustainable by developing new workforce models that are flexible and adopt an MDT (Multi-Disciplinary Teams) approach - Making decisions that benefit our population and ensure that we can continue to provide care within our financial budget - Work with our population, partners and workforce to enable change and ensure that everyone has a voice in NHS Highland's future
Being as efficient as we can within our resources by: - Ensuring that only those patients who are fit, willing and able are on a waiting list - Optimising use of theatre and outpatient capacity - Adhering to the waiting times guidance - Implementing the principles of ACRT and PIR
Improved patient experience and quality of care by: - Delivering the right treatment, in the right place, at the right time, with the right workforce - Embedding the principles of shared decision making and realistic medicine at all points on a patient pathway - Enabling patient feedback into service redesign to inform and improve the changes we make
Reduction in cost by: - Ensuring that the principle of right test first time is embedded in all conversations around diagnostics - Working with primary care colleagues to ensure a shared vision on patient pathways, diagnostics and prescribing - Reduction of supplementary and locum staffing - Removing unfunded beds from the system
Developing the efficiency of our services through digital innovations by: - Increasing our use of virtual appointment types to provide care as close to home as possible - Utilising Patient Hub to reduce waste and provide patient centred processes

Outcome 13: Journey Well (Cancer)

Description	Support our population on their journey with, and beyond, cancer by having equitable and timely access to the most effective evidence-based referral, diagnosis, treatment and personal support.
Problem Statement	Many of NHSH's cancer service specialties are fragile, particularly the delivery of non-surgical cancer treatment (SACT and Radiotherapy) for certain tumour types. Services are single handed and person dependent, run with high vacancies, do not have trainees in post, are unable to recruit, rely heavily on costly locum medical staff, and resilience of staff in post is low. The service is fractured and cannot continue in its present state. Cancer pathways are not person-centred and patient experience is not embedded into service redesign. NHS Highland has identified Non-Surgical Cancer Services as a sustainability risk within the board and work is progressing with Scottish Government through the Oncology Transformation Programme. This is based on a background of a rise in demand of 10% per year experienced nationally, with areas of Oncologist cover at risk due to dependence on individuals for medical care. Furthermore nursing and pharmacy teams do not currently have the resources to match the increasing workload across Scotland. Part of this is due to increasing cancer incidence, new SACT medicines and increasingly complex treatment algorithms. While there has been recent improvement in Cancer Waiting Times performance, it is recognised this sits below the national targets and is affected by diagnostic capacity in the face of increased referrals for investigation for cancer symptoms.
Aims & Objectives	We will work together to raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis. We will further develop multi-professional teams to provide the most effective care during the active stages of treatment. We will improve the experience of our population living with and beyond cancer. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations
Scope	All services receiving USC referrals, and those involved in the diagnosis and treatment of cancer.
Link to NHS Scotland Recovery Drivers	**5 National Cancer Action Plan (2023-2026)**
Link to Policy Drivers	National Cancer Strategy and Action Plan (2023-2026)
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning • Bed Capacity Planning • Prescribing (1-4 from 15-box model)
Impact on Patient Outcomes & Health Inequalities	Improved outcomes for patients with timelier referral to diagnosis to treatment.

Journey Well: 2024/25 Deliverables	
Description	**Due Date**
Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment.	March 2025
Implement the local actions identified to meet the Framework for Effective Cancer management through our local programme. This includes the set-up of a Cancer Operations and Performance Board to oversee the operational actions including Cancer Waiting Times, QPIs and other performance metrics.	March 2025
Action plan to meet national 31 and 62-day Cancer Waiting Times performance. Deep dive into key areas eg urology, colorectal and breast to understand issues. Ensure theatre access is prioritised to meet standards.	March 2025
Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks.	March 2025
Moving towards a networked delivery of SACT services aligned to developing national strategy.	March 2025
Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.	March 2025
Engage with Maggie's Highland and other programmes of work focussing on the prehabilitation-rehabilitation continuum.	March 2025
Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Within this consider capacity and demand for cancer surveillance (see Treat Well)	September 2024

Journey Well: Priorities to 2026/27	
Description	**Due Date**
Consider the evaluation of the Rapid Cancer Diagnostic Services pilots and how a model of RCDS can be established in NHS Highland within current workforce and pathways work. This will include linkages to our Diagnostics strategy and how NHS Highland can enable access to a non-specific symptoms pathways for patients with suspected cancer. This will include a review of our current GP direct access to CT pathway and consider how this can be rolled out in partnership with Scottish Government to achieve the aspiration for geographical coverage by March 2026.	March 2026
Service redesign to define and deliver Sustainable Operating Model (SOM) for Non Surgical Cancer Treatment which may be at local / regional / national level. Aim to reduce dependence on locum / agency staffing.	March 2027
Reduction in expenditure on locum / agency staffing. Improved patient experience and timely access to treatment Improved service resilience and staff wellbeing.	March 2027
Consider the outputs of the national benchmarking exercise on the psychological support framework for people affected by cancer and opportunities for increasing provision of support to our remote and island population.	March 2027
Continue to implement CFSD's optimal diagnostic pathways and Scottish Cancer Network's clinical management pathways within available resources.	March 2027

Journey Well: Improvement Outcomes
Sustainable and robust service provision for NHSH patients (with robust SLA in place for NHSWI patients), with service redesign on a local / regional / national network basis to define and deliver treatment.
Improved experience for our population living with and beyond cancer by implementing person centred pathways and care delivery Patient experience embedded in improvement plans to enhance experience in the future.
Cohesive working between all services receiving patients on a cancer pathway, diagnostics, and primary care to create a shared vision and understanding of a patient's journey.

Outcome 14: Age Well

Description	We will deliver health services that practice realistic medicine and value-based health and care whilst being proactive, holistic, preventive and patient centred across the life span, enabling patients and clinicians to work together.
Problem Statement	We have not yet embedded realistic medicine methodologies in practice in NHS Highland. We do not currently have a long-term condition model in NHS Highland. We have not fully implemented the Women's Health Plan.
Aims & Objectives	• Implement Realistic Medicine Plan • Implement Women's Health Plan • We will develop a coordinated service model for long term conditions • Delivery of the condition specific quality indicators
Scope	Adults in North Highland.
Link to NHS Scotland Recovery Drivers	**1 Primary and Community Care** **2 Urgent & Unscheduled Care** **4 Planned Care** **7 Women's Health Plan**
Link to Policy Drivers	Value Based Health & Care Action Plan and Realistic Medicine National quality indicators
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning • Delayed Discharge and Length of Stay • Out of Hours Care Model and Funded Nurse Care redesign • Bed Capacity Planning • Prescribing (1-4 from 15-box model) • Pelvic Health Pathway
Impact on Patient Outcomes & Health Inequalities	Digital solutions to widen access to remote health monitoring Women's health plan to reduce health inequalities Delivery of quality indicators to improve health outcomes for specific conditions

Age Well: 2024/25 Deliverables	
Description	**Due Date**
Implement NHS Highland's Realistic Medicine Action Plan aligned to the national action plan, within current resources available.	March 2025
Implement NHS Highland's Women's Health Action Plan within current resources available.	March 2025
Develop generic approach to condition specific quality standards and targets for: • Stroke, Diabetes, Neurological, Respiratory, Cardiovascular, Arthritis, Hypertension, High cholesterol, Pelvic Health Targets and trajectories will be developed and be part of our performance monitoring bring together intelligence from acute and primary care to understand our specific quality improvement programmes in these areas	March 2025
Waiting Well – Public Health leading on strategy development	March 2025

Age Well: Priorities to 2026/27	
Description	**Due Date**
Continue to implement NHS Highland's Realistic Medicine Plan.	March 2026
Continue to implement NHS Highland's Women's Health Action Plan.	March 2026
Integrate remote health monitoring options into appropriate care pathways.	March 2026
Embedded principles of rehabilitation for Scotland with a plan locally in NHS Highland.	March 2027
Waiting Well preventative and proactive support.	March 2026

Age Well: Improvement Outcomes
Realistic Medicine • Increase in staff completing shared decision-making module on TURAS or SWAY by 10% • Reduction of pharmaceutical waste • Efficiency in prescribing cost savings delivered via prescribing efficiencies group • Introduction of PROMS (patient reported outcome measures) - this will enable NHSH to measure improvement and value to patient procedures going forward
Quality Standards • Increase level of achievement of quality indicators o Cardiac rehab outcomes o Respiratory rehab outcomes o MSK admissions – arthritis and back pain o Neuro rehab delivered post stroke period • Reduction in surgical listing for pelvic health and orthopaedics • Reduction in continence product use and prescribing
Women's Health Plan • Reduction in waiting time for specialist Menopause service < than 6 months • Increase provision in LARC • Implementation of all NHSH board actions • Availability of free period products in NHSH workplaces

Outcome 15: End Well

Description	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond
Problem Statements	Health and social care staff are often unaware of people's preferences in relation to dying. Palliative Care services may not be equitably available to the people of Highland
Aims & Objectives	In partnership, ensure our population has access to palliative and end of life services support round the clock care enabling people to have reasonable choice to die in the setting of their choice Proactively recognise people who may be in their last year of life and who wish support, being respectful of what matters to them by co-developing anticipatory care plans with them and for them Ensure we work together to deliver person centred care for our population (and their families) in the last year of life
Scope	Residents of Highland Council area only NHSH services and partnership working through the End of Life Care Together (EoLCT) Project with Hospice, Marie Curie, primary care, SAS etc
Link to NHS Scotland Recovery Drivers	**1 Primary and Community Care** **2 Urgent & Unscheduled Care** **4 Planned Care**
Link to Policy Drivers	Carers (Scotland) Act 2016 Healthcare framework for adults living in care homes My Health – My Care – My Home CEL (2012) 12 Hospice and NHS Boards Palliative and end of life care: strategic framework for action 2016 – 2021 (to be renewed) Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework June 2023
Link to Value & Efficiency Work Streams	• Reducing Length of Stay • Review of End of Life Care projects being undertaken in partnership with Third Sector
Impact on Patient Outcomes & Health Inequalities	Reduce health inequalities to provide palliative care in a homely setting Improved outcomes and experiences for patients and carers, through proactive anticipatory care planning

End Well: 2024/25 Deliverables	
Description	**Due Date**
Scope where people die of what and cost of services to inform improvement plan for End of Life Care.	March 2025
Review End of Life Together Programme Delivery Structure to identify outcomes and value.	March 2025
Integrate Palliative Care helpline to include access to bereavement/spiritual support.	March 2025

End Well: Priorities to 2026/27	
Description	**Due Date**
Guidance on reasonable supports that can be offered to individuals and families, monitored and reviewed through district care planning processes	March 2026
Explore the extent to which register of end of life patients is in place within GP practices	March 2026
Implement anticipatory care plans, to include electronic sharing of information with relevant professionals	March 2027
Review impact of End of Life Care Together Project with Third Sector Partnerships.	March 2026

End Well: Improvement Outcomes
Palliative care in a place of choice and more homely setting Improved use of public spend on palliative and related healthcare

Outcome 16: Value Well

Description	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise
Problem Statement	Improve capacity within health and care services through development of volunteers and third sector organisations
Aims & Objectives	Developing our partnership with those volunteers, carers, families and organisations who can help support health and social care, to enable healthy, inclusive and resilient communities We will work with our Community Planning Partnerships to support delivery of the Local Outcome Improvement Plans and locality plans for Highland and Argyll and Bute. We will continue to work with our Community Planning Partnership to support delivery of locality based plans that help deliver partnership priorities at a more local level. We will support the ongoing medium/longer term work on the Community Planning Partnership priorities as follows: transport infrastructure, housing, wellbeing. We will continue to support and provide leadership to the current Highland Outcome Improvement Plan priorities throughout 2024/25. We will play an active role in partnership structures and lead delivery of the partnership priority on Mental Health and Wellbeing. We will continue to support delivery of locality based plans that help deliver partnership priorities at a more local level and provide leadership for two of the nine locality based Community Partnerships. We will support the ongoing medium/longer term work on the Community Planning Partnership priorities supporting the transition to a refreshed set of priority outcomes. Longer-term priorities will focus on People, Place and Prosperity.
Scope	Across NHS Highland area
Impact on Patient Outcomes & Health Inequalities	Reducing inequalities by linking to services available in the voluntary and third sector.
Impact on Performance & Finance	Improved performance and finances through empowered partnerships with volunteers, carers and families

Value Well: 2024/25 Deliverables	
Description	**Due Date**
Review the commissioning process for distribution of the third sector funding stream and complete the process to agree distribution of funding for 2025 - 2028	Sept 2024
Work with partners to review and develop a refreshed Outcome Improvement Plan for the Highland Community Planning Partnership,	June 2024
Develop and implement a new carers strategy	Mar 2024

Value Well: Priorities to 2026/27	
Description	**Due Date**
Develop partnerships with volunteers, carers and families	Ongoing
Develop community planning partnerships (linked with Anchor Well)	Ongoing
Work with partners to progress a range of initiatives to support implementation of the Highland CPP Outcome Improvement Plans.	From June 24 ongoing
Develop and implement plan to support the pivotal role of volunteering and increase opportunities to volunteer	Ongoing

Value Well: Improvement Outcomes
Embedding partnerships with volunteers and third sector organisations to work in partnership with NHS Highland to meet the needs of our population.

Outcomes 17: Perform Well

Description	Ensure we perform and enable well by embedding all of these areas in our day-to-day health and care delivery across our system; Quality & Population Experience / Realistic Medicine / Health Inequalities / Financial Planning / Procurement
Problem Statement	• Quality & Population Experience embedding a continuous improvement culture • Integration of Realistic Medicine principles into our patient care • Reduction of health inequalities • Improved Financial Planning – become financially sustainable and achieving efficiencies and value by maximising our use of resources • Risk management systems are variable across NHS Highland. This can be a detriment to organisational learning in how care is delivered, and how resources are spent in pursuit of strategic objectives. • NHS Highland forecast deficit of £121m, which is approximately 12% of overall budget. FY24/25 brokerage capped at £35m, which requires a 9% reduction to qualify for brokerage.
Aims & Objectives	**Quality**: Create a culture of continuous improvement to develop the safety, experience and our responsiveness to the population we serve by delivering outstanding care by an outstanding team every day. **Realistic Medicine:** Ensure our population have timely access to quality care using realistic medicine approach, within our financial means **Health Inequalities:** we will focus on reducing health inequalities with our partners across our system to reduce the gaps within our communities and this will have a focus on protected characteristics **Realistic Medicine**: We will have meaningful conversations with people to plan and agree care which will support all staff and patients to base care around what matters most to people with a shared understanding of what healthcare might realistically contribute to this **Financial Planning:** review our commissioning processes (SLAs and Clinical Advisory Group specialist referrals) to facilitate improved and consistent patient outcomes, closer operational involvement and improved financial planning **Procurement:** We will work with colleagues to improve the quality of care to every person, every day through the delivery of best practice and value for money procurement of goods and services working locally where possible. **Strategy & Transformation:** we will work in partnership to transform health and care outcomes for people and communities, empowering change from within. We offer support over the whole cycle of transformation – preparing for, designing, mobilising and implementing **Resilience and Risk:** We will support all internal and external emergency planning, respond to major incidents and provide specialist advice to our workforce. We will work collaboratively to educate, document and mitigate risk **Corporate Services:** We will develop, implement and review our governance frameworks to demonstrate and deliver accountable information to our Board and committees, Government and our population

	Regional & National working collaboratively: We will work collaboratively across our NHS Board boundaries to be sustainable or where we cannot deliver the service within to benefit our population **Adherence to the Blueprint for Good Governance:** risk management principles. Value and Efficiency work will enable a path to balance in meeting financial and performance targets
Scope	All aspects of care
Link to NHS Scotland Recovery Drivers	**6 Population Health**
Link to Policy Drivers	National Clinical Strategy Value Based Health and Care Action Plan Blueprint for Good Governance (2022) Women's Health Plan
Link to Value & Efficiency Work Streams	• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model) • Integrated Service Planning • Prescribing (1-4 from 15-box model) • Vaccination Service • Pelvic Health Pathway • Corporate Teams Consolidation
Impact on Patient Outcomes & Health Inequalities	Improved outcomes for patients through innovative and integrated working, with reduced unwarranted health inequalities.
Impact on Performance & Finance	Improved stability and performance. Supporting the organisation to meet the savings required in 2024/25 budget through Value & Efficiency task and finish work.

Perform Well: 2024/25 Deliverables	
Description	**Due Date**
Quality: improved complaints response process, oversight of quality outcomes, programme approach to HAI and TV.	March 2025
Realistic Medicine: progress NHS Highland's Realistic Medicine action plan that is aligned to the actions associated in the national Values Based Health and Care Action Plan (see also Person Centred Care), as available within current resource.	March 2025
Health Inequalities: develop implementation plan to reduce Health Inequalities.	March 2025
Procurement: Continue to deliver the NHS Highland Procurement service improvement plan that is linked to the NHS Highland Anchor's Strategic Plan (see Anchor Well) and Value & Efficiency Programmes	March 2025
Resilience and Risk: Level 2 risk registers aligned with barriers which may prevent progress in achieving strategic principles that are specific to directorate and level 3 risk registers aligned with Integrated Service Planning outputs.	August 2024
Resilience and Risk: Review overall corporate risk register to align to emerging risks and risk appetite statement	June 2024
Strategy and Transformation team: enable process of transformation and ensure appropriate escalation aligned with agreed key performance indicators. KPIs will be developed and reported weekly from the intelligence team where not available on Discovery.	May 2024

Perform Well: Priorities to 2026/27	
Description	**Due Date**
Realistic Medicine; further integrate within NHS Highland to promote shared decision making and person-centred care as far as possible within current resource.	March 2027
Health Inequalities; to improve health and reduce health inequalities. We intend: • To reduce the gap in healthy life expectancy between rich and poor • To make an effective contribution to the reduction of poverty including child poverty • To ensure that people have access to opportunities to improve their health · To demonstrate equity of access to effective health services • To be an effective anchor institution within Highland and Argyll and Bute • To work effectively with community partners to tackle the most important threats to health and wellbeing and wider determinants of health	March 2027
Financial Planning; Ongoing delivery of cost efficiencies as detailed in the board's three-year financial plan. Implement revised secondary / tertiary care commissioning and cost recovery processes	Marc 2027
Resilience and Risk management improvement plan with associated governance, risk-aligned SMART objectives and suite of KPIs to ensure risk management standards withheld	August 2025
Financial planning that is patient outcomes-focused by ensuring efficiencies maximised.	Ongoing

Perform Well: Improvement Outcomes
Reduction of health inequalities across NHS Highland
Improved financial planning – become financially sustainable and achieving efficiencies and value by maximising our use of resources
Improvements in safety, experience and responsiveness to our population's needs
Integration of Realistic Medicine principles into our greater person centred care actions
Delivering cost efficiencies through our financial plan; including integration of our financial plan with this delivery plan.
Transparent and efficient commissioning and cost recovery processes, improving our financial position
Risk management systems pan-NHS Highland that are consistent with the principles and framework outlined in the Blueprint for Good Governance (2022).
Maximising value and efficiency savings; pay and non-pay controls in place to monitor expenditure.
Underpinning controls, value and efficiency opportunities are; impact assessments informing decision, quality impact assessments as required, and detailed plans with associated implementation and delivery governance.

Outcome 18: Progress Well
Digital, Research Development & Innovation, Estates & Climate

Description	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system.
Problem Statement	Provision and optimisation of digital systems that empower our communities and enable our staff to work seamlessly; delivering on value and efficiency initiatives and supporting longer-term strategic change and transformation of services. Create partnership opportunities for research, development and innovation to improve our health and care services Improved efficiencies and quality of services. To make sure that we can support the organisation to provide the appropriate service, in the right place, in facilities that allow for safe and sustainable healthcare. To meet Scottish Government Net Zero aspirations in the timescales within the current guidance.
Aims & Objectives	• Digital – we will deliver a prioritised plan for digital transformation across NHS Highland that links to the organisation's immediate requirements and contributes to the achievement of strategic change and transformation in line with the capital and resources available • Research, Development and Innovation – We will work in partnership to create opportunities for RD&I to improve the health and care we deliver for our population • Climate – Environmentally Proactive – We will work in a sustainable and efficient environment in line with national Net Zero carbon commitments to support delivery of health and care in the future.
Scope	Digital / Research & Development / Estates and Climate
Link to NHS Scotland Recovery Drivers	All, including 9. Digital Innovation and 10. Climate Emergency & Environment
Link to Policy Drivers	Care in the Digital Age Delivery Plan NHSS climate emergency and sustainability strategy 2022-26
Link to Value & Efficiency Work Streams	• Prescribing (1-5 from 15-box model) • Leases and Agile Working • Morse Implementation • TEC Enabled Care • Estates Operational Digitisation Project
Impact on Patient Outcomes & Health Inequalities	Enabling improved outcomes for patients through innovative and integrated working, through best use of public funds. Digital – improving efficiency and productivity by fully-utilising digital solutions to ensure our workforce can deliver the right care, in the right place at the right time. Climate – improving Net Zero will support the delivery of improved outcomes for patients through a more-efficient organisation.
Impact on Performance & Finance	Improved performance by harnessing digital, innovation and low carbon solutions across NHS Highland and in particular; Digital – optimising the use of current systems, prioritising the use of current funding to digital projects that contribute to improved performance and finance. Climate – the need to meet Net Zero obligations in some of our current infrastructure will lead to higher running costs especially in energy if nothing is done.

Digital, Research Development & Innovation, Estates & Climate: 2024/25 Deliverables	
Description	**Due Date**
Digital • Delivery of a priorities that support value & efficiency workstreams with key areas as follows: o Supporting the roll-out of EPR (Morse) across Highland during 2024/25 as per the Value & Efficiency workstream within current resources o Supporting systems development to align to implementation plan of new Waiting Times Guidance in 2024/25 • Delivery of an NHS Highland digital workplan for 2024/25 (Appendix H: draft) that considers local and national priorities requiring delivery, balanced against available resource and workforce for delivery • Continue to roll-out the Digital Skills framework supported by the organisation's Digital Champions network • Capitalise on the opportunities of Microsoft 365 to deliver change in services. • Introduce a process to identify, assess and prioritise digital transformation opportunities that support colleagues to contribute to improvement of services	March 2025
Estates and Climate • Deliver towards Net Carbon Zero national targets within current resource envelope • Development of plans around EMS asset modelling outputs • Review of current leases (in partnership with embedding agile working) • Stage 1 Whole Systems Infrastructure Planning; backlog maintenance risk assessment • Formalise public sector shared services plan • Estates Operations digitisation and modernisation project	March 2025 March 2025 Dec 2024 January 2025 Dec 2024 March 2025

Digital, Research Development & Innovation, Estates & Climate:: Priorities to 2026/27	
Description	**Due Date**
Digital Embed annual process of digital work planning that links into organisational priorities for operational, local strategic change and supports national programmes of work. This will allow NHS Highland to identify digital change priorities, and must be considered alongside innovation and estates priorities.	March 2026
Research Development & Innovation: Ongoing partnership work to support innovation in service delivery linked to regional and national working	March 2027
Estates and Climate • Delivery of programmes to meet NHS Highland's environmental targets • Implementation of Capital Planning review from EMS outputs • Stage 2 Whole Systems Infrastructure Planning • Complete PFI project hand back at New Craigs site	March 2027 March 2026 January 2026 July 2025

Digital, Research Development & Innovation, Estates & Climate: Improvement Outcomes
Improved service delivery, reducing patient travel and better use of NHS Highland estate.
Improved efficiencies in service and support delivery through harnessing innovation into strategic transformation of services.
Improved environmental outcomes and contributing to reducing NHS Scotland's Net Zero carbon commitments.
Improved use of current estate to match service-delivery needs of NHS Highland.
Delivering a digitally-enabled workforce to deliver new models of care that uses technology to transform services.

Delivering a digital change and transformation plan for NHS Highland that aligns to the organisation and national priorities, balanced with available resources (workforce and funding).

TARA (Transformation & Resilience of Admin)

Description	To refresh the administration support functions to support all operational divisions in NHS Highland, providing a patient-focused, efficient, resilient and sustainable admin facility.
Problem Statement	The current operating model for administration across NHS Highland is not sustainable. There is wide variation in roles and responsibilities, little flexibility within admin teams and few opportunities for career progression. There is a high annual overspend on supplementary staffing, and there is a disjointed model with admin being aligned within services. NHS Highland is unable to maximise its current administration resources towards the priorities of the whole system. Furthermore, the age profile of the administration workforce is skewed with 37% over the age of 55, presenting challenges for succession-planning and workforce planning. NHS Highland is not fully maximising opportunities available through digital tools, including the use of M365 and the distributed service model allows for variation across teams and services in the digital tools used.
Aims & Objectives	• Enhance consistency of our patient pathways between areas and departments • Provide a coherent structure for each role, with pathways for advancement and development • Improve operational performance, communication, data collection and provision • Fully utilise all digital opportunities to ensure we are as efficient as possible • Truly define administrative roles and ensure consistency across the community functions, streamlining and utilising generic job descriptions • Empower our admin staff to apply their skills and expertise to help deliver excellent patient care across the organisation, as efficiently as possible
Scope	• All admin support staff bands 2-7 in Corporate, Acute and Community teams • Potential change in line management structure – robust career pathways will be developed including apprenticeships, which will translate into more opportunities for this staff group • Reduction in the number of job descriptions across NHS Highland • Possible reductions in the total number of admin posts across the system
Link to NHS Scotland Recovery Drivers	**9 Digital and data technology**
Link to Value & Efficiency Work Streams	• Corporate Teams Consolidation
Impact on Patient Outcomes & Health Inequalities	• Consistent patient pathways between area and services • Efficient admin can change how people feel about health services, which has implications for how they interact with NHS Highland leading to less delays in treatment and potentially having an impact on their health outcomes. • Ensure patients, staff, equipment and information are in the right place at the right time • Patients, carers and staff will experience NHS admin processes consistently, positively affect their wellbeing. • For people who live with long-term conditions, use multiple health and care services or who have additional needs, their positive experience of admin can play a critical role in their overall experience of care.

	• High-quality admin has the potential to improve patient experience, reduce inequalities, promote better care and contribute to a better working environment for staff • Integrated care systems, and place-based partnerships within them are tasked with promoting more seamless care that better meet's peoples' needs • Co-design processes will be essential to developing truly high-quality admin in NHS Highland • Clear career pathways for progressions, training and development for staff
Impact on Performance & Finance	• Decrease in NHS Highland's admin spend/budget • Decrease in total admin workforce but focussing on priorities for NHS Highland • Improve operational performance, communication, data collection and provision • Releasing clinical and management time by establishing whole system admin service • Positive difference to the working lives of admin staff • Increased digital skills through the development of a skills matrix and framework

TARA: 2024/25 Deliverables	
Description	**Due Date**
Termination of Fixed Term Contracts through appropriate policy in Acute setting.	June 2024
Implementation of voice recognition software in areas of agreed benefit where funding is available.	March 2025
Reduce all excess hours and overtime within Acute admin setting.	June 2024
Expand the TARA Programme into Community and Corporate functions, using the principles agreed for Acute.	March 2025

TARA: Priorities to 2026/27	
Description	**Due Date**
Transformation and Resilience of NHS Highland's administration functions by delivery of Sustainable Operating Model (SOM)	March 2026

TARA: Improvement Outcomes
Reduction in supplementary staffing used totally within administration, representing cost efficiencies to NHS Highland.
Releasing clinicians and management from admin tasks by developing a structured whole system administration function, providing efficiencies to NHS Highland.
Improves overall staff experience by developing an administration service with career prospects; improving NHS Highland's recruitment and retention.
Improves overall patient and carer experience of care, and reduce inequalities.
Delivers a better working environment for staff with clear roles and responsibilities.
Increases flexibility across admin support to deal with planned and unplanned absence.
Enhances consistency of patient pathways between services.
Improves operational performance, communication and data collection.
Develops a digitally-enabled administration workforce through the whole system deployment of digital tools to support the service.
Generic Job Descriptions will promote flexibility of admin support across geographical services, reducing variation and reflecting the skills knowledge and experience required for roles within the Sustainable Operating Model

Creates baseline for training and development of administration staff in NHS Highland.
Supports workforce recruitment and retention with the upskilling of administrative staff in digital and technical skills.
Provide professional training and development opportunities for all administration staff in NHS Highland.

Health and Social Care services in Argyll & Bute

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

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

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

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

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

This submission is primarily based on actions from the Joint Strategic Plan (JSP) for 2022-25 and A&B HSCP submission for the Medium-Term Development plan (MDP) from last year. A new JSP will be developed in the course of 2024-25, published before 1 April 2025 and implemented from 2025-26. As a result, priorities beyond 2024-25 have not been fully established. In addition, the changed financial landscape including uncertainty regarding the financial allocation for 2024-25 could impact on plans for 2024-25.

1 Primary and Community Care – Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.	
2024-25	**2025-26**
• Implement recommendations/actions from comprehensive review of Cluster working in Argyll and Bute, to improve effectiveness of GP clusters.	Likely to carry over
• Continue to ensure that locality-based vaccination teams and campaign planning are sufficiently robust to deliver vaccination and immunizations' and childhood vaccination following their removal from GP practices from 1 April 2022	
• Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitionary service arrangements (including additional payment arrangements)	

• Focus on the quality improvement and efficiency of services provided under the new GP contract	Likely to carry over
• Improve the urban/rural & island equality of service provided under the new GP contract.	Likely to carry over
• Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care by August 2024.	Implementation will carry over
• Establish a safe and cost-effective OHH emergency medical service in Jura that meets the healthcare requirements of local residents. The focus is on providing community-based care that is responsive to the needs of the population.	Implementation will carry over
• Continue to link with the wider HSCP preventative strategy.	Likely to carry over
• Develop a quality improvement approach and shore up sustainability within 2C (HSCP managed) practices	Implementation will carry over
• Development of an INR/Anticoagulation service delivered through CTACs (Community Treatment and Care)	Likely to carry over
• Continue to rollout and develop pathways for an integrated phlebotomy service across primary and secondary care	Likely to carry over
• Extend the Community Hospitals into the community and provide a greater range of health-related skills and services at home	Likely to carry over
• Develop a community assets approach and identify a way in which people can be supported as much as possible within their own community before needing statutory services	Likely to carry over
• Conduct review of sexual health services provided by A&BHSCP including gap analysis and work with NHS GGC to ensure access to specialist Sexual Health Services via regional service agreement or additional commissioning schedule if require	Implementation will carry over
• Carry out market testing of care at home by reviewing views on the quality of service. Extensive views have been gathered from service users as part of both modernising the service and creating a new tender for care at home	Tender implementation likely to carry over
• The Self-Directed Support Steering Group to embed Self-Directed Support Improvement Standards -will be set up in the first quarter of 2024-25	
• Review of the use of Extended Community Care Teams and link them to other community services. Standards including access points and hours of services are being refreshed	
• Development of an older adult strategy, focused on place, with the following priorities: ◦ Care at Home ◦ Care Homes and Housing ◦ Community Hospitals and Community Services ◦ Palliative and End of Life Care ◦ Self -Directed Support and Technology Enabled Care ◦ Planned Care ◦ Unscheduled Care	Implementation will carry over
<u>Living Well Strategy and Programme</u> Within Argyll and Bute, the Living Well Programme Board has an aspiration to embody a philosophy of prevention, by focusing on wellness, not illness, empowering and enabling those within Argyll and Bute to live well. An Argyll and Bute wide multi-agency approach is required to ensure a cohesive strategic vision. This will be achieved using the background of the five-year Argyll and Bute Living Well strategy. Over the next 5 years the programme will focus on: • Coordinating and developing the provision of supports and services for those requiring high level intensive interventions, such as those with unmanaged or unstable conditions such as cardiac, pulmonary, stroke or cancer, and who need a high level of support and encouragement to engage in physical activity.	Likely to carry over

• Design, development and delivery of a comprehensive Living Well programme, focused on the holistic themes of: Self-Management; Information and Support; Healthy Weight; Physical Activity; Emotional and Mental Wellbeing; Culture and Creativity; and Connection: Nature and Community.	
2: Urgent & Unscheduled Care – Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.	
2024-25	**2025-26**

• Simplifying access and implementing effective MDT working through, enabling multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a reabling and rehabilitation ethos and high quality end of life care with the skills to provide simple care that currently involves a hospital admission. Working groups for discharge without delay, community teams and community hospitals set up to progress below actions/work streams:
  • Evaluating spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge
  • Assessing models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital
  • Plan and progress spend on the recurring funding from Scottish Government
  • Enhance clinical education for all staff, develop skill mix, apprenticeships and health care support worker skilled roles
  • Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need
	Implementation will carry over

3: Mental Health – Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.	
2024-25	**2025-26**
<u>Implementation of Community Mental Health Services Review</u> • The review had 22 outcomes, this has progressed well with many complete; however, this will be revisited in 2024-25 to ascertain where we are now as part of the community short life working group.	
<u>Psychological Therapies</u> • The realignment of teams to create an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4 is complete. A Business case has been developed, which was submitted to our Scottish Government colleagues. The service will continue to work alongside Scottish Government to develop our service in line with allocated funding and to improve our wait times • Work to realign the care mental health team to work across GP surgeries and to support those presenting with mild and moderate mental health concerns via through an MDT approach is complete. A pathway refresh is underway and a pilot of self-referral is planned to commence this year with a PDSA cycle and soft launch. • Care Reviews: Work to complete care reviews is ongoing.	
<u>Inpatient services</u> • Ongoing issues, Sector Consultants are in reaching to the inpatient unit to allow consistency of care in community and transition from acute care. RMN recruitment, second year of earn to learn (new pathway developed in A&B, being piloted in NHS Lothian and national interest), major recruitment drive, career fayres, advertising on ferries, social media etc. • Retention and recruitment premium secured for Inpatient band 5 nurses to attract new applicants until 2025.	Likely to carry over
<u>Standardisation of processes</u>; roles and responsibilities; care and support	Implementation will

coordination and utilisation of effective training and delivery models (i.e., specialist / generic), as appropriate to support mental health and dementia services locally • The community group are exploring variation across teams this year, with an aim to minimise variation across the directorate. This will extend out across all under the MH umbrella. The associate lead nurse for MH is developing a skills framework in which base skills and training needs are recorded and updated and further needs assessment will develop from there. • Dementia services have moved to the mental health directorate and there are early plans to develop a training package to assist both care homes and local hospitals in caring for those presenting living with dementia. • The community group as above have a remit to explore variation and to standardise practises across the localities. This will encompass the community review outstanding actions, ending exclusion and promote integrated service delivery. • Silvercloud platform has replaced Beating The Blues and is part of our developing and growing digital MH strategy and delivery pathway	carry over
Within Argyll and Bute, continue to deliver on the Medication Assisted Treatment (MAT) standards, encouraging trauma informed practise within the wider workforce. [Public Health]	Ongoing work
4: Planned Care – Recovering and improving delivery of planned care	
2024-25	**2025-26**
• See actions noted in sections 1 and 2, in relation to extending Community Hospitals into the community, and developing community assets approach, Island Strategy, Care at Home, Steering group for Self-Directed Support, Older Adult Strategy, Community Teams	
• Support care at home through winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Annual
• Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact each other. A full winter plan was developed and approved by the IJB in 2024. An evaluation of winter planning is in train.	
• Building appraisal for internal care homes and development of an overarching care home and housing strategy. The appraisal for internal care homes and a strategic assessment is complete. Longer term planning around procuring housing with care/care home models and options for the future.	Implementation will carry over
• Encompass this within our commissioning strategy	
• Implement needs assessment and collaborative health and social care plan for Coll.	
• Develop a sustainable staffing model at Lorn and the Isles Hospital linking in with the Acute Structure [Acute]	Implementation will carry over
• Develop a strategic and inclusive approach to Dementia within Argyll and Bute which sees supporting people with dementia in our communities as essential and part of everyone's role (see Mental Health actions	
• Complete phase 1 of roll out of Digital Ophthalmology Imaging Hubs	Phase 2 will carry over
• Work with NHS GGC to improve and monitor outreach arrangements/pathways for: o Gastroenterology o ENT o Haematology o Dermatology	Work on pathways likely to be ongoing as A&B responds to service redesign in GGC and ongoing need to review outreach arrangement
• Implementation of Thrombectomy pathways to GGC	
5: Cancer Care - Delivering the National Cancer Action Plan (2023-2026)	
2024-25	**2025-26**

See Living Well actions in Sections 6 and 1.	
6: Health Inequalities and Population Health- Enhance planning and delivery of the approach to tackling health inequalities and improving population health	
2024-25	**2025-26**
<u>NHS Highland Joint Health Improvement Plan</u> • Argyll and Bute health improvement staff to continue to work with colleagues in NHS Highland on a joint Health Improvement plan for 2024-2026, achieving efficiencies in some areas by working board wide. • Evaluate the outcomes of the first joint plan in 2022-2024. • Support a range of projects tackling health inequalities, including those related to child poverty, financial inclusion, and equalities.	Implementation will carry over
<u>Living Well Programme</u> Support the strategic direction and delivery of the Living Well Programme board and evaluate the 2019-2024 Living Well Strategy. Within this programme of work, projects include workforce development; self-management; community link working; physical activity; mental wellbeing. • Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work. • Respond to and deliver on national strategy and targets – suicide prevention; smoking cessation; Fairer Scotland. • Continue to support delivery of Equality Impact Assessment statutory duties throughout HSCP. • Continue to support delivery of statutory engagement duties under Planning with People engagement guidance.	Ongoing work
<u>Argyll and Bute Alcohol and Drug Partnership:</u> • Development of a new Argyll and Bute Alcohol and Drug Strategy (2024-2027). • Implementation of new residential rehabilitation pathway in Argyll and Bute and collaboration with Healthcare Improvement Scotland to develop a residential rehabilitation improvement action plan. Develop a local evaluation process. • Continue to work with partners and services across Argyll and Bute to develop and embed localised delivery plans to achieve Medication Assisted Treatment (MAT standards). Governance is through the Argyll and Bute MAT Standards Steering Group. A quality improvement approach is being taken to identify what is working well and identify the gaps. This process is being supported by MIST (a collaboration of Public Health Scotland and Healthcare Improvement Scotland.) The latest benchmarking report identified improvement in Argyll and Bute over 2023. • Continue to deliver on requirements of the National Mission • Support recovery and community hubs across Argyll and Bute, including lived and living experience engagement. - Support the voices of those with Lived and Living Experience to contribute to ADP planning • Deliver and expand on a whole family approach to drug and alcohol treatment and recovery.	• Implementation of strategy will carry over • Implementation of rehabilitation improvement action plan will carry over • Will carry over • Ongoing • Ongoing • Implementation will carry over
7: Women and Children's Health - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.	
2024-25	**2025-26**
• Implement Actions from Children Promise Change Programme.	• Likely to carry over
• Report on performance against outcomes/Evaluate and report on service plans and transformation projects	• Ongoing/Annual
• Deliver on the project outcomes for transforming responses to Violence against Women and Girls.	• Likely to carry over
• Ensure links with NHS Highland	• Ongoing

• Monitor performance against Children and Young People's Plan.	• Ongoing
• Work with NHS GGC to ensure sustainable paediatric consultant outreach services are in place	
• Collaboration with NHS Highland and GGC to support Phase 1 of expansion of family Nurse Partnership. Argyll and Bute is one of only a few areas in Scotland that do not have FNP coverage. Projected birth rates within Argyll & Bute suggested less than 100 births per year, indicating that there would not be sufficient client numbers to implement the service independently. Supported by the learning from the hybrid delivery models between FNP sites within NHS Lothian/NHS Borders and NHS Lothian/NHS Dumfries & Galloway plans have been progressed to deliver a hybrid model between NHS GGC and NHS Highland within the Argyll & Bute HSPC	• Phase 2

<u>A&B Children and Young Peoples' Service Plan 2023-26</u>
• Children's services are delivered through integrated systems, and strong, respectful, and collaborative leadership is an essential part of this. "Getting it right for every child" (GIRFEC). This is the golden thread that encompasses all our partnership work; it supplies a shared approach and framework for professional standards.
  • Implement an improved partnership approach to service delivery will result in better outcomes for children, young people, and their families.
  • Ensure that children and their families are fully engaged in decision-making and able to contribute to their support and learning.
• Our children and young people have access to early help and support.
  • The Child Poverty Action Group will coordinate child poverty work in Argyll and Bute and help interagency cooperation.
  • The Child Poverty Action Group will consult and work with children and young people on the Child Poverty Action Plan and ensure that the local authority reporting duties on this plan are met.
  • The Employability Team's overarching objective is to ensure suitable opportunities for individuals of all ages and abilities based on tackling socio-economic disadvantage, removing inequalities, and removing multiple barriers to securing sustainable employment.
  • Young carers and their families will have access to information and resources tailored to their specific needs. Young carers and their families are more likely to experience higher levels of child poverty and therefore should be supported in maximising income.
  • Families with children and young people, as well as young people living independently, can access housing support services. Support services give recipients the tools to help them in sustaining their tenancies, helping to reduce the number of failed tenancies and homelessness applications. Assisting children and young people to remain in their homes, communities, and schools is a key element in mitigating child poverty
• We improve the mental health and well-being of our children and young people
  • The development of added support for new mothers, where we know that many experience a variety of mental health needs and challenges that can be supported by universal services, while some mothers will benefit from or require specialist help and intervention. These are to be informed by attachment-led practice and trauma- informed approaches to understanding need.
  • Ensure that children and young people can access early mental health, wellbeing, and counselling support at school and in their communities.
  • Argyll and Bute have a trauma-informed children's and young people's
	• Implementation of service plan will carry over

workforce with consideration of needs at the point of transition into adult services. • The partnership will improve assessment pathways for children, young people, and their families with neuro- developmental conditions. • Children and young people will have access to mental health and wellbeing programmes and supports to enhance prevention and early intervention while supplying more specialist support where needed. • Through access to advocacy services Children and young people will be supported in building healthy relationships. • We ensure our children and young people's voice is heard • The Young Peoples Advisory Panel and Participation Groups will work to ensure that all children and young people are actively engaged and involved in the development of future services. • The multi-agency focus across schools and communities for children and young people will ensure maximum impact in key areas such as good mental health and wellbeing, personal skills, leadership, team building, and communication. • Partners will ensure that children and young people have equal and equitable access to real and meaningful outcomes. • Children and young people's feedback will ensure that multiagency service delivery and support are focused on what is most important to them	
<u>Women's Health Plan</u> Finalise A&B HSCP's action plan to address the priorities of the Women's Health Plan and scope implementation of actions.	• Implementation will carry over
8: Workforce - Implementation of the Workforce Strategy	
2024-25	**2025-26**
In line with Scottish Government workforce planning guidance for health and social care, the HSCP have a 3 year Strategic Workforce Plan. Workforce Planning Oversight Group is in place with representation across the services and employers. Four working groups have been established to channel existing work and deliver against the workforce plan action plan: Accommodation, Culture and Wellbeing, Attracting the workforce, Developing the workforce. • Development of integrated workforce planning approach for A&B HSCP linked with NHSH and A&B practice, which includes workforce planning cycles and risk assessment. • Focus on Workforce planning training for identified managers and monitoring of completed plans • Further development of partnership huddle including Skills Development Scotland, Developing the Young Workforce, Further and Higher education providers, council education service and workforce planners/Talent/Workforce Development representatives from ABC and NHSH. • Development richer workforce planning data sets to support managers in their decisions and projections. • Improving the linkage and visibility to supplementary staffing, establishment control, vacancies and agency spend to inform workforce planning. Supporting improved attraction and recruitment in the following ways: • Increasing the promotion and involvement in career fayres	• Work will carry over

• Supporting HSCP focused recruitment through further development of existing promotional activity. Boosting posts on social media and targeting specific audiences. • Improve the visibility of HSCP adverts, linking and promoting A&B aplace2be and tapping into new advertising sources such as Calmac ferries and local visual marketing.	
9: Digital Services Innovation Adoption - Optimise use of digital and data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcome.	
2024-25	**2025-26**
• Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute	• Ongoing

• Ensure Technology Enables Care (TEC) is a core service embedded in all aspects of delivery of care, which involves the promotion of all available services throughout patients/clients' journey and supporting colleagues to feel more comfortable using TEC available as a resource to support their delivery of care and free up time for direct patient care
• Specifically:
  • Continued promotion of NHS Near Me clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel
  • Supporting roll out of further Silvercloud pathways
  • Trial and evaluation of digital homecare solutions including remote medication prompts and digital hydration kits.
  • Work with GP practices to promote further uptake of remote health monitoring for blood pressure.
  • Scope utilisation of remote health monitoring for asthma and heart in A&B HSCP and develop plans for subsequent years.
	• Ongoing
	• Potentially further roll out of hydration kits
	• Potentially implementation of health monitoring for asthma and heart

• Ensure all telecare clients have a digital solution in place in time for switch-over from analogue to digital telephone lines	
• MS Teams federation to support collaboration across NHS and council. Phase 1 of federation is complete. This provides IM (instant messaging), presence management, voice\video calls between tenancies and access to NHSH and council MS Teams channels. Phase 2 of this project due to be started by the Digital Office. Scope of that work and what features will be available for HSCP purposes yet to be defined	• Work in relation to Phase 2

• Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care. Specifically:
  • Continue to promote the Electronic Patient Record within the A&E setting wherever an electronic system is in place to bring in line with Consultant led services.
  • Working alongside NHS Highland to implement the 'Open Eyes' system which is the recognised EPR for Ophthalmology. This will minimise the clinical risk associated with the current viewing platform which is not considered appropriate long term.
  • Support the roll out of 'Order Comms' whole system electronic process for requesting, reviewing and signing off tests and subsequent results via Trakcare PMS (Patient Management System) timescale dependent upon NHS Highland
  • Implement electronic referral process for the Electrocardiography service.
  • Working alongside NHS GGC to achieve a 100% referral rate into their services via SCI Gateway. This limits the risk of lost/delayed referrals our
	• Likely to carry over

services are currently subject to in some specialties	
• Phase 2 of Eclipse Case Management System, following successful implementation of Eclipse Case Management across the HSCP and go live in June 2023. Further work under way with system provider OLM and community health team to further develop additional functionality. Work ongoing with Eclipse system provider OLM to improve the existing data-sync, linking Eclipse with CIVCA.	• Likely to carry over
• Delivery of CIVICA Electronic Document Management System pilot including Adult Care Team in Mid Argyll, Admin Teams and the whole of the HSCP Justice Service. New business case has been developed with a phased delivery programme for the rest of the HSCP localities and teams.	• If pilot successful work on further phases likely to carry over
• The development of the North of Scotland Care Portal to establish an Argyll & Bute Dynamic Patient Summary is planned for late 2024/25. This is dependent on the successful delivery of the Eclipse Phase 2 Community Health Partnership Agreement.	• Likely to carry over
10: Climate - Climate Emergency & Environment	
2024-25	**2025-26**
• Contribute towards the achievement of net zero carbon emissions across HSCP services, working in partnership with Argyll & Bute Council and NHS Highland	• Ongoing
• Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention	
• Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll & Bute Council and NHS Highland	• Ongoing
• Complete our digital transformation where more is accomplished with less using new ways of working with or without technology.	• Ongoing

Appendix A: Approach to Decision Making

To facilitate decision-making on strategic and operational change ideas, decision-making framework has been established to ensure appropriate governance and assurance on decision-making within NHS Highland.

Decision-making at levels 1-3 are those change ideas assessed that can be delivered within the current financial year and will consist of efficiency changes that have been identified within teams, within efficiency workstreams, replicate good practice from elsewhere, and are generally of lower risk.

Decisions at levels 4 and 5 are identified as more complex, have greater levels of change, may require investment / disinvestment, or involve complex multi-factorial change. These strategic transformation programmes may have deliverables in the current financial year but will extend beyond the current financial year for delivery and full benefits realisation.

It is also possible that change ideas identified within these categories may necessitate making changes at pace in order to stabilise workforce or service delivery.

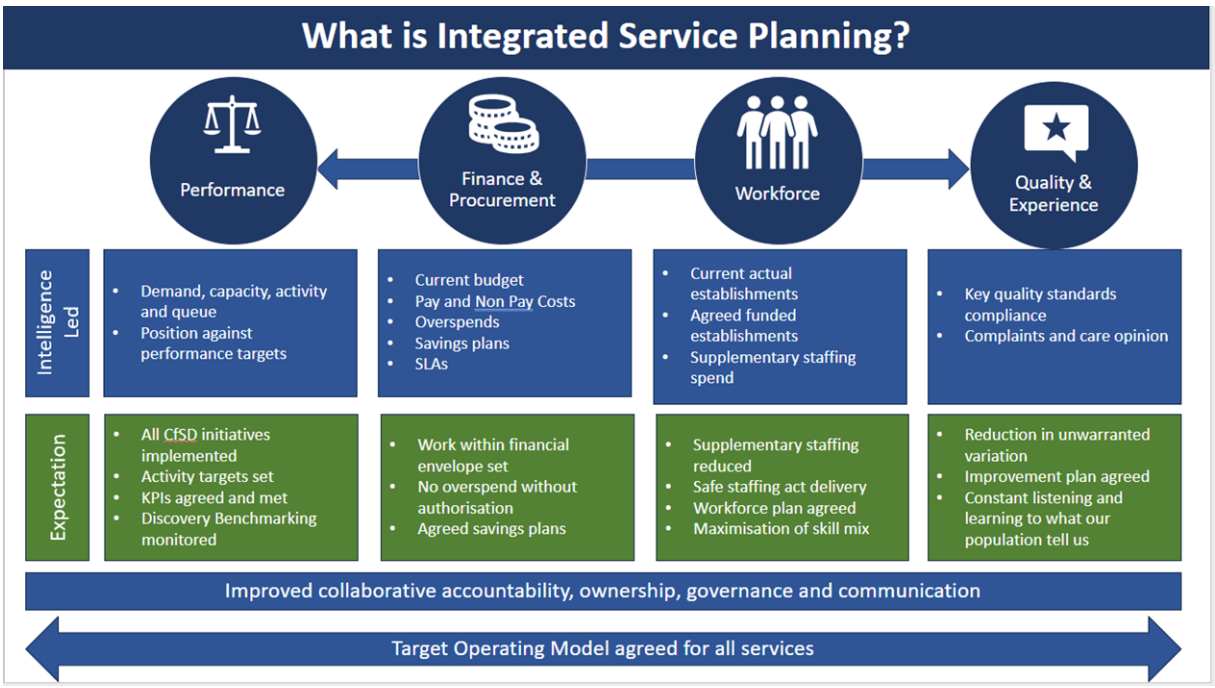
Appendix B: Sustainable Services Review

A key focus within NHS Highland continues to be assessing services which may be unsustainable in their current form. This has included collaboration with Health Boards across Scotland as one NHS Scotland, to assess where we might be best to work collaboratively where we have shared concern around the sustainability of critical services.

These national conversations have identified overlap between NHS boards for services which may lend themselves to a national or multi-board approach to delivery of new models of care that reduce the risks associated with these unsustainable services.

Priority work is progressing around Vascular Surgery, Diagnostics and Oncology services as three areas to explore a single national approach to delivering sustainable services, and NHS Highland will continue to explore all opportunities with partner boards to meet shared challenges; this is at the heart of our collaborative approach to service design.

Appendix C: Integrated Service Planning



As part of annual activity planning, Integrated Service Planning (ISP) is being implemented across NHS Highland to bring together finance, performance, workforce and quality & experience improvement drivers to deliver a baseline of current services. This includes a focus on key areas including supplementary staffing, current performance of services and available budgets matched to service demand.

ISP stretches across Acute, Community and Corporate functions and for the first time will deliver a baseline of services within NHS Highland at an operational level, which will be used to assess current services and as a baseline to developing Sustainable Operating Models (SOMs) for all services that ties together financial, workforce and performance requirements of NHS Highland.

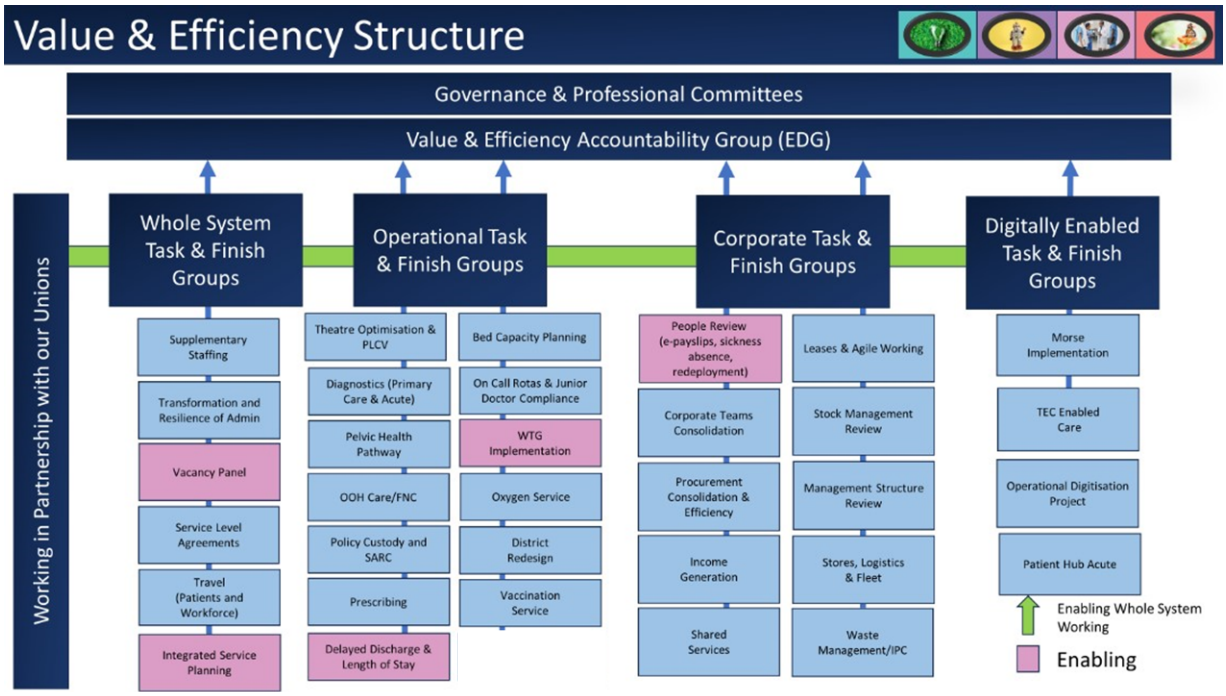
This is a significant undertaking across the whole system and will deliver an integrated service plan that will ensure equitable access to services and take a whole system approach to the identification of variation between services.

ISP is a core part of the service planning cycle within NHS Highland, providing a basis to identify services that require further tactical work in terms of short-term efficiency and longer-term transformational strategic change ideas.

Appendix D: Value & Efficiency 2024/25 priorities

A series of workstreams have been identified to deliver NHS Highland's priority actions for 2024/25 that will contribute to achieving financial efficiency for NHS Highland whilst maintaining the delivery of safe high-quality, person-centred care.

The workstreams identified through engagement with the organisation, with Senior Leadership appointed to drive these key areas through to delivery and will contribute to savings in the NHS Highland budget if these can be fully realised. We have aligned these throughout the delivery plan.



The workstreams that have been identified are as follows:

ACTION	OUTCOME
Whole System	
Reduction in **supplementary staffing** across Acute, Community and Corporate functions.	Reducing overall spend in supplementary staffing by taking a whole system approach to assessing requirements.
Transformation and Resilience of Admin service starting with Acute, and moving into Community and Corporate functions	Enabling efficiencies in current admin spending while developing a model for NHS Highland that is fit-for-purpose and cost-efficient.
Embedding a whole system approach to recruitment by creation of vacancy panel	All vacancies are assessed and considered as part of a whole system approach.
Reviewing **service level agreements** and commissioning processes for patients who go out with NHS Highland for treatment. Review cost recovery processes for non-Highland patients	Ensuring agreements deliver value-for-money and are clinically-led, management-enabled.
Review of internal **travel** processes and procedures to assess value linked to Agile Working review	Reducing overall spend on travel by embedding agile working for staff to reduce requirement for non-essential travel.
Integrated Service Planning to develop a baseline of workforce, financial and quality service planning to inform future change activities	Identifying efficiencies and eliminating variation by taking a whole system approach to service planning for 2024/25 and beyond.

Operational	
Optimise the use of theatres across NHS Highland, including reviewing **Procedures of Low Clinical Value (PLCV).**	Implement PLCV guidance and ensure that theatre space across NHS Highland is utilised as efficiently and effectively as possible, with a drive to delivering Day case theatre.
Review of **bed capacity** to ensure safe staffing of all ward areas	Ensure that services are delivered within funded bed complement and re-configure bed capacity to meet clinical demand.
Review **of Diagnostics used in Acute and Primary Care** and building Sustainable Operating Model	Optimise diagnostic capacity and efficiency. Ensure all diagnostic interventions add value to the patient's journey and are underpinned by principles of shared decision making and realistic medicine.
Review of medical **on call rotas** to optimise Emergency Department cover, including ensuring **junior doctor compliance** to training requirements	Maximising opportunities with junior doctor workforce to support our unscheduled care response and reducing A&E waiting times, whilst ensuring that our on-call rotas are centralised, flexible and adopt an MDT approach
Implementing the Centre for Sustainable Delivery's (CfSD) **Pelvic Health Pathway**	Changing pathways to ensure best practice is embedded in pelvic health pathways, reducing long-term follow-up required.
Implementing the Scottish Government's new **Waiting Times Guidance**	Improving patient experience and care by refreshing waiting times systems to meet the new guidance and ensure that only those patients who are fit, willing and able are on waiting lists.
Out of Hours Care and Funded Nurse Care	Optimising the flow of unscheduled care out of hours and utilising all resources available to triage potential admissions to acute.
Exploring efficiencies in the delivery of our **oxygen service**	Develop firm governance to ensure that only those patients who will benefit from oxygen receive it and reduce oxygen spend by exploring prescribing variation and control across NHS Highland.
Review of NHS Highland's legislative requirements in the delivery of **Policy Custody and SARC facilities**	Delivery of a sustainable workforce model that will ensure the Board can fulfil its statutory duties for the delivery of healthcare in police custody and Forensic Medical Services.
Consider the composition of the Highland Health and Social Care Partnership's delivery model for community care through a **redesign of districts**	Deliver a consolidated district model that provides equitable access to services across NHS Highland and delivery of a core model that is responsive to local population needs.
Seeking efficiencies in **prescribing** throughout Acute and Primary Care	Managing a reduction in total prescribing spend by assessing variation, ensuring that only high priority, clinically effective, and cost-effective medicines are prescribed across NHSH
Review and consolidation of the model required to deliver NHS Highland's **vaccination services**.	Bringing together vaccination services and seeking efficiencies in the workforce required to deliver these interventions.
Optimising Flow and Length of Stay to ensure the right care, in the right place, at the right time.	Ensuring the use of planned date of discharge and partnership working to optimise flow and identify ways to reduce length of stay within acute care pathways

Expanding the use of **Technology Enabled Care (TEC)**	Developing our clinical and adult social care workforce capacity with innovative uses of TEC
Corporate	
People Review: increasing use of epayslips, reducing sickness absence and maximise opportunities for staff currently being redeployed	Supporting greater staff health and well-being by ensuring adherence to national policies
Leases and Agile Working: Encourage the development of agile working across NHS Highland and review the Corporate estate required, capitalising on any opportunities in relation to current leased property	Matching the required office estate for NHS Highland with the requirement of our workforce, whilst maximizing the opportunities of agile working.
Management Costs Review; consider all work that is supported by Consultancy / agency in Corporate Services and where there are options to make cost efficiencies in this area.	Explore alternatives to the delivery of Corporate Services that are currently undertaken with third parties, seeking to reduce costs.
Consolidating Corporate Teams to support whole system working	Delivering efficiency by reviewing current Corporate Team resource and identify areas where teams / services could be consolidated.
Consolidating procurement and stores processes to maximise economy on purchasing within NHS Highland	Realising financial efficiencies in the purchasing of goods and services across NHS Highland.
Digitise the operational aspects of Estates & Facilities to deliver efficiency in process	Capitalise on digital products to redesign the operational tasks undertaken by Estates and Facilities
Maximise **income generation** from current Estate including review of current tenancy, catering and laundry facilities	Ensuring that income from leased NHS Highland space is maximised.
Equipment: Consolidate Estates and Facilities resources including Stores, Logistics and Fleet to maximise efficiencies.	Capitalise on opportunities for efficiencies across our Estates and Infrastructure services by embedding lean processes.
Formalise **shared services** agreements with public sector partners that focus on shared efficiencies and economies of scale	Maximise income and reducing costs by assessing what is required from shared services with partner agencies.
Digitally-enabled	
Deliver a digital intervention for **Patient Hub** that will reduce requirement for consumables for communications with patients	Enabling a patient hub will deliver a better patient experience and reduce NHS Highland's consumable costs by digitising communication.
Deliver the **Morse** solution and capitalize on the opportunities of **Technology Enabled Care** to enable future transformation of services	Delivering efficiencies by capitalizing on current available technology to support staff working remotely within the Community.

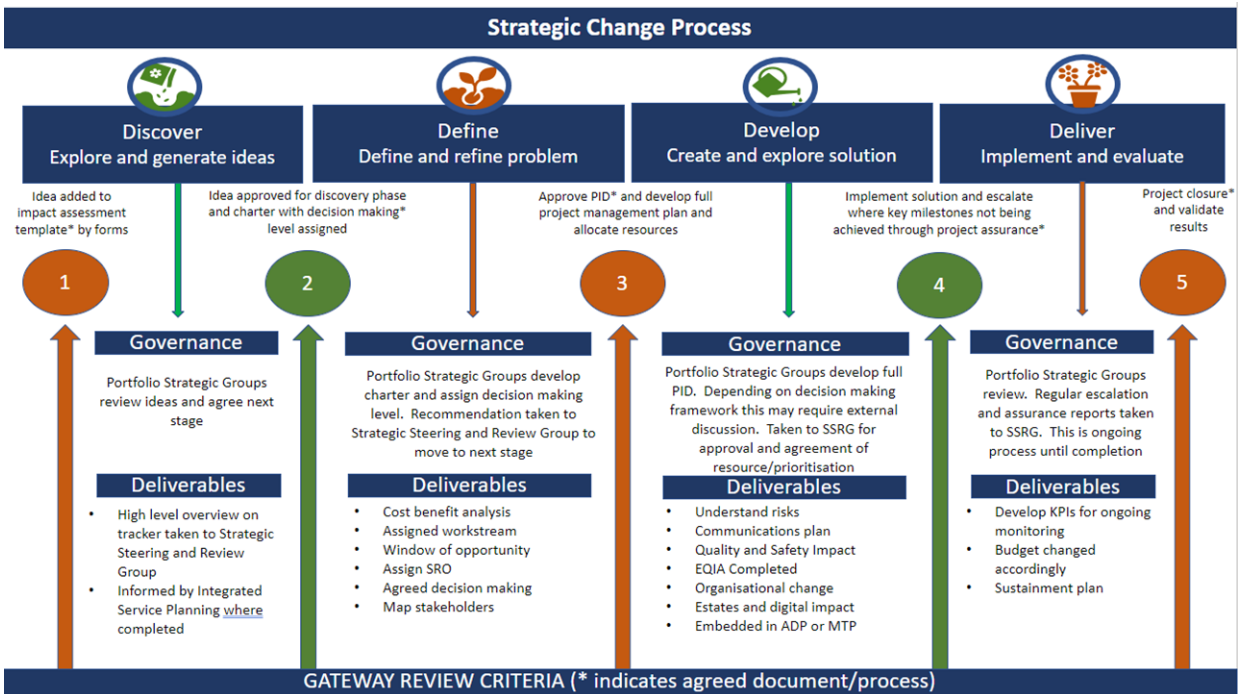
Appendix E: Strategic change process

Together We Care, with you, for you is NHS Highland's five-year strategy which binds together the key strategic priorities for the organisation.

The focus for 2024/25 is to continue to build on strong foundations to strive towards strategic change of services that keeps the people of Highland, our colleagues, communities and partners, at the heart of our change strategy.

Each strategic outcome has been re-assessed as we enter the mid-way point of our long-term strategy, and milestones for delivery in 2024/25 have been identified to contribute to the strategic intentions of NHS Highland to build sustainable services for our 330,000 population.

A process for the identification of long-term strategic change priorities has been identified working in partnership with all colleagues across NHS Highland.



To facilitate business transformation, a strategic change process has been established within NHS Highland to discover, define, develop and deliver on the organisation's priorities for 2024/25. This Strategic Change Process is based on the Scottish Approach to Service Design, otherwise known as the Double Diamond.

A key part of the strategic change process is initiating change ideas for consideration within NHS Highland. Initially current change ideas have come through the development of service charters; Change Impact Assessments with senior leadership in Acute, Partnership and Corporate Services; and existing change programmes.

An online form will be available on the NHS Highland intranet site for all employees to make suggestions on change ideas to be logged with the Strategy & Transformation team, and taken forward for further assessment.

The Change Impact Assessment undertaken on each change idea considers the finance, workforce, impacts and risks of the change and, completed in liaison with the appropriate

members of EDG, will assess the level of decision-making required to take forward the change idea into a structured project or programme initiation.

Discover, Define, Develop, Deliver
Once a change idea has undergone Impact Assessment and an agreement made to the level of decision-making, the idea will turn into a project or programme and move to the appropriate stage of the NHS Highland strategic change framework.

For example some Levels 3-5 work may require further Discovery work initially to understand current situation, the full extent of changes required and any consequences of change.

Other areas of work may need to be Defined or Developed further and this will form the basis of a Project Initiation Document and / or Project Management Plan.

Some change ideas at Levels 1-2 under the Value & Efficiency workstream may move straight to Deliver in the form of a Task & Finish group with a Senior Leader appointed to move the change idea through to delivery.

The next steps for moving each change idea to project / programme will be agreed with EDG as part of the outcome of the first review of the change idea.

Gateway Reviews
To ensure delivery of the change ideas for all levels of change, accountability and assurance processes have been established.

For Value and Efficiency workstreams, this will be through appointed senior leadership reporting to the V&E Accountability Group on milestone deliverables on a regular basis.

For Levels 3 and above, strategic change programmes will go through Gateway Reviews in order to move through the Strategic Change Process. Therefore there will be regular monitoring of progress against milestone deliverables by members of EDG through the established monthly Strategic Transformation Assurance Group (STAG).

The Gateway Reviews for these Strategic Change programmes will include recommendations from the Senior Responsible Officer on the next steps for the programme to move through to Delivery.

Appendix F: Risk-based approach

In recent years, NHS Highland has focused on the development and delivery of a risk management approach to the identification, management and mitigation of risk. This links to the committee structure of NHS Highland and providing assurance on the delivery of safe, quality and person-centred services.

In 2024/25, NHS Highland will continue to embed the defined process of risk management and support risk owners to ensure the Corporate Risk Register is maintained, and any emergent or risks that change are appropriately managed through the organisation.

Work is ongoing through the committee structure of NHS Highland to align risk management processes and ensuring risk is appropriately documented, managed, mitigated and escalated.

Furthermore risk management is a core part of change and transformation programmes, and equality impact assessments will continue to be undertaken on all change activities moving forward.

Appendix G: Performance Framework

Aligned to our ADP and MTP has been consideration of the refreshed guidance in relation to the NHS Board Delivery Framework, which sets out key indicators for delivery to be reported back to Scottish Government.

The draft 2024/25 indicators already forms part of the NHS Highland Performance Framework and will be collected and reported as required. Each of these indicators sits against one of our delivery aims mapped in the table below.

NHS Recovery Driver	Indicator	Together We Care area
Primary and Community Care	GP Access	Care Well
Urgent & Unscheduled Care	SAS Turnaround Times Accident & Emergency Waiting Times Unplanned Care: Occupancy Unplanned Care: Emergency Length of Stay	Respond Well Respond Well Respond Well Respond Well
Mental Health	CAMHS Waiting Times Psychological Therapies Waiting Times	Thrive Well Live Well
Planned Care	Treatment Time Guarantee 12 Weeks First Outpatient Appointment Delayed Discharge	Treat Well Treat Well Respond Well
Cancer	Cancer Waiting Times Cancer Screening	Journey Well Stay Well
Health Inequalities	Asthma Drugs and Alcohol Vaccinations Smoking Weight	Perform Well
Workforce	Sickness Absence	Grow, Listen, Nurture, Plan Well
Climate	Climate Change – Greenhouse emissions	Progress Well

An assessment of trajectories for each of these indicators is being undertaken; this links into the decision-making framework for strategic change, choices and value & efficiency workstreams described above.

Furthermore in development of our ADP and MTP, we have undertaken a refresh of the Improvement Outcomes we wish to see linked to our Together We Care strategic outcomes. These improvement outcomes will be the basis of Key Performance Indicators (KPIs) being established in each programme area to agree the key metric for improvement linked to the problem statement of each area.

This will link into our refreshed NHS Highland Performance Framework and assurance reporting on this through our governance groups within NHS Highland.

It is also recognised there will be further work at a Scottish Government level to determine further indicators links to key performance replacing the Local Delivery Plan Standards previously collected.

Appendix H: Digital change priorities

It is recognised that digital is a key enabler to strategic transformation and contributes to current efficiency work ongoing within NHS Highland.

A digital delivery plan will be developed that is integrated as part of our medium-term plan that considers system and infrastructure change required to enable; Value & Efficiency changes, critical choices, and longer-term strategic change priorities.

The impacts of some immediate change ideas as requiring Digital support are still being scoped, so it is likely this list will require to be prioritised. However this list provides the current priorities for work within our eHealth team to support our organisational priorities. This requires prioritisation and are subject to financial resources.

Current Proposed Plan for 2024/25 Programmes being continued			
Descriptor	**Area**	**Detail**	**National/Local**
Move of Data Centre	All Operational areas	NHSH is currently hosted in Nature Scot, they have given us notice that this arrangement will stop	Local
Wi-Fi Project (phase 3)	Acute Services	To upgrade Wi-Fi across NHS Highland	Local
Network replacements	All Operational areas	Replacement of parts of the core network	Local
Server Upgrades	All Operational areas	To upgrade core parts of the server estate	Local
HEPMA	All Operational areas	To potentially continue the rollout of HEPMA beyond the end of March (subject to funding)	Local

Current Proposed Plan for 2024/25 New Programmes			
Descriptor	**Area**	**Detail**	**National/Local**
Electronic Patient Record	All Operational areas	To implement a EPR across NHSH Hospitals	Local
Radiology Replacement	North Highland	To replace the current Radiology System as End of life (support only) and no enhancements also required to support enhancements (PACS and Order Comms)	Local
PACS Re-Provisioning	All Operational areas	To replace the current PACS system	national
SWAN2	All Operational areas	Transition from Scottish Wide Area Network to SWAN2	Local
Analogue to Digital	North Highland	To move services from analogue to digital services before 2025 switch off	Local
AAA - Screening Programme	All Operational areas	To support introduction of devices supplied nationally	Local
GP IT Re-Provisioning	Highland Communities and A&B	To upgrade all GP's (91) with a new hosted environment and new GP system	Local
Move to Docman 10	Highland Communities and A&B	Docman 10 required for GP Services	national

Network Upgrades to support EPR	All Operational areas	To upgrade essential equipment to support EPR including fibres	Local
Digital Dermatology	Acute Services and A&B	To support the introduction of the national Digital Dermatology Service	Local and National
NHSS National Prison Service IT development	National Programme	Introduction of the Clinical Portal to support prisoners	National
Community Glaucoma service	All Operational areas	To allow certain Options to be able to manage glaucoma patients in the community	Local
Support for Maternity	Acute Services	To support the maternity programme locally and regionally	Local
Support for Child Health	All Operational areas	National programme to replace the current child health system	Local
Preparation for move to Windows 11	All Operational areas	Windows 10 is end of support at the end of 2025, programme required to upgrade all devices	Absorbed
Introductions of national defender for servers (additional cyber security)	All Operational areas	The Cyber Centre of Excellence is establishing standards that all Boards are to adhere to this is one of the new cyber standards	Absorbed
Optoms move to VDI for SCI Gateway	North Highland	Community Optoms have a requirement to change the way they communicate with the acute service.	Local
Chemocare Phase 2		The move to the a regional instance of Chemocare	Local
National Business Systems	All NHS Highland	Review of current systems	
Capital allocation to ensure core replacement work continues	All Operational areas	Continuation of work to upgrade the core digital infrastructure across NHS Highland.	Local

Current Proposed Plan for 2024/25 Work being scoped			
Descriptor	**Area**	**Detail**	**National/Local**
Support for Mental Health	Mental Health Services	To support the digital aspects of redesign within Mental Health	TBA
Support for Childrens Health	Children Services	To support the desire to introduce an EPR solution within the Children Services function (Morse)	TBA
Introduction of Voice Recognition	All	Working with TARA on the costs and benefits of implementing a voice recognition solution	TBA
Plans for Morse rollout	North Highland	To complete the implementation of Morse with North Highland	Absorbed
Support for Telecare +	North Highland	Working with the TEC Team on establishing how TEC services can change the way Healthcare is delivered and how we can support patients remotely	TBA

Introduction of Digital Skills Programme	All Operational areas	A programme to enhance the digital skills of the workforce to ensure that they are equipped to use the new digital services	Absorbed
Work required to support other ADP and MTP deliverables	All Operational areas	Working across the whole system to understand the digital priorities to support strategic change and transformation across the organisation	
Work required to support Value & Efficiency workstreams	All Operational areas	Working with S&T and Finance to understand the digital asks from the immediate 2024/25 work streams not covered	
Digital development for Acute and Community services	All Operational areas	Scoping of the following areas for NHS Highland: • Digital Dermatology • Community Glaucoma • Thrombectomy AI • Robotic-assisted surgery • Radiology systems • Digital Pathology	 National Local Local National / local National / local National / local

Appendix I: Whole Systems Infrastructure Planning

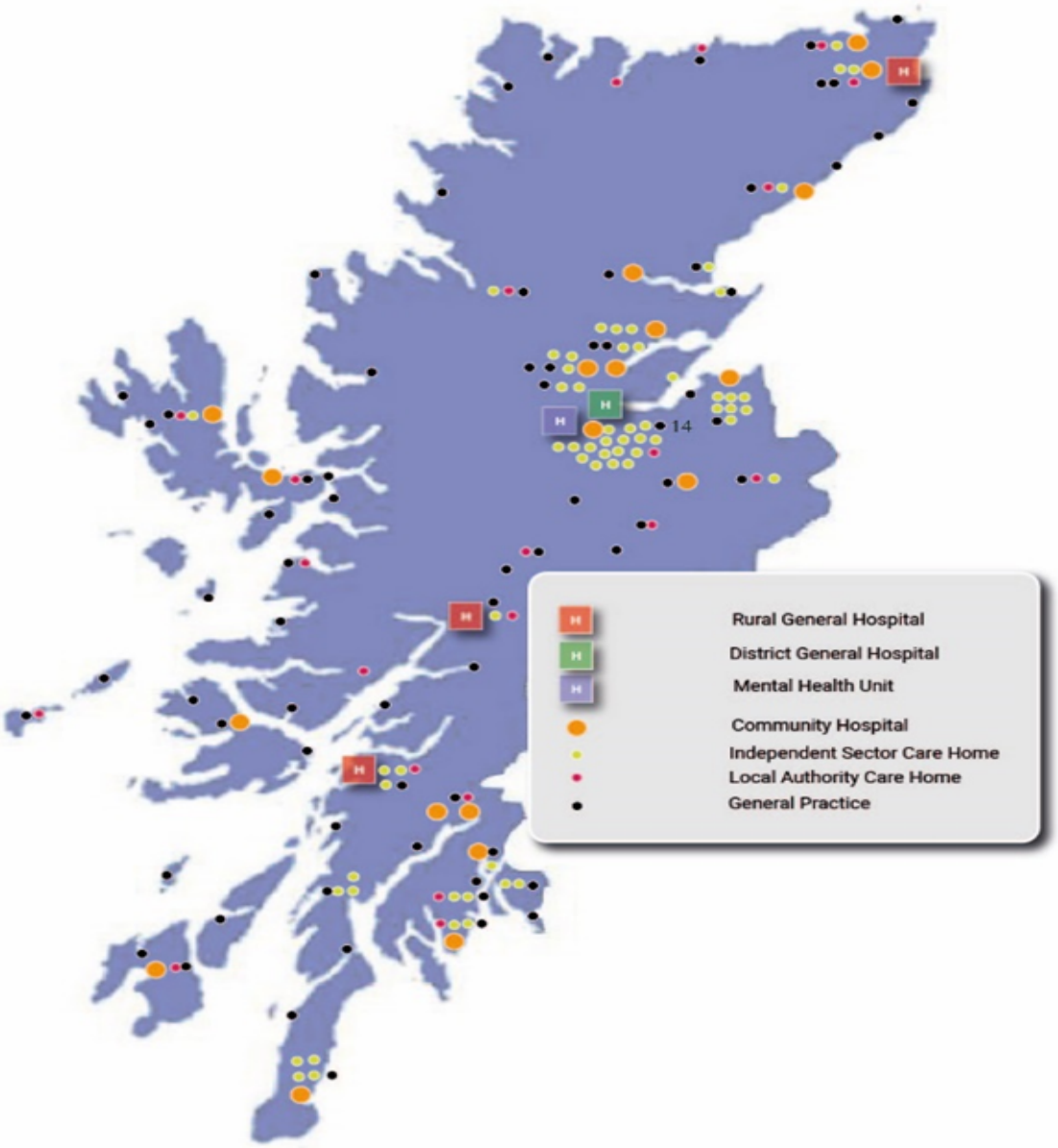
With the current financial climate pausing a number of capital projects across NHS Scotland, work has begun to develop a deliverable Whole Systems Infrastructure Plan covering the next 20-30 years.

The first stage of this planning cycle – due for submission to Scottish Government in January 2025 – is required to develop a maintenance-only business continuity investment plan which takes a risk-based approach to assessing the board's current infrastructure and areas required for investment.

The second planning phase will be to develop a service-informed infrastructure investment strategy, which must consider any plans for regional or national service plans. This plan is scheduled for submission in January 2026.

NHS Highland's Estates and Infrastructure service are leading the development of these plans and engagement with the whole system will be progressed within 24/25 to ensure these plans are service led.

It is the intention these Whole Systems Infrastructure Plans will be updated on a five-year cycle and must be linked into the long-term strategic planning outcomes outlined within this Medium-Term Plan.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Rural General Hospital
District General Hospital
Mental Health Unit
Community Hospital
Independent Sector Care Home
Local Authority Care Home
General Practice

Agenda Item 7

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**30th July**
Title:	**National Care Service Update**
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 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

This report provides the Board with an update on the National Care Service Bill which the Scottish Government published amendments for on 24th June 2024.

These amendments remove the options and therefore choices for models of integration and replace this with National Care Service local boards which will be a reform of the existing Integration Joint Boards model. The Lead Agency model will not exist within the proposed legislation now that these amendments have been made.

The legislation affects Highland in particular as the only local authority which has a Lead Agency Model, all other authorities have an Integrated Joint Board model. Whilst all models will be changing to some degree, for Highland the change will be the most significant.

The Council and NHS Highland have already engaged to ensure a coordinated and joined up approach to working through the proposed changes with the Scottish Government to ensure Highland is able to maximise the benefits promised by such a major piece of Health and Social care reform.

The Council provided an update to its members ahead of its summer recess on 27th June 2024 and NHS Highland also briefed staff and board members in relation to the amendments and our joint approach to work through the implications together.

This report provides a formal update to our board at the first available public meeting following these amendments in line with the update provided to the council

Further reports will be provided to the Council and the NHS Board as the detail becomes clearer.

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 proposal to create a National Care Service was based on recommendations made by the Independent Review of Adult Social Care, led by Derek Feeley.

Under the shared accountability agreement, local authorities and health boards will remain legally responsible for delivery 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. Further detail on reforms will be

provided at Stage 2. 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 particular interest to Highland, and which had not previously been clarified, is the model of integration envisaged by the new NCS and whether this would still support the Lead Agency Model (LAM). As Members will be aware, the LAM is only in place between The Highland Council and NHS Highland; all other local authorities using the Integrated Joint Board (IJB) model.

These amendments in appendix 1 remove the options and therefore choices for models of integration and replace this with National Care Service local boards which will be a reform of the existing Integration Joint Boards model. The Lead Agency model will not exist within the proposed legislation now that these amendments have been made.

There has been extensive negotiation between COSLA and the Scottish Government in relation to the NCS Bill as a whole in relation to children's and justice social work services; direct funding for integration authorities; and the power to remove local Integration Authority Board members, however these remain outwith the current amendment document and will be considered at a later juncture. Once published decision pertaining to these aspects will also require local consideration given that the Lead Agency model is also in place for the delivery of children's services.

The Scottish Parliament initiated a 'call for views' on 1st July 2024 on the NCS Bill in recognition of the extent of the stage 2 amendments. This is open until the 30 August.

2.3 Assessment

The Scottish Government has engaged with The Council and NHS Highland at official level to provide information on the amendments that will be coming forward in the Autumn as they relate to the model of integration that will apply to the NCS local boards. This made clear that the legislation will specifically preclude the Lead Agency Model in favour of a single model of integration for the whole of Scotland. This will be largely based on the IJB form of integration, though it is likely that there will be some adjustments introduced over the course of the Bill's passage.

This has ensured the council and NHS Highland were well informed of the amendments in advance of publication and the need to start considering the implications for both organisations.

It is too soon to understand exactly how this will impact on the arrangements currently in place in Highland, though there will clearly be significant implications in terms of finance, staffing and governance. However, the timeline for the Bill to complete all Parliamentary stages and for the legislation to be enacted is such that there is time for this to be worked through well in advance of the changes coming into force. The Council and NHS Highland will work closely with the Scottish Government to assess what assistance may be required to deliver such a significant transition to the new model to ensure that the benefits envisaged by the NCS can be fully realised in Highland.

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

NHS Highland and the Council are continuing to work together to agree what we need to put in place to support both organisations to further assess the implications of the NCS bill. Both partners are committed to working together to develop plans that will enable both organisations to implement a new model of integration in line with the legislation as it progresses through parliamentary processes. However, as noted above this will need to an agile and adaptive approach given the legislative process and ongoing discussions at a national level on the wider implications of the bill for all local authorities and NHS Boards.

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 as a result 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

Executive Director's Group 22nd July 2024

4 Recommendation

Members are asked to note:

i) The Stage 2 amendments to the NCS Bill set out in Appendix 1 which will result in the introduction of a single model of integration and the consequent removal of the Lead Agency Model; and

ii) Further updates providing clarity on the legal, financial and governance implications will come forward to future meetings of the board.

4.1 List of appendices

The following appendices are included with this report: Appendix 1 – Stage 2 amendments related to lead agency model

Appendix 1 – Stage 2 amendments to NCS Bill

The following are excerpts from the explanatory notes for the National Care Service Bill.

OVERVIEW OF THE BILL

The Bill is divided into the following Parts:

- Part 1 creates the framework of the National Care Service. It amends the Public Bodies (Joint Working) (Scotland) Act 2014 so that there is only a single integration model for health boards and local authorities to choose. That single model entails the delegation of some of their functions to National Care Service local boards (currently known as integration joint boards). Part 1 of the Bill further establishes the National Care Service Board to oversee the work of the local boards, and to exercise wider powers in accordance with its general purpose of securing continuous improvement in the wellbeing of the people of Scotland.

- Part 2 gives the Scottish Ministers powers to make records about people's health and social care more consistent and better integrated.

- Part 3 contains modifications to existing laws relating to the provision and regulation of care.

- Part 4 contains provisions usually found at the end of a Bill, namely the power to make ancillary regulations, further elaboration in relation to regulation-making powers elsewhere in the Bill and the sections dealing with commencement and short title

Chapter 1A: National Care Service local boards

Chapter 1A contains two sections, the purpose of which is to formally incorporate schedules into the Bill. Further explanation of the effect of those schedules is given below (see paragraphs 86 to 89 of these Notes in relation to schedule 2A and paragraphs 90 to 107 in relation to schedule 2B). The following is only a brief summary of what the schedules do.

- Schedule 2A, which is introduced by section 12B, modifies the Public Bodies (Joint Working) (Scotland) Act 2014 so that local authorities and health boards will have to delegate some of their functions to National Care Service local boards through jointly agreed integration schemes. Prior to these modifications, the Joint Working Act allowed local authorities and health boards to choose one of 4 possible integration models. Delegating functions to integration joint boards was one of them. The modifications made by schedule 2A remove the other 3 possible integration models and rename integration joint boards as National Care Service local boards.

- Schedule 2B, which is introduced by section 12C, makes further changes to the Joint Working Act, and other enactments, relating to how functions are delegated to National Care Service local boards and how those boards will operate within the National Care Service framework.

Schedule 2A: NATIONAL CARE SERVICE LOCAL BOARDS: CREATION AND REMOVAL OF OTHER INTEGRATION MODELS

Schedule 2A is divided into two parts as follows:

- Part 1 modifies the Public Bodies (Joint Working) (Scotland) Act 2014 for the reason explained in paragraphs 87 to 89 below.
- Part 2 modifies other enactments in consequence of the modifications made by Part 1, in particular this means removing references to integration joint boards and replacing them with references to National Care Service local boards.

Part 1 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires health boards and local authorities to enter into arrangements, known as integration schemes, through which they are to delegate functions and appropriate resources to ensure the effective delivery of those functions. As enacted, the Joint Working Act set out four integration models (see section 1(4)). The first entailed delegation to a corporate body known as an integration joint board specifically established for the purpose. The other three options did not entail the creation of a new body, but a distribution of functions amongst the health board and local authority partners in the scheme.

Part 1 of the Bill's schedule modifies the Joint Working Act so as to:

- remove the three integration models that do not entail delegation to a new corporate body, and
- change the name of those corporate bodies from integration joint boards to National Care Service local boards.

Provisions of the Joint Working Act that refer to integration joint monitoring committees are also repealed. Those committees operated only in relation to one of the three integration models that the Bill abolishes.

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**30 July 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.

Discussion at the Finance, Resources and Performance Committee asked that we review some of the risks due to the scores and mitigating actions that are more aligned to level 2 rather than level 1 corporate risks which will now be completed.

Additional risk(s) aligned to Clinical and Care Governance Committee will be presented at the next meeting of the CGC with subsequent approval at Board in September 2024. A review will take place of the risks aligned to the Clinical and Care Governance Committee in line with this.

I) Risk Additions/Changes Requiring Board Approval:

I.a) Addition of Risk 1255 "ADP (Annual Delivery Plan) 24-25 Delivery," - Approved at FRPC as part of risk governance routes prior to Board consideration for approval.

A risk has been added to reflect the overall deliverability of the 24-25 ADP in recognition of services that are currently not sustainable and reliant upon remedial intervention/unfunded resources in order to cope with current levels of demand and activity. This was a risk in 23/24 and has been updated to reflect presentation of Annual Delivery Plan at Board on 30th of July.

I.b) Addition of Risk 1279 "Financial risk of delivering Adult Social Care services," – Approved at FRPC as part of risk governance routes prior to Board consideration for approval.

A risk has been added to articulate the financial risk of delivering Adult Social Care Services due to the current underlying financial position representing a significant overspend against the allocation received with an opening deficit of £16.252m.

Finance, Resources and Performance Risks

Risk Number	1254	**Theme**	Financial Position
Risk Level	High	**Score**	16
Target Risk Level	High	**Target Score**	12
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 monitoring, which will minimise the impact of not delivering a break-even position through brokerage.	Ongoing

Risk Number	666	**Theme**	Cyber Security
Risk Level	High	**Score**	16
Target Risk Level	High	**Target Score**	15
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.	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
Target Risk Level	Medium	**Target Score**	6
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 with regard to 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 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 (**New**)	**Theme**	ADP 24-25 Delivery
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	8
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	
ADP approach being refreshed to understand reporting to governance committees along with accountability.		Report to FRPC in August 2024 on progress with in year programmes	
Integrated service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability		Being incorporated into annual planning cycle which was presented to EDG. Next update on progress August 2024	

Risk Number	1279 (New)	**Theme**	Adult Social Care
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	9
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
Target Risk Level	Medium	**Target Score**	8
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
Target Risk Level	Medium	**Target Score**	6
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 an increased risk of failure to deliver essential services of the required capacity and quality, because of a shortage of available and affordable workforce, resulting in reduced services, lowered standards of care and increased waiting times as well as a negative impact on colleague wellbeing and morale and increased turnover levels. Strategic objective '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. **Next update September 2024**
Further proposals to be developed for 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**	Work ongoing to agree programme 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 dealyed and will be tied into the proposal to review the models for recruitment we currently use. **Next update September 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	Employability working group being established and project charter agreed

career pathway including expanding volunteering, work experience and student placements as well as apprenticeships **January 2024**	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. **Next update September 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 September 2024**
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 Work ongoing and routine quarterly reporting to be introduced following 1st quarter of 2024-2025. **Next update September 2024**

Risk Number	1056	**Theme**	Statutory & Mandatory Training Compliance
Risk Level	Very High	**Score**	20
Target Risk Level	Medium	**Target Score**	8
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 back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

Mitigating Action	Due Date
Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes. **June 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.

	next update September 2024

Risk Number	632	**Theme**	Culture
Risk Level	High	**Score**	12
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 and launch of refreshed leadership and management development programme **– October 2023**	Refreshed leadership and management development programme now in place.
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**	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	Short life working group now established and 6 month action plan agreed to review statutory

tracking available to managers **– September 2023**	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. **Next update September 2024**

Risk Number	1101 **(Under Review)**	**Theme**	Impact of socioeconomic situation
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	
Risk Narrative			
There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures. This could impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home. Demand for services will also increase creating further pressure on resources.			
Mitigating Action		**Due Date**	
The Health and Wellbeing Strategy is being progressed and initiatives such as the Wingman Bus taken into consideration when planning additional support for colleagues. Our Employee Assistance Programme is also available for confidential support over a range of topics for all of our colleagues.		Currently reviewing risk through appropriate governance forums with a view of updating as appropriate.	

Clinical and Care Governance Risks

Risk 959 is currently being reviewed and a new risk is being proposed that is regarding all vaccination delivery which will be taken through the Clinical and Care Governance Committee in line with the established risk governance structures. Mitigating actions have changed for Risks 959 and 715 and are contained within this report for each risk below. These will be reviewed at the next Clinical Governance Committee.

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	October 2024
Implementation of autumn/winter 2024 COVID and influenza vaccinations	January 2025

Risk Number	**715**	**Theme**	Impact of COVID on Health Outcomes
Risk Level	High	**Score**	15
Target Risk Level	High	**Target Score**	10
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** – Examine and consider the evidence provided and provide final decisions on the risks that are recommended to be closed and/or added

4.1 List of appendices

None as summary has been provided for ease of reading

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**30 July 2024**
Title:	**Annual Whistleblowing Report 2023-2024**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Gareth Adkins, Director of People and Culture**

1 Purpose

This is presented to Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

This aligns 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		Anchor Well	
Grow Well	X	Listen Well	X	Nurture Well	x	Plan Well	X
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

Appendix 1 includes our 3rd Annual Whistleblowing Report covering 2023-2024 for approval by Board. The report has been considered by EDG, Area Partnership Forum, Staff Governance and Clinical Governance Committees.

2.2 Background

The whistleblowing standards were introduced in April 2021 and include a requirement for every NHS board to produce quarterly reports and an annual report. The annual report summarises activity including nationally agreed Key Performance Indicators and also provides an overview of the learning outcomes from cases concluded during the year.

The annual report must be submitted to the Independent National Whistleblowing Officer (INWO) within 3 months of the end of the financial year. Where it is not possible to meet this timescale the report should be submitted as close to the deadline as possible and INWO informed of the reason for any delay.

2.3 Assessment

Appendix 1 includes our 3rd Annual Whistleblowing Report which will be submitted to INWO following board approval at the end of July 2024. It has not been possible to submit this report within 3 month's of the end of the financial year due to governance cycle of the board. INWO will be kept informed of the expected submission date.

The key points from the report are summarised below.

- There have again been a small number of cases raised during 2023-2024.
- We continue to manage around 200 contacts via our confidential contacts service (provided by the Guardian Service) and this may be one reason why the number of formal whistleblowing concerns remains low.
- INWO did not uphold any complaints in relation to findings of investigations but did identify required improvements in processes, which we have progressed through our whistleblowing and speaking up action plan.
- We do know that further work to improve the timeliness of our processes has been required and we have made efforts to do this. Yet, whistleblowing cases are often complex and completing within the 20 working days for stage 2 remains challenging. We remain committed to progressing investigations as quickly as possible but also on the quality of the investigation and working with individuals to attempt to meet their expectations in terms of outcomes from investigations.
- There is learning from the small number of upheld cases outlined in this report but caution is required in interpreting the wider implications of the outcomes of these cases. (Further detail is provided within the report)
- We have considered the need for tracking actions arising from upheld concerns and concluded these are best managed within the appropriate governance arrangements. However, we will introduce a review period to ensure that actions have been progressed.

2.3.1 Quality/ Patient Care

The whistleblowing process primarily focuses on resolving individual issues including concerns related to the quality of care.

The annual report provides some insight into areas for improvement but given the limited number of cases caution is required when interpreting the findings of these cases. However, the findings do align with issues the board is aware of and the organisational priorities for the board for quality of care.

2.3.2 Workforce

The annual report demonstrates transparency in reporting our implementation of the whistleblowing standards and supports our commitment to encouraging staff to speak up and raise concerns.

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The main risk identified from the annual report is the timeliness of our investigations and challenges associated with meeting the 20 working days standard. However, we are committed to ensuring that thorough investigations are completed and actions progress to address any risks identified this includes addressing any immediate risks to the organisation at the start of an investigation where this is required.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

The annual report was considered and approved by the following groups prior to board approval:

- Executive Director's Group
- Area Partnership Forum
- Staff Governance Committee
- Clinical Governance Committee

2.4 Recommendation

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

The Board is asked to approve substantial assurance based on the content and format of the annual whistleblowing report demonstrating compliance with our reporting requirements under the standards.

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Annual Whistleblowing Report 2023-2024

Annual Whistleblowing Report 2023-2024

1 Introduction

This is our 3rd annual report and provides a valuable opportunity to pause and reflect on the progress to date with our approach to speaking up and whistleblowing.

This report provides an overview of NHS Highland's whistleblowing cases received and progressed during 2023-2024 including the key performance indicators used to benchmark the whistleblowing standards across NHS Scotland.

NHS Highland is committed to effective implementation of the standards, supporting staff to speak up and acting where required to improve how we work with our staff to deliver health and care services. This report includes a summary of the findings from the concerns investigated as well as Independent National Whistleblowing Officer (INWO) reviews of some of our cases. We also have also included details of changes and improvements resulting from these findings.

2 KPI 1: Learnings, Changes and Improvements as a result of considering Whistleblowing concerns

Our learning from whistleblowing concerns in 2023-2024 can be drawn from two elements; concerns upheld by NHS Highland and recommendations from INWO reviews. In this section we outline the findings from both these areas and the changes and improvements we have planned and implemented during 2023-2024.

2.1 Upheld Concerns

2 whistleblowing cases were investigated and upheld by NHS Highland. Whilst it is not within the scope of the annual report to detail the individual actions from these cases it is possible to draw some general conclusions and themes from the 2 cases as follows:

- Availability of permanently appointed workforce is an ongoing area of concern for staff in relation to the challenges of managing day to day staffing with supplementary staffing
- Use of supplementary staffing impacts on team morale and well-being due to lack of continuity and extra workload involved in managing temporary workforce
- Staff feel that supplementary staffing impacts on the quality of care they are able to provide
- Staff feel that there is not enough regular communication between management including clinical and care professionals and staff in relation to workforce challenges
- Staff may not be clear on the day to day processes for managing workforce availability, service demands/delivery and raising concerns
- Staff may not be clear on the short, medium and long term plans to address workforce availability
- The demands placed on health and care services can exceed the planned capacity to respond resulting in impacts on staff health and wellbeing including concerns related to their ability to provide safe care in these circumstances
- Demand pressures can result in service users being cared for in a setting or location that was not designed for the needs of the service users and sometimes by staff without regular experience of the needs of service users
- Staff may not feel supported or be aware of how to raise clinical and safety concerns on a day to day basis through operational and professional management
- Staff may not feel supported or be aware of how to raise clinical and safety concerns through clinical governance processes

2.2 INWO case review

INWO concluded the review of 3 cases during 2023-2024, all of which completed as whistleblowing concerns during 2022-2023.

One case was a complaint in relation to a concern NHS Highland decided was not eligible for consideration under the standards. INWO did not uphold this complaint as they concluded that the concern did not meet the public interest element of the standards.

2 cases were progressed and final decisions provided by INWO and can be summarised as follows:

Case A

The complaint investigation by INWO was comprised of two elements as follows:

1. Whether the Board has appropriately investigated the clinical issues identified. (Including if they should be taking further action to ensure these issues are appropriately considered.)
2. Whether the Board has followed the appropriate process under the Standards in handling the whistleblowing concerns.

INWO did not uphold the complaints in relation to the outcome of the investigation, i.e. the original concerns were not upheld.

INWO did uphold concerns with the process as follows:

- the Board did not have a clear audit trail to show confidentiality was fully and appropriately discussed with the individual;
- there was a missed update; and
- it is not clear that the support provided to C fully complied with the Standards (for example, delays and sporadic engagement).

Case B

The complaint investigation by INWO was comprised of two elements as follows:

- the Board failed to ensure that there were appropriate systems in place so that waiting lists were managed and reported in accordance with guidance.
- the Board failed to handle the whistleblowing concern in line with the National Whistleblowing Standards.

INWO did not uphold the complaints in relation to the outcome of the investigation, i.e. the original concerns were not upheld.

INWO did uphold concerns with the process as follows:

- potential risks of inadvertently exposing the identity of the complainant
- delays in the handling of the concern and issues with communication

Summary

Both these cases and NHS Highland's experience of implementing the whistleblowing standards demonstrate that there is further improvement required in relation to the whistleblowing procedure and processes to ensure a confidential and a timely investigation is undertaken. It is re-assuring to note that the findings of the original investigations were upheld which indicates they have been completed in a thorough and appropriate manner, even though the complainants were not satisfied with the outcome.

2.3 Changes and Improvements

Tracking actions

The number of whistleblowing cases remains small and the priority remains addressing the specific issues raised and where upheld ensuring appropriate actions are agreed and followed through. One theme that has remained a question for the board is the extent to which action tracking is required following agreement of a local action plan with the whistleblower.

Reviewing the two cases investigated upheld during 2023-2024 it appears that continuing to regularly monitor the agreed actions within the whistleblowing administrative processes and associated resources would not be pragmatic or achievable. This is largely due to the diversity of the actions and the accountability for delivering the actions sitting within other governance and management structures.

However, it may be beneficial to agree a set review period for each case to review the actions and the degree to which action plans have been completed within the relevant management and governance processes.

Organisational priorities

The dataset from whistleblowing concerns is small so caution is required if attempting to interpret the data to inform wider organisational priorities for changes and improvements. However, the themes outlined in section 1.1 do align with issues and risks NHS Highland is aware of through its governance and management structures including:

- Workforce availability
- System and service pressures
- Managing demand, performance, quality and safety within available resources within our clinical governance governance framework
- Risk management and escalation including clinical and care risks within our clinical governance governance framework
- Communication and involvement of staff in workforce management, risk management and clinical governance

These themes align well with NHS Highland's organisational priorities which include:

Health and Care Staffing Act Programme

This programme is overseeing work across the organisation to strengthen:

- Workforce planning to ensure we have appropriate staffing in place to deliver our services
- Real time staffing processes to manage day to day workforce challenges, service demands and risk management
- Risk management and escalation to address short, medium and longer term challenges associated with workforce availability and safe, effective service delivery

Developing Our Quality Framework

We are engaging with our staff and working with our clinical and care leaders to agree a new approach to quality and our quality framework. This includes supporting our staff to:

- create and maintain a culture where it is safe to speak up and raise concerns about clinical and care safety and quality
- engage with our existing clinical and care governance framework to ensure concerns are captured and improvement plans are developed and delivered
- define what quality means to them and work together to deliver a high quality service within the resources available

Strategic transformation

Our strategy includes a focus on sustainability and ensuring we can deliver safe, high quality services to our population with the resources we have available to us. We know that this will require ongoing work to redesign and transform our services and develop new workforce models to deliver new models of care.

Improving the Whistleblowing Procedures and processes.

NHS Highland Board members and the executive team completed a review of our whistleblowing procedures during the Autumn of 2023, reflecting on the first 2 years since implementation of the standards. We considered what had worked well and what could be improved and this offered the opportunity for:

- our non-executive whistleblowing champion to share their experiences to date, their reflections and suggestions for further improvement
- the board to review the contents and recommendations within the second annual whistleblowing report

An action plan was developed and delivered during the latter half of 2023-2024 to address the issues outlined above and improve our overall processes. These actions included:

- The Director of People and Culture, Medical Director and Nurse Director forming a triage group to:
    - review whistleblowing cases (given that the majority of concerns raised were related to clinical or care governance and quality)
    - decide on redirection to business as usual processes such as clinical governance policies and processes or HR policies and processes including allocation of an investigating officer where appropriate
    - allocation of an appropriate executive lead to support cases agreed as proceeding to whistleblowing stage 1 or stage 2
    - allocation of investigating officer to support stage 1 or stage 2 cases
    - Refinement of our administration and support processes. This will provide coordination and oversight of all stages of the process and ensure a consistency with our responses and record keeping
    - Ensure a robust process is in place for tracking and monitoring actions. This would provide assurance on recommendations and actions being progressed and completed
    - Establish a bank of investigating officers with appropriate training to support whistleblowing standards and other complimentary investigatory processes, e.g. HR processes, complaints.

All of these actions have been completed to date with the exception of a process for reviewing and monitoring actions.

As outlined above, it has been proposed that actions resulting from whistleblowing concerns and investigations should not be directly retained within the whistleblowing management and governance but passed to the most appropriate governance route for monitoring, e.g. clinical governance, operational management teams or HR processes. The focus of whistleblowing governance should be ensuring that final reports include clear arrangements for monitoring and oversight of the actions arising from individual cases. However, it is also proposed that a review date is agreed for each case within the whistleblowing process to review case reports and associated actions with relevant parties to provide assurance they have been progressed and completed.

3 KPI 2 - Experiences of all those involved in the whistleblowing procedure

The number of whistleblowing cases raised and concluded each year remains small and the key information we have available to us to assess experience is feedback from:

- Individuals involved in the process
- INWO case reviews

Individual Feedback

Feedback from the 2 cases concluded this year is limited but in both cases the whistleblowers were satisfied with outcome of the process and the findings (both sets of concerns were upheld by NHS Highland).

INWO case reviews

The 3 INWO case reviews referred to above indicate that these individuals were dissatisfied where:

- they did not agree with the original consideration of eligibility or the outcomes of the investigation
- and/or they were dissatisfied with the process

It is understandable that some individuals will be dissatisfied with the outcomes of an investigation and where INWO uphold these concerns we will act. In 2023-2024 INWO did not uphold any outcome aspects of investigations but did highlight issues with our processes. We acknowledge the issues that have been raised and that these will impact on the experience of the individual whistleblowers. The action plan outlined above is a direct result of reflecting on the need for improvements and we aim to further improve our processes and the experience of whistleblowers.

4 KPI 3: Levels of staff perceptions, awareness and training

We continue to promote how staff can speak up through a range of different mechanisms including the formal whistleblowing policy and standards. Our confidential contacts service provided by the Guardian Service is also widely promoted throughout the organisation. This service is accessed by over 200 staff per annum for advice and support including support to access the whistleblowing procedure.

Whilst we know people actively seek out both the Guardian Service and access the whistleblowing procedures when they have concerns they wish to raise we are also aware that general awareness of the standards, and to some extent the Guardian Service, remains variable. Consequently, we continue to focus on raising awareness through a range of mechnanisms.

Speak Up Week
From the 2nd to the 6th October 2023, NHS Highland actively participated in the National Speak Up Week, led by the INWO.

Our Guardians, who act as our Whistleblowing Confidential Contacts, travelled extensively across the Board area promoting Speaking Up and the Whistleblowing Standards. There were also a series of local and national resources, press releases and social media postings shared. Our executive team also participated in sessions across the organisation, engaging with staff to raise awareness and support speaking up.

Non-Executive Whistleblowing Champion visits
In addition to the Speak Up week events, our Non-Executive Whistleblowing Champion carries out regular visits throughout the year to key locations and sites across the Board area and listening to colleagues and reporting back on his experiences and insights.

Induction and training
All new staff attend a 'Welcome to NHS Highland Induction' event, a half day online session where all new colleagues are updated on a range of information about NHS Highland, our services, our strategy, our values and our leadership. This includes how to raise concerns, Speaking up, the Guardian Service and the Whistleblowing Standards to ensure from the start of their career with us, colleagues know how to have their concerns heard and addressed.

We continue to signpost the online learning to colleagues, that is available on TURAS whenever we are talking about Speaking Up and Whistleblowing. We also signpost investigating managers to this, at the start of any new concern, to ensure they are up to date.

We are currently identifying around 40 managers to undertake further training on conducting an investigation which will support them to undertake whistleblowing investigations as well as other investigations such as those related to workforce policies. We will also ensure these managers receive refresher training on the standards.

5 KPI 4: Total Number of Concerns Received

During the period 1st April 2023 to 31st March 2024, NHS Highland received 5 whistleblowing concerns, of these 1 was received in quarter one, 1 received in quarter two and 3 received in quarter four.

NHS Highland received 2 monitored referrals in July 2023 from INWO requesting a review of two cases linked to the same location and associated services. These cases related to a range of issues raised via a collective grievance during 2022 including workforce and staffing, patient safety and quality of care as well as issues that were deemed to be more appropriate for NHS Scotland workforce policies. At the time an investigation was also underway by National Education Scotland (NES) under the whistleblowing standards and NHS Highland worked with NES to investigate and also address the issues arising from this investigation. In parallel workforce policies and procedures were followed to address the issues relevant to for NHS Scotland workforce policies. The whistleblowing case opened by NES resulted in an action plan that was monitored and reported back to NHS Highland and NES and concluded in October 2023, demonstrating significant improvements in staffing arrangements and quality of care. However, INWO requested a review of the original concerns from 2022 as they had received two complaints that indicated these concerns had not been resolved.

The two cases were reviewed and it was established that the concerns included issues dated back to 2021 and given the length of time that had passed and the ongoing improvement work underway NHS Highland deemed these concerns not eligible under the standards due to the time that had passed. However, we did offer to meet with the individuals to discuss any ongoing and current concerns they had. At the conclusion of this reporting period NHS Highland has not received any further contact from either individual to arrange a meeting to discuss the concerns they had raised with INWO.

One further concern was received in October 2023 and related to a concern that had been raised via the Guardian Service confidential contacts service in July 2022. The original concern was related to quality of care issues and was not deemed to be a whistleblowing concern at the time as the individual was content with the response that was provided by management outlining improvement work underway to address the issues raised. However, in October 2023 the individual was concerned that there were ongoing issues with quality of care that had not been resolved. The whistleblowing executive lead worked with the individual and with management to review the current situation in relation to the concerns being raised. It was agreed that further action was required to address the concerns being raised and the whistleblower was provided with further assurance under 'business as usual' processes that an updated action plan had been agreed. At this stage the individual still had

concerns but agreed a further meeting with the whistleblowing executive lead in February 2024 would be appropriate to review progress against the action plan. In February 2024 it was agreed that due to ongoing concerns of the individual that this would now be treated as a whistleblowing concern. The case remained open at the end of the reporting period.

In summary, 8 concerns were received during 2023-2024 with 6 progressing to investigation under the standards. The category of the concerns were:

- Patient Safety & Quality (6)
- Fraud (1)
- Changing or falsifying information (0)
- Breaking Legal Obligation (0)
- Abusing Authority (1)

2 cases were investigated and closed during 2023-204 and 4 remain open at the end of the year and under investigation.

6 KPI 5: Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed

2 cases were closed during 2023-2024, both were stage 2 concerns representing 100% of all concerns closed.

7 KPI 6: Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage

Of the 2 concerns closed in 2023-2024 both were upheld representing 100% of all concerns closed.

8 KPI 7: The average time in working days for a full response to concerns at each stage of the whistleblowing procedure

The 2 concerns closed were stage 2 concerns and took 33 and 148 days to complete representing an average of 91 days (13 weeks).

9 KPI 8: The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days

There were no stage 1 concerns raised in this period

None of the stage 2 concerns raised within this period were within the 20 working days standard.

We recognise that the average and maximum times of these cases exceed significantly the 20 working days for stage 2 concerns within the standards. We are continuing to focus on reducing the time to investigate and report on concerns and would note the following challenges:

- **Investigating officer capacity** – workload pressures continue to make it challenging for investigators to accommodate the work required to undertake an investigation including liaising and meeting with witnesses, collating and analysing data and providing the final reports
- **Coordinating and meeting with whistleblowers and witnesses** – All cases raised this year have involved multiple witnesses and it takes time to coordinate and arrange meetings that are mutually agreeable to both the investigator and the witnesses. This is exacerbated by the large geographical spread of NHS Highland and the logistics of meeting individuals which often requires face to face meetings.

- **Analysing information and data including report writing –** The amount of information generated in each case is significant and takes time to synthesise and draw conclusions from as well as develop proposed actions to address any concerns that are upheld
- **Finalising reports** – good practice includes meeting with whistleblowers to finalise the report.

Whilst we are endeavouring to improve our processes it is also important to ensure that the desired outcomes for the whistleblower are important and we should continue to include a focus on the quality of the investigation and the final report.

10 KPI 9: The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1

There were no stage 1 concerns raised in this period

11 KPI 10: The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

There 2 concerns resolved at stage, 100% of these had extensions granted.

12 Reporting processes

Quarterly Reporting

NHS Highland Executive WB Lead presents the quarterly Whistleblowing reports to the following formal governance committees:

- NHS Highland Board
- NHS Highland Staff Governance Committee
- NHS Highland Area Partnership Forum

The reports are also discussed at the Executive Directors Group and Senior Leadership Teams.

All efforts are made to ensure that reporting is timely and prompt, however, it has to be noted that meetings of governance committees are bi-monthly and so often there will be some lag. However, all committees are given time and space to scrutinise the reports and discuss.

In addition, there is dynamic discussion and reporting via the Executive Lead into the Executive Directors Group as well as to specific leaders, to ensure the any urgent matters are rapidly addressed.

2023 / 2024 reporting

Quarter	Period covered	Area Partnership Forum	Staff Governance Committee	NHS Highland Board
Q1 22-23	1 April – 30 June 2023	18 August 2023	6 September 2023	26 Sept 2023
Q2 22-23	1 July – 30 September 2023	20 Oct 2023	8 November 2023	28 Nov 2023
Q3 22-23	1 October – 31 December 2023	16 February 2024	16 January 2024	30 January 2024
Q4 22-23	1 January - 31 March 2024	19 April 2024	7 May 2024	28 May 2024
Annual Report 22-23	1 April 2023 - 31 March 2024	21 June 2024	9 July 2024	30 July 2024

13 Summary

There have again been a small number of whistleblowing concerns raised during 2023-2024 which we have managed through the whistleblowing standards. It may helpful to note that we also have a confidential contacts service which has received over 200 contacts from staff during the year. The purpose of this service is to provide confidential advice and support on a wide range of issues. Staff contact the service for support including in relation to inter-personal issues at work and concerns around service delivery and quality. These are not categorised as whistleblowing concerns but may be one reason why we have a low number of formal cases raised as the confidential contacts service provides a safe, confidential way of providing advice to staff and resolving issues without the need for formal processes.

There is learning from the small number of cases outlined in this report but caution is required in interpreting the wider implications of the outcomes of these cases. As outlined in our report we have reviewed the outcomes in relation to wider improvement work underway across the organisation and this provides assurance that there is alignment between the two.

We do know that further work to improve the timeliness of our processes has been required and we have made efforts to do this. Yet, whistleblowing cases are often complex and completing within the 20 working days for stage 2 remains challenging. We remain committed to progressing investigations as quickly as possible but also on the quality of the investigation and working with individuals to attempt to meet their expectations in terms of outcomes from investigations.

NHS Highland is committed to the whistleblowing standards and we will continue to refine our approach and support staff to speak up with confidence.

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 July 2024**
Title:	**Workforce Monitoring Report 2023**
Responsible Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Gayle Macrae, People Partner, Corporate Services**

1 Purpose

This is presented to committee for:

- Assurance

This report relates to a:

- NHS Board Strategy
- Legal Requirement

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

- Safe, Effective and Person Centred

- **This report relates to the following Strategic Outcome(s)**

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well	X	Listen Well	X	Nurture Well	X	Plan Well	X
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

The Workforce Monitoring Report is an annual report that must be published to demonstrate that NHS Highland meets the requirement as set out in the Public Sector Equality Duty to gather, use and publish employee information. The information within the report considers the workforce position as of 31st December 2023 for the period January 1st - December 31st 2023.

The Board is being asked to take substantial assurance that the publication of the report demonstrates compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

2.2 Background

The Public Sector Equality Duty is a legal requirement for public authorities to consider how they can improve society and promote equality in every aspect of their day-to-day business. This means they must consider and continuously review how they are promoting equality in-

- Decision making.
- Internal and external policies.
- Procuring goods and services.
- The services they provide.
- Recruitment, promotion, and performance management of employees

The PSED has 2 parts – the general duty and specific duties.

The general duty has 3 needs –

- To put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment, and victimisation.
- To advance equal opportunities between people who have a protected characteristic and those who do not.
- To foster good relations between people who have a protected characteristic and those who do not.

The purpose of the specific duties is to help public authorities improve their performance on the general duties. To comply with the specific duties, public authorities must publish accessible information that shows how they are complying with the general duty.

To meet the requirements of the specific duties, NHS Highland must –

1. Report on mainstreaming the equality duty.
2. Publish equality outcomes and report progress.
3. Assess and review the equality impact of policies and practices.
4. Gather, use, and publish employee information.
5. Use information on the characteristics of members or board members gathered by the Scottish Ministers.
6. Publish gender pay gap information.
7. Publish equal pay statements.
8. Consider award criteria and conditions in relation to public procurement.
9. Publish in a manner that is accessible.

The Workforce Monitoring Report relates to point 4 and must be published annually on the NHS Highland website so that it is accessible, (which is set out in point 9).

The data contained within the report was provided by the Workforce Systems Team who proactively assess data quality based on agreed principles to ensure that our workforce data is of high value to NHS Highland, and its stakeholders.

2.3 Assessment

NHS Highland's Workforce Monitoring report details the position as of 31st December 2023, for the time period 1st January 2023- 31st December 2023 unless otherwise highlighted. Some key points from the report are -

- The overall substantive headcount within NHS Highland grew by 354 colleagues throughout 2023.
- At the end of 2023, the workforce headcount across all job families compared to 2022 was:

    - Support Services increased by 0.4%.
    - Senior Managers unchanged.
    - Personal and Social Care unchanged.
    - Other Therapeutic increased by 0.2%.
    - Nursing and Midwifery increased by 0.2%.
    - Medical Support increased by 0.1%.
    - Medical and Dental decreased by 0.1%.
    - Healthcare Sciences unchanged.
    - Dental Support unchanged.
    - Allied Health Professions decreased by 0.2%.
    - Administration Services decreased by 0.5%.

- In comparison to the population demographics for Highland, Argyll, and Bute from the 2022 Census, NHS Highland employs a greater number of persons from the following ethnic backgrounds –

    - African - African, African Scottish, or African British
    - Asian - Indian, Indian Scottish, or Indian British
    - Asian – Other
    - Asian - Pakistani, Pakistani Scottish or Pakistani British
    - Other Ethnic Group - Arab, Arab Scottish, or Arab British
    - White – Other

- A total of 2,811 people joined the organisation in 2023, which includes those undertaking a bank contract.

- Further work is needed to encourage colleagues to complete their ethnicity data in eESS to allow for greater accuracy of reporting in future years. For example, over 31% of the workforce would "prefer not to say" whether they have a disability or fail to provide any information at all regarding this question. Given that it is estimated that 27% of the Scottish population define themselves as disabled, it is likely that the 1.0% of colleagues who have recorded themselves as having a disability in eESS grossly under-represents the true picture of our workforce.

- The figures may be under reported since these staffing data do not include staff working on bank, agency contracts or Doctors in Training which are being employed across NHS Highland.

- Some areas of improvement have been identified for next years' report which were not possible to implement in the timescale of this years' reporting cycle. These include –
    - Collation of information from "Notice of Maternity Leave forms" which will give us insight as to whether colleagues return from maternity leave or not.
    - Further analysis of training data to identify the areas where colleagues work and understand whether the completion rates are related to their job type, geographical location or something else such as accessibility issues.
    - A solution for collating protected characteristic information from leavers.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

The level of assurance is substantial as the report meets the needs as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to gather, use and publish information annually about the recruitment, development and retention of staff with protected characteristics.

3 Impact Analysis

3.1 Quality/ Patient Care

By understanding the demographics of our workforce, we can strive to create an inclusive culture which impacts positively on patient care.

3.2 Workforce

Monitoring of workforce profiles will raise awareness of potential workforce implications such as barriers to recruitment for certain ethnic groups. We can review our internal processes to ensure they are inclusive and accessible to all, which in turn makes NHS Highland an attractive employer. We can use the information to identify areas for improvement and introduce new initiatives such as staff networks to ensure staff from all backgrounds have a voice and are supported in their workplace.

3.3 Financial

Monitoring of workforce profile will raise awareness of potential financial implications.

3.4 Risk Assessment/Management

If the information contained within the report is not used to further the 3 needs as set out in the General Equality Duty, then the organisation risks not meeting its legal obligations in respect of Section 149 of the Equality Act 2010 (the public sector equality duty).

3.5 Data Protection

This report does not include personally identifiable information. Where numbers in a category/table are small, some figures have been rounded to one decimal place or expressed as 'less than five', to reduce the risk of inadvertently identifying individuals.

3.6 Equality and Diversity, including health inequalities

This report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, enables external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This report has been published in collaboration with members of the workforce systems and workforce planning teams. Due to the limited timeframe to produce and publish the report, it was not possible to The draft was circulated amongst the People and Culture leadership team for comment and feedback. Due to limited timescales, it was not possible to broaden the engagement however this is something that will be rectified with next years report.

3.9 Route to the Meeting

The report has been shared with the newly established Equality, Diversity and Inclusion group within NHS Highland for awareness on 12th June 2024.

4 Recommendation

- **Assurance** – To give confidence of compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

4.1 List of appendices

Appendix 1 – Workforce Monitoring Report 2023 - June 2024

January - December 2023

Workforce Monitoring Report

NHS Highland

1 Contents

1 Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th of May 2012. This requires public bodies such as NHS Highland to produce an Annual Workforce Monitoring Report covering all nine of the "protected characteristics", as defined in the Equality Act 2010.
The nine "protected characteristics" are:

- Race
- Disability
- Sex (male or female)
- Religion or belief
- Sexual orientation
- Gender reassignment
- Age
- Pregnancy and maternity
- Marriage and civil partnership

The Regulations require that the Workforce Report must include details of:

- The number of staff and their relevant protected characteristics.
- Information on the recruitment, development, and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.

2 Gathering Workforce Information

2.1 Specific Duties Required In Relation To Personal Information

Public authorities in England, Scotland and Wales are legally required to publish equality information under the specific equality duties. Data about people and their protected characteristics (also called "equality monitoring") is shared and reported to build an evidence-based compliance with the public sector equality duties (PSED) and to meet the specific duties. Collecting and analysing equality information is an important way to develop an understanding how policies and practices affect those with protected characteristics. Public authorities should always use a proportionate approach to collecting personal information.
The national database is used to support workforce planning within NHS Scotland and ensures that NHS Highland meet or exceed our legal requirements in respect of equality and diversity monitoring. This information is held confidentially and used only for purposes of equality monitoring to ensure no group of staff are discriminated against or disadvantaged.

2.2 Data Collection

The workforce monitoring report for 2024 is based on NHS Highland employee data provided for the period of January 2023 to December 2023. The primary sources of data were from the national workforce systems, eESS (the Electronic Employee Support System, which is the HR information system), ePayroll, JobTrain (the recruitment system) and Turas Learn (the learning management system for health and social care staff).
Staff have the legal right not to disclose information about their protected characteristics, therefore any information supplied by staff is on a purely voluntary basis. As a result, the completeness of our information therefore varies by protected characteristic. The percentage of responses collated for each protected characteristic is shown below, this includes those who selected "prefer not to say". Anything less than 100% is caused by no information being provided by the colleague.

Protected Characteristic	% of Data Recorded on eESS in 2023	% of Data Recorded on eESS in 2022
Race	80.8%	79.5%
Disability	84.2%	83.2%
Sex (male or female)	100%	100%
Religion or Faith	78.4%	77.1%
Sexual Orientation	81.1%	79.7%
Gender Reassignment	84.3%	83.0%
Age	100%	100%
Pregnancy and Maternity	100%	100%
Marriage and Civil Partnership	100%	100%

The average volume of data collected per protected characteristic is 89.9%.

The Jobtrain and eESS systems were interfaced in January 2023 which meant that any new colleagues joining NHS Highland automatically had their personal details transferred from their job application into the internal HR systems. This accounts for, in part, the increase in information captured from 2022 to 2023.

Where numbers in a category/table are small, some figures have been rounded to one decimal place or expressed as 'less than five', to reduce the risk of inadvertently identifying individuals.

Unless stipulated, the figures provided do not include Bank Staff or Doctors in Training.

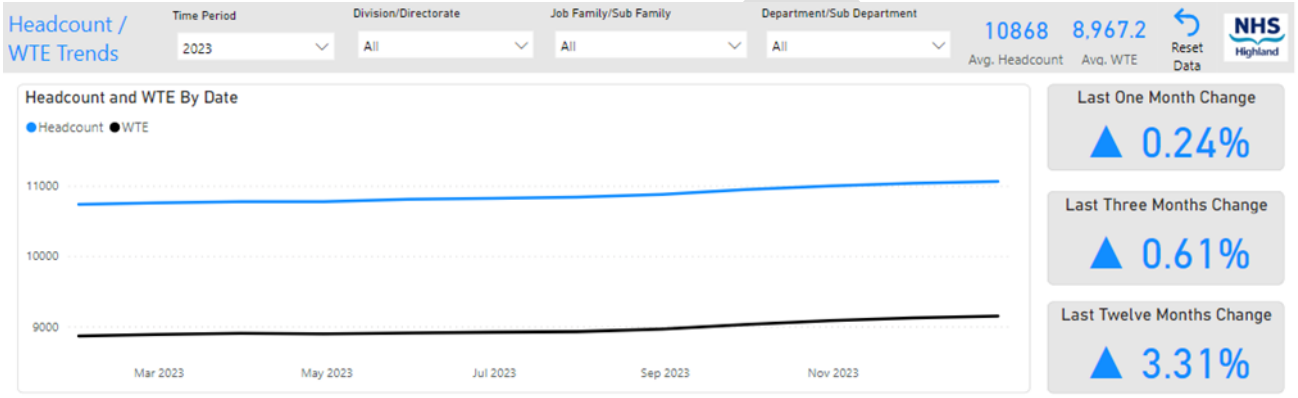
2.3 Using The Workforce Report

This report:

- Demonstrates NHS Highlands compliance with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended.
- Will be formally submitted for approval to the NHS Highland Staff Governance Committee. Following approval, it will also be widely circulated within the organisation and posted on the NHS Highland website.
- Will help the NHS Highland Board and others, to gauge whether NHS Highland employees and prospective employees are being treated fairly and equitably. Any evidence to the contrary highlighted by the report will be reviewed and appropriate follow up action taken.
- Provides evidence which will support the work undertaken by NHS Highland to create a workplace free from prejudice or discrimination.
- Gives the population of Highland, Argyll and Bute and prospective employees, information regarding how NHS Highland strives to treat its staff fairly and equitably.
- Enables external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

3 Current Workforce

As at 31st December 2023, the substantive headcount for NHS Highland was 11,063 persons which equates to 9,146 Whole Time Equivalent (WTE) with whole time being 37.5 hours per week.[1]
The overall substantive headcount grew throughout 2023 by 354 colleagues.



As well as substantive and fixed term members of staff, NHS Highland also uses "Bank" workers, which provides flexibility to increase staff over and above its core staff cohort at busier times, and to cover unexpected absences, such as sick leave. As at 31st December 2023 there were 2524 sole bank workers, this is an increase of 106 bank workers on the same date in 2022. There are also 2517 colleagues who hold both a substantive and a bank contract meaning they can work extra hours either within their own area or a different discipline within NHS Highland.

NHS Highland	31st December 2022	31st December 2023
Contract Type	**Persons in post**	**Persons in post**
Bank Only	2418	2524
Bank & Substantive	2494	2517
Substantive Only	8222	8553
Total	13134	13594

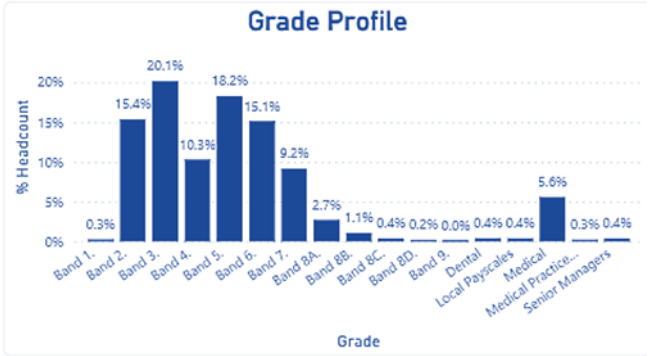
[1] NHS Scotland moved to a 37 hour week on 1st April 2024 but for the purposes of this report, full time hours were 37.5

At the end of 2023, 37.2% of the workforce was in the Nursing and Midwifery job family (0.2% higher than the previous year). The next largest job family at 19% was Administrative Services (down 0.5% since 2022)

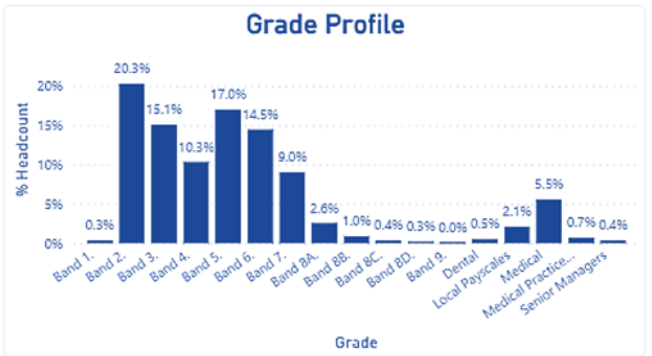
Job Family	Headcount 31st Dec 2022	Headcount 31st Dec 2023	Increase/Decrease in % of overall workforce from 2022-2023
Administrative Services	2088	2105	-0.5%
Allied Health Profession	776	775	-0.2%
Dental Support	186	184	0%
Healthcare Sciences	357	357	0%
Medical and Dental	630	642	-0.1%
Medical Support	35	46	+0.1%
Nursing/Midwifery	3957	4117	+0.2%
Other Therapeutic	346	371	+0.2%
Personal and Social Care	1217	1257	0%
Senior Managers	42	40	0%
Support Services	1123	1211	+0.4%
Total	**10709**	**11063**	-

The graphs below show the workforce split in terms of paybands for both 2022 and 2023. There has been an increase in the number of colleagues in Band 3 posts which can for the most part be attributed to a National job evaluation process which saw a large number of Band 2 Nursing staff be upgraded to Band 3.

31st December 2023

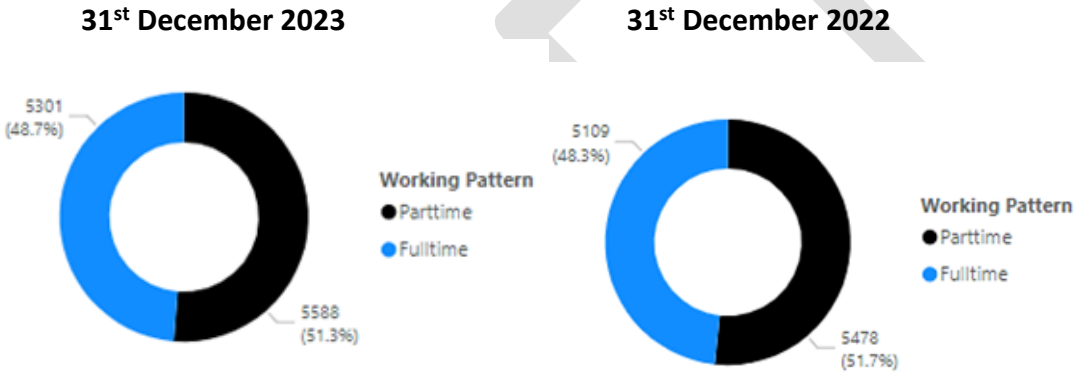


31st December 2022



There has also been an increase in Band 5 roles of 1.2%, this is due partly to the introduction of a new Multiskilled Technican role within Estates. In addition. an exercise to harmonise staff members on Highland Council terms and conditions with Agenda For Change, resulted in an increase in Band 5 and 6 roles within Personal and Social care.

The workforce is split almost in half with regards to working hours and there has been minimal shift in this demographic since 2022.



3.1.1 Ethnic Origin

NHS Highlands workforce is made up of 50.1% persons of White-Scottish origin which is less than the population of Highland (75.9% in the 2022 Census) and less than Argyll and Bute (74%). Since 2021, the headcount recorded of all ethnic groups has increased which correlates with a decrease in the number of persons not declaring any information or choosing “prefer not to say”.

The following table shows the headcount and the percentage of the total workforce each ethnic group represents.

NHS Highland	2021		2022		2023	
Ethnicity	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
African - African, African Scottish or African British	9	0.1%	20	0.2%	34	0.3%
African - Other	5	0.1%	6	0.1%	12	0.1%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Asian - Chinese, Chinese Scottish or Chinese British	6	0.1%	9	0.1%	11	0.1%
Asian - Indian, Indian Scottish or Indian British	28	0.3%	36	0.3%	45	0.4%
Asian - Other	57	0.6%	71	0.7%	79	0.7%
Asian - Pakistani, Pakistani Scottish or Pakistani British	7	0.1%	13	0.1%	18	0.2%
Caribbean or Black - Black, Black Scottish or Black British	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0.00%	0	0.00%	< 5	< 0.05%
Caribbean or Black - Other	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Mixed or Multiple Ethnic Group	30	0.3%	37	0.4%	42	0.4%
Other Ethnic Group - Arab, Arab Scottish or Arab British	< 5	< 0.05%	10	0.1%	17	0.2%
Other Ethnic Group - Other	20	0.2%	21	0.2%	19	0.2%
White - Gypsy Traveller	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
White - Irish	74	0.7%	78	0.7%	81	0.8%
White - Other	306	3.0%	340	3.2%	412	3.8%
White - Other British	1119	11.0%	1236	11.7%	1323	12.2%
White - Polish	24	0.2%	38	0.4%	57	0.5%
White - Scottish	5047	49.4%	5283	50.0%	5498	50.6%
Not Declared	2182	21.4%	2161	20.5%	2083	19.2%
Prefer not to say	1283	12.6%	1197	11.3%	1129	10.4%

In 2023, NHS Highland welcomed 29 Adult Nurses and 11 Mental Health Nurses through the North of Scotland international recruitment programme. Many of these colleagues were from Africa although there were also applicants from India, Pakistan, Australia, and America.

Scotland Census 2022	Highland		Argyll and Bute	
Ethnicity	**Headcount**	**% Total**	**Headcount**	**% Total**
African - African, African Scottish or African British	51	0.02%	9	0.001%
African - Other	364	0.15%	145	0.17%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	256	0.11%	46	0.05%
Asian - Chinese, Chinese Scottish or Chinese British	513	0.22%	193	0.22%
Asian - Indian, Indian Scottish or Indian British	704	0.30%	151	0.17%
Asian - Other	872	0.37%	249	0.29%
Asian - Pakistani, Pakistani Scottish or Pakistani British	391	0.17%	124	0.14%
Caribbean or Black - Black, Black Scottish or Black British	13	0.001%	14	0.02%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	91	0.04%	37	0.04%
Caribbean or Black - Other	107	0.04%	31	0.04%
Mixed or Multiple Ethnic Group	1943	0.82%	663	0.77%
Other Ethnic Group - Arab, Arab Scottish or Arab British	259	0.11%	100	0.12%
Other Ethnic Group - Other	543	0.23%	199	0.23%
White - Gypsy Traveller	263	0.11%	84	0.10%
White - Irish	1549	0.66%	853	0.99%
White - Other	6185	2.63%	2102	2.45%
White - Other British	38140	16.20%	16648	19.36%
White - Polish	4506	1.91%	666	0.77%
White - Scottish	178605	75.89%	63657	74.04%

In comparison to the population demographics displayed in the table above, NHS Highland employs a greater number of persons from the following ethnic backgrounds –

- African - African, African Scottish, or African British
- Asian - Indian, Indian Scottish, or Indian British
- Asian – Other

- Asian - Pakistani, Pakistani Scottish or Pakistani British
- Other Ethnic Group - Arab, Arab Scottish, or Arab British
- White – Other

In contrast, the organisation employs a disproportionate number of colleagues from the following ethnic groups –

- African – Other
- Asian – Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Asian – Chinese, Chinese Scottish, or Chinese British
- Other Ethnic Group – Other
- White – Gypsy Traveller
- White – Other British
- White – Polish

It is important to note, however, that 10.4% of the workforce chose "prefer not to say" as an option to answer this question and 19.2% have not declared their information therefore the above analysis may be affected by these omissions.

3.1.2 Disability

The Equality Act 2010 defines disability as a person having:

- A physical or mental impairment
- An impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

A person is recognised as disabled whether their condition is either visible or hidden, and/or has a substantial and long-term (12 months or longer) impact on their ability to do normal daily activities. It should be noted that disability is also self-defined by the individual.

The number of staff who consider themselves to have a disability is 112, which is 1.0% of the workforce. The disability data is based on the answers given by staff when they joined NHS Highland. Currently, the disability status of staff is not changed during the course of their employment unless the staff member voluntarily updates their information on eESS. Given that it is estimated that 27% of the Scottish population define themselves as disabled,[2] it is likely that the actual number of colleagues with a disability is higher. Work needs to be undertaken to understand why over 31% of the workforce would "prefer not to say" whether they have a disability or fail to provide any information at all regarding this question.

[2] DWP Family Resources Survey: 2022 to 2023, disability tables 4.1 and 4.4

It is worth noting however, that the percentage of people who choose "prefer not to say" as their answer, has fallen by 4% over the last 3 years.

Under the Equality Act 2010, employers have a legal responsibility to make reasonable adjustments for disabled staff. NHS Highland actively supports staff who require reasonable adjustments in their workplace. Staff are encouraged to have a discussion with their manager if they need reasonable adjustments to ensure positive impact on wellbeing and performance of the workforce.

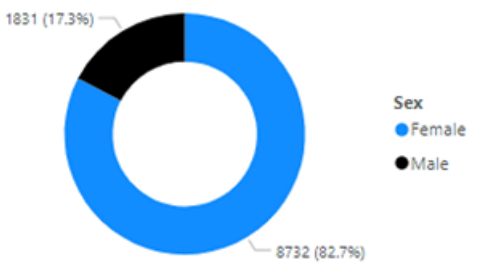
Staff who qualify for the Access to Work Scheme are supported to enable them to get or stay in work if they have a physical or mental health condition. The support will depend on the needs of the staff member and they can apply for a grant to help pay for items such as communication tools and travel to and from the workplace. NHS Highland is a Disability Confident accredited employer. A Disability Confident employer ensures that disabled people have the opportunities to fulfil their potential and realise their aspirations.

NHS Highland	2021	2022	2023
Disability	**% of Workforce**	**% of Workforce**	**% of Workforce**
Yes	0.9%	0.8%	1.0%
No	62.0%	65.0%	67.5%
Prefer not to say	19.7%	17.4%	15.7%
Not Declared	17.5%	16.8%	15.8%

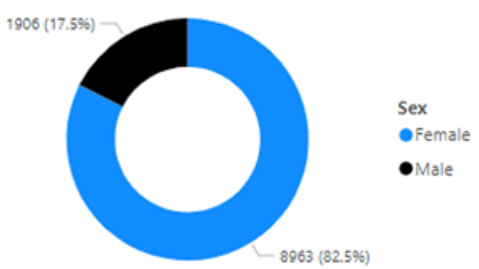
3.1.3 Sex (Male or Female)

In both the Highland and Argyll and Bute area, the 2022 Scottish Census figures report that the population is made up of 49% males and 51 % females. Traditionally, most members of the Nursing, Midwifery and Allied Health Professions have been female, which means that all Health Boards in Scotland have a much higher proportion of female staff to male staff. The workforce of NHS Highland is predominantly female (8,963 headcount), representing 82.5% of staff in 2023.

31st December 2023



31st December 2022



3.1.3.1 NHS Highland Board Members

As at 31st December 2023, the NHS Highland Board comprised 23 members made up of 5 Executive Members and 18 Non-Executive Members. There are a slightly higher proportion of female members to males which reflects the workforce and population demographic.

NHS Highland	2023		2022	
Role	**Male**	**Female**	**Male**	**Female**
Executive Director	2	3	2	3
Non-Executive Director and Employee Director	8	10	8	9

3.1.4 Religion or Belief

As with other protected characteristics, staff are asked to provide information in respect of their religious and faith beliefs. Over the last few years the quality of information provided has improved, with more people providing information on religion and beliefs in 2023 than the previous years. Of those who provided information, the largest proportion of staff identify themselves as "No Religion" (30.9%: 2.3% higher than the previous year) or "Church of Scotland" (17.0%: 0.7% down on 2022).

NHS Highland	2021		2022		2023	
Religion	**Headcount**	**% Total Workforce**	**Headcount**	**% Total Workforce**	**Headcount**	**% Total Workforce**
Buddhist	25	0.2%	25	0.2%	27	0.3%
Christian - Other	829	8.1%	882	8.4%	943	8.7%
Church of Scotland	1901	18.6%	1872	17.7%	1850	17.0%
Hindu	27	0.3%	33	0.3%	35	0.3%
Jewish	< 5	< 0.05%	< 5	< 0.05%	5	0.1%
Muslim	34	0.3%	49	0.5%	62	0.6%
No Religion	2641	25.9%	3015	28.5%	3353	30.9%
Roman Catholic	608	6.0%	647	6.1%	688	6.3%
Sikh	< 5	< 0.05%	< 5	< 0.05%	5	0.1%
Other	114	1.1%	126	1.2%	143	1.3%
Prefer not to say	1567	15.4%	1484	14.1%	1410	13.0%
Not declared	2453	24.0%	2422	22.9%	2348	21.6%

Across Scotland, the 2022 census showed a similar picture with most people declaring they have no religion, 51.1% up from 36.7% in 2011. This trend was also replicated within Highland and Argyll and Bute, with the NHS Highland workforce demographics, roughly mirroring those of the Board area.

2022 Census Figures			
Religion	**% Highland Population**	**% Argyll and Bute Population**	**% NHSH Workforce**
Buddhist	0.28	0.28	0.3%
Christian - Other	7.62	6.63	8.7%
Church of Scotland	23.44	26.97	17.0%
Hindu	0.14	0.10	0.3%
Jewish	0.04	0.08	0.1%
Muslim	0.48	0.38	0.6%
No Religion	54.33	48.46	30.9%
Roman Catholic	6.25	9.17	6.3%
Sikh	0.02	0.06	0.1%
Other	0.26	0.22	1.3%
Not declared	6.58	7.04	21.6%

3.1.5 Sexual Orientation

There has been a decrease year on year in the number of staff who choose “prefer not to say” and those who do not complete their information. This is a positive indicator that staff feel more open to share their sexual orientation and that they trust that their data will be used appropriately.

NHS Highland	**2021**	**2022**	**2023**
Sexual Orientation	**% of Workforce**	**% of Workforce**	**% of Workforce**
Heterosexual	58.6%	61.2%	63.4%
Bisexual	0.4%	0.5%	0.7%
Gay	0.3%	0.3%	0.3%
Gay/Lesbian	0.1%	0.3%	0.4%
Lesbian	0.3%	0.2%	0.2%
Other	0.1%	0.2%	0.7%
Prefer not to say	18.9%	17.1%	15.9%
Not declared	21.3%	20.3%	19.0%

NHS Scotland introduced the NHS Scotland Pride Badge and Pride Pledge in June 2021 for staff to show their commitment to support equality for LGBT+ and other marginalised people. LGBT+ and minority ethnic people still face challenges in relation to employment and negative attitudes towards them.
When a colleague signs up to wear the Pride Badge, they identify themselves as someone who is a safe person to talk to. They'll also respect identity, use inclusive language, and be prepared to listen. NHS Highland ran a campaign in June 2023 to coincide with Pride Month, which encouraged staff members to sign up to the Pride Badge scheme. A total of 278 colleagues signed up to the Pride Pledge during June and July. For comparison, in May 2023 a total of 3 colleagues signed up, this was when no promotion of the scheme had taken place. NHS Highland continues to promote inclusion in the workforce and participates in annual Highland and Oban Pride events.

3.1.6 Gender Reassignment

eESS allows members of staff to amend their personal details, including equalities information. Until April 2024, it contained the question -

“Have you, are you or do you plan to undergo gender reassignment (changing gender)?”

Members of staff had the option to respond “Yes”, “No”, “Don’t know (not declared)” or “Prefer not to say”.

The language of eESS is, in the context of trans individuals, was out of date, and misrepresented the process of transition as a chiefly medical exercise. Because of this and to align with the Census and the advice of the Scottish Government and LGBTQ+ organisations, the question was amended in April 2024 to ask -

“Do you consider yourself to be trans or have a trans history?”

The answer options for this question are: “Yes”, “No”, “Prefer not to say” with an additional question – “If yes, please describe your trans status, for example, non-binary, trans man, trans woman”.

There has been a reduction in the number of staff who choose “prefer not to say” or “don’t know/not declared” over the last 3 years, in conjunction with an increase in the number of staff members identifying as transgender. (The figures have been rounded up/down due to low numbers so showing as 0.1% for each of the years)

NHS Highland	2021	2022	2023
Transgender	**% of Workforce**	**% of Workforce**	**% of Workforce**
Yes	0.1%	0.1%	0.1%
No	60.2%	63.4%	66.4%
Prefer not to say	21.8%	19.5%	17.8%
Not declared	17.9%	17.0%	15.7%

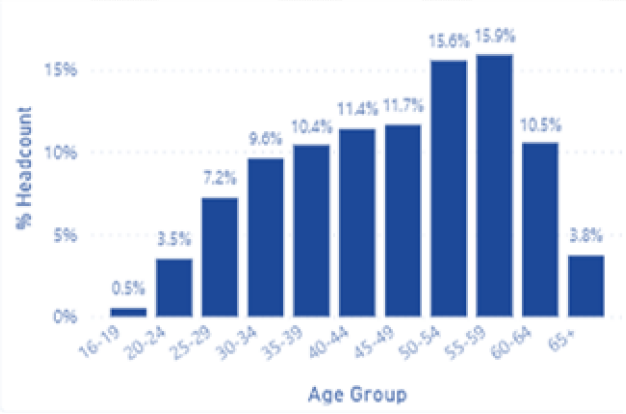
3.1.7 Age

The profile of the workforce by age allows the organisation to look at the current workforce and assist in workforce planning at an organisation, departmental or team level.

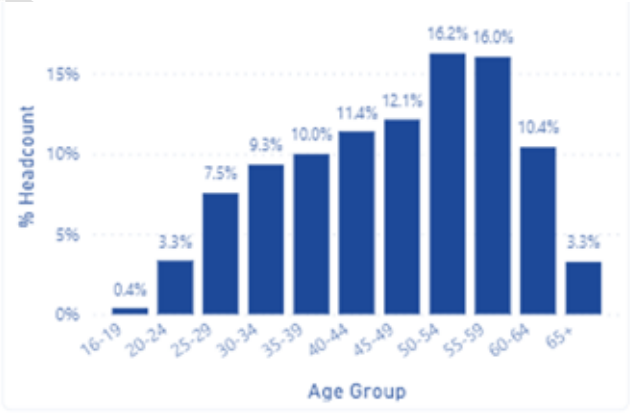
The shape of the age profile of the workforce has remained relatively similar from 2022 to 2023. There has been an increase in the number of under 25's employed, up from 3.7% in 2022 to 4.0% in 2023.

The average age of a colleague in NHS Highland has increased over the past 3 years from 61.2 years to 62.5 years.

31st December 2023



31st December 2022



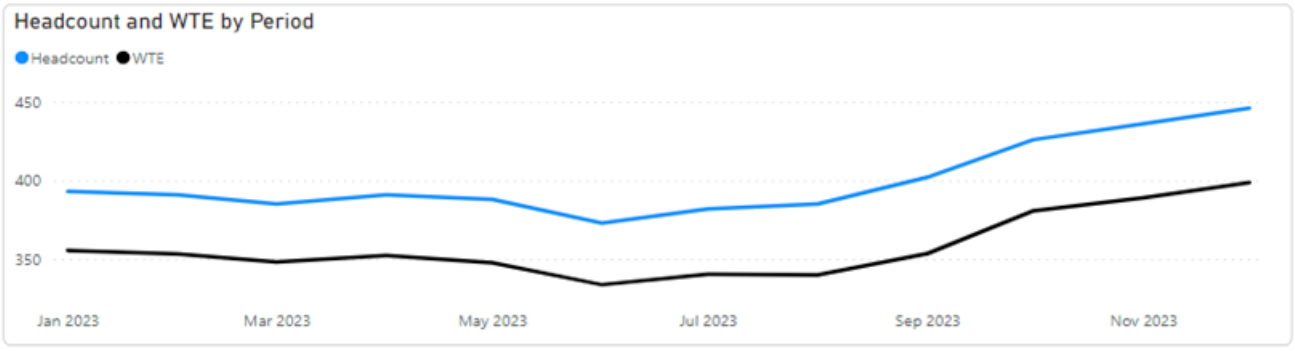
Data from the Scotland Census 2022 is included in the following table to illustrate the age demographic of Highland, Argyll, and Bute. The NHS Highland workforce data is also included by means of comparison. The data in the table would suggest that NHS Highland employ

proportionately lower numbers of 16-19 year olds compared to the local populations. It may therefore be worth considering what opportunities we provide with regards to apprenticeships, work experience and "earn while you learn" schemes to encourage young people to consider a career in the NHS and remain in the Highlands, Argyll and Bute area.

Age Range	% of Highland Population	% of Argyll & Bute Population	% of NHS Highland Workforce
16-19	3.8	3.5	0.5
20-24	4.5	4.0	3.5
25-29	5.0	4.3	7.2
30-34	5.6	5.0	9.6
35-39	5.8	5.1	10.4
40-44	6.0	5.2	11.4
45-49	6.1	5.9	11.7
50-54	7.6	7.8	15.6
55-59	8.3	8.9	15.9
60-64	7.6	8.5	10.5
65+	7.6 (65-69 group)	7.5 (65-69 group)	3.8

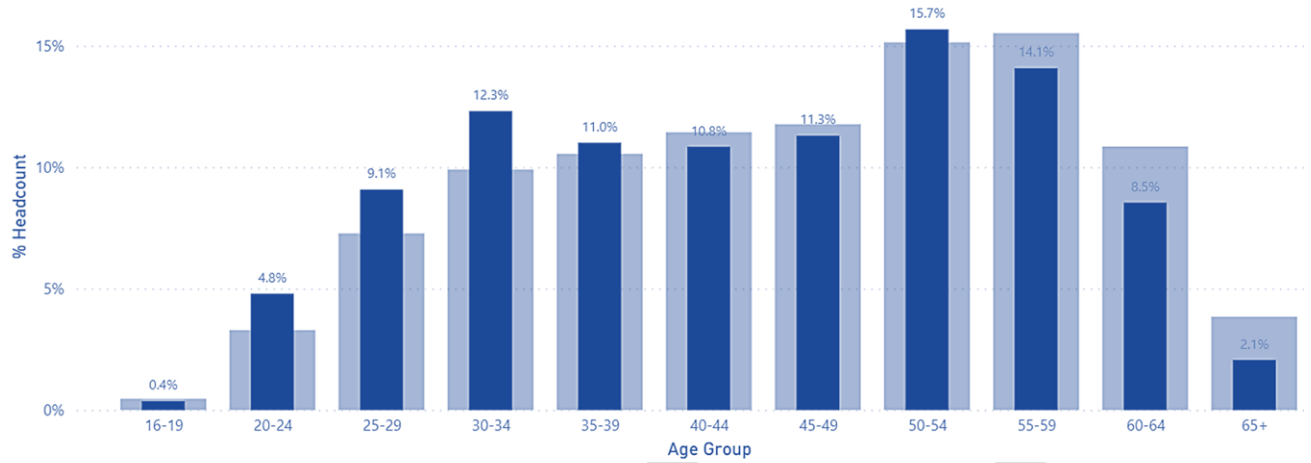
There has however been an increasing trend of under 25's joining the organisation throughout 2023, with an increase in headcount from 393 to 446 persons.

Trend data of numbers of under 25's in the workforce 2023



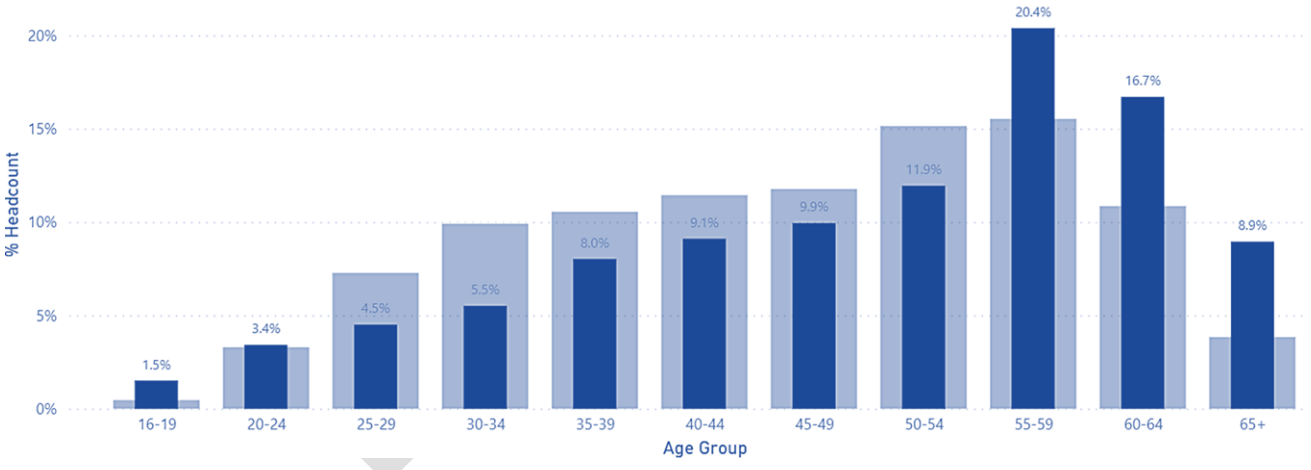
Job families which have higher percentage of under 25's than the rest of the organisation (shown by the lighter blue bars) include –

Nursing and Midwifery



Student nurses and health care support workers account for the Under 25 headcount in Nursing and Midwifery.

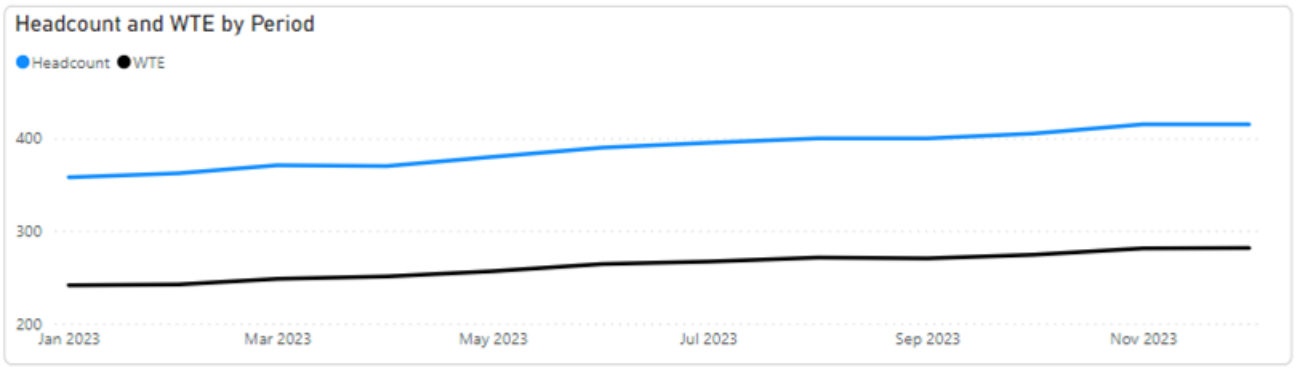
Support Services



In Support Services, the largest proportion of 16-19 year olds work in Band 2 roles within the catering and domestic job families. The starting salary of a Band 2 role as of 1st April 2023 was £23,362 which equates to £11.98 per hour. The National Minimum wage for under 18's in April 2023 was £5.28 and for 18-20 year olds was £7.49, NHS Highlands wages surpass these rates. NHS Highland also works closely with organisations such as Developing the Young Workforce to promote apprenticeship opportunities and engages with local schools to promote the varied career prospects within the organisation.

There has also been an increase in the number of over 65's in the organisation, up 0.5% since 2022.

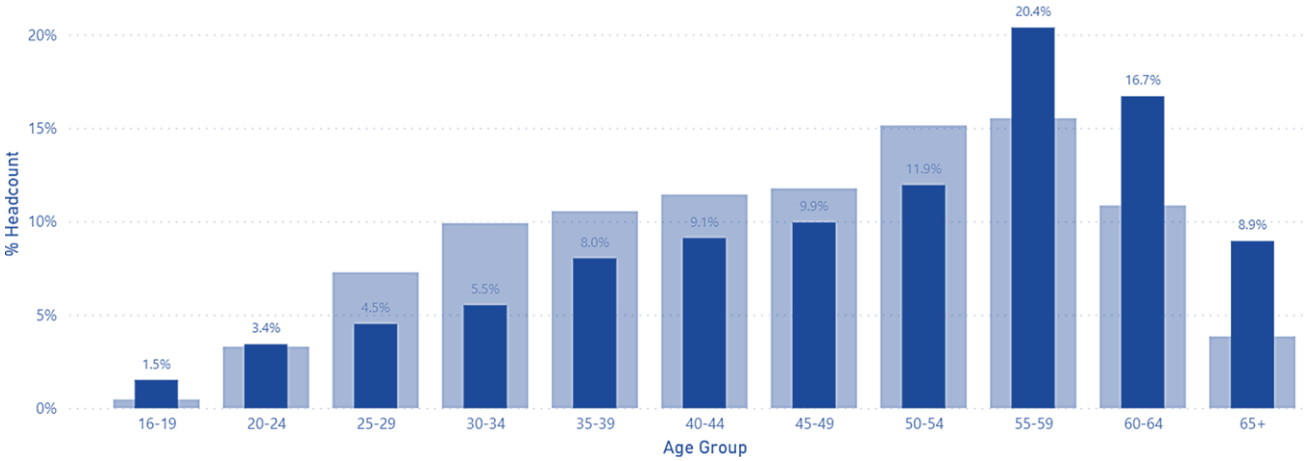
Trend data of numbers of over 65's in the workforce 2023



The 2022 census data published on 21st May shows that the 65 and over age group makes up 23.7% of the overall population in Highland, and 27.2% of the population of Argyll and Bute.

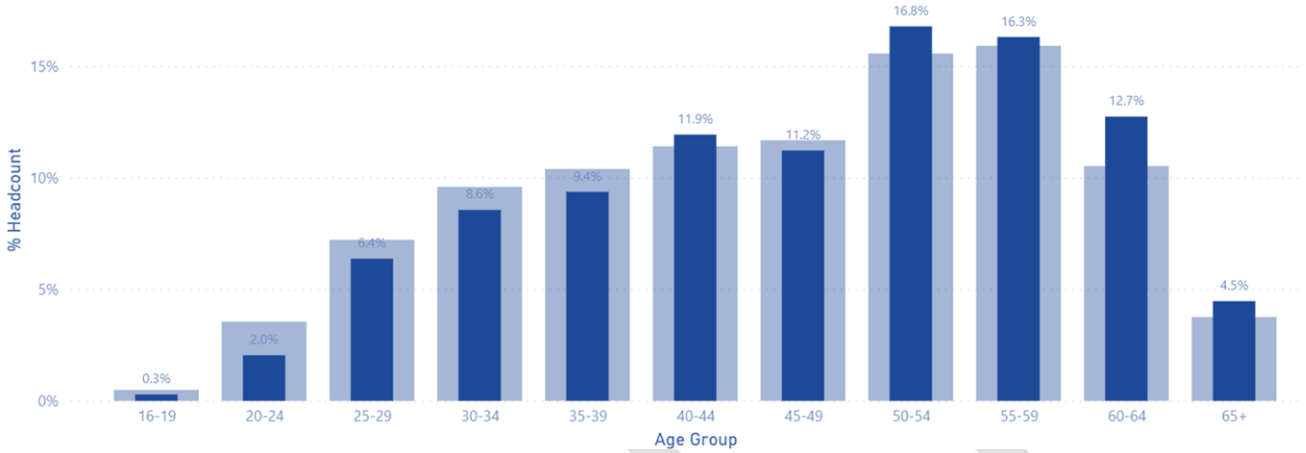
Job families which have higher percentage of over 65's than the rest of the organisation (shown by the lighter blue bars) include –

Support Services



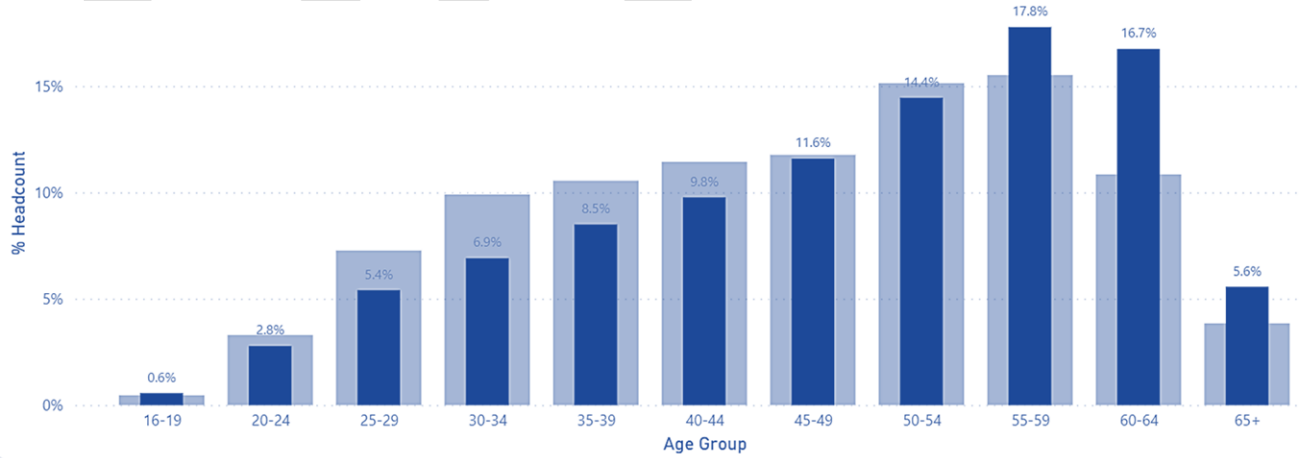
76.1% of the over 65s in Support Services are in Band 2 roles which include Porters, Drivers and Domestic Assistants. It could be deduced that the higher number of over 65s in Support Services compared to the rest of the organisation is driven by financial necessity and being unable to retire at an earlier age.

Administrative Services



There is also a higher than average number of colleagues in Administrative Services who are over 65. This job family is predominantly made up of Band 2, 3 and 4 roles and 323 teams within administrative services are comprised of 5 people or less. Less. Of these 323 small teams, 129 or 15.2% of those teams are entirely made of personnel over the age of 60. This highlights the extent of the risk, that factors such as retirals and increased absence due to health condition or multiple health conditions could impact on the continuity of the service.

Personal and Social care



In a similar picture to that of Support Services, colleagues in the Personal and Social Care job family work predominantly in Band 2 and 3 roles (52% combined). Financial reasons may also be the motivating aspect for these colleagues to work beyond retirement age.

3.1.8 Pregnancy and Maternity

For the period 01/01/2023 to 31/12/2023, there were 241 applications for maternity leave made by staff, which is approximately 2.8% of the female workforce.

Maternity leave in NHS Highland can be taken for up to 52 weeks, made up of paid and unpaid elements. All colleagues must complete a maternity leave form to notify the organisation of their intention to take maternity leave. Included in the form are options that the colleague can choose regarding their return to work, namely –

- I intend to return to work
- I am undecided whether I will be returning to work
- I do not intend to return to work.

At present NHS Highland does not have an automated system for recording the above options and therefore the analysis of number of returners after maternity leave is not available for this report. This is something that will be investigated and a solution sought for the 2024 report produced in June 2025.

3.1.9 Marriage and Civil Partnership

The below table shows the marital status of NHS Highlands workforce as at 31st December 2023, 100% of staff provided their data in respect of this question. The workforce has a high percentage of married and single staff at 53.08% and 40.94%, respectively. It may be reasonable to deduce that "Single" should not be taken as the opposite of "Married" as more people choose not to marry due to social, economic, or health reasons, but are nevertheless in an enduring relationship.

	2021		2022		2023	
Marital Status	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Civil Partnership	43	0.4%	82	0.8%	106	1.0%
Divorced	469	4.6%	476	4.5%	501	4.5%
Married	5666	55.5%	5694	53.9%	5872	53.1%
Single	3976	39.0%	4256	40.3%	4529	40.9%
Widowed	54	0.5%	55	0.5%	55	0.5%

4 Recruitment and Retention

A total of 2,811 persons joined the organisation in 2023, this includes bank colleagues. All jobs are advertised on the NHS Scotland careers website and applications made on Jobtrain, which is the National NHS Scotland recruitment portal. All applications are made online which can be a barrier for those whose first language is not English, people with learning disabilities or people with lower levels of digital skills.

NHS Highland receives several applications from overseas workers who do not meet the visa eligibility or professional registration criteria, this results in a proportion of applications having to be refused at shortlisting stage. Applications are also generated by automated "bots" which provide false information such as NMC registration pins which are not genuine.

This issue affects jobs advertised from every job family within the organisation although it is most prevalent for Nursing/Midwifery posts. Some of these job adverts can attract over 100 applicants which all need to be reviewed and shortlisted individually.

This places additional demands on the hiring managers as they must record a reason code as to why the candidate is not suitable for shortlisting. ("not eligible to apply") and also ascertain whether registration details provided are genuine. An extract of the Nursing and Midwifery job family applications in 2023 shows that out of 17842 applications, 1541 were recorded as "not eligible to apply" (8.6%). This code is not exclusively used for failed visa criteria however, and some hiring managers may also use the code "application review – failed shortlisting". This means that at present it is not possible to determine the true numbers of applications declined due to false information and those not shortlisted for genuinely not meeting the minimum criteria.

Most of the applications for Nursing/Midwifery roles which are declined due to registration or visa ineligibility come from African countries which may account for the low conversion rate in the following table. Further work is needed to be undertaken to understand the low conversion rates for applicants from Asian and Other Ethnic Group origins.

4.1.1 Ethnic Origin

Ethnicity	No. Applicants	Successful Applicants	Conversion Rate
African - African, Scottish African or British African	9324	46	0.5%
African - Other	13494	39	0.3%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	295	2	0.7%
Asian - Chinese, Chinese Scottish or Chinese British	113	6	5.3%
Asian - Indian, Indian Scottish or Indian British	3558	26	0.7%
Asian - Other	1152	28	2.4%
Asian - Pakistani, Pakistani Scottish or Pakistani British	2981	9	0.3%
Caribbean or Black	83	5	6.0%
Caribbean or Black - Black, Black Scottish or Black British	132	6	4.6%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	23	1	4.4%
Mixed or Multiple Ethnic Groups	193	22	11.4%
Other Ethnic Group - Arab, Arab Scottish or Arab British	463	14	3.0%
Other Ethnic Group - Other	457	8	1.8%
White - Gypsy Traveller	1	0	0.00%
White - Irish	109	25	22.9%
White - Other	1424	189	13.3%
White - Other British	2155	475	22.0%
White - Polish	434	72	16.6%
White - Scottish	7586	1812	23.9%
Not Declared	133	1	0.8%
Prefer not to say	318	25	7.9%

4.1.2 Disability

All the Boards in NHS Scotland support the Disability Confident scheme. This scheme guarantees an interview to anyone with a recognised disability if their application meets the minimum job criteria. The applicant can also request reasonable adjustments to the recruitment process such as allowing extra time to a standard interview or viewing the interview questions in advance. In 2023, NHS Highland had a conversion rate of successful applicants with a disability which was more than double that of applicants with no disability. Out of the 1456 applicants who answered “Yes”, 431 requested an adjustment to their interview. The most common conditions to request adjustments for were Dyslexia, followed by Hearing Impairments and ADHD.

Disability	No. Applicants	Successful Applicants	Conversion Rate
No	42839	2597	6.1%
Not known	133	1	0.8%
Prefer not to say	0	0	0.00%
Yes	1456	213	14.6%

4.1.3 Sex (Male or Female)

A larger number of females to males applied for roles in 2023 which correlates with the earlier data stating 82.5% of the workforce in NHS Highland are female.

Sex	No. Applicants	Successful Applicants	Conversion Rate
Female	27502	2323	8.5%
Male	16612	469	2.8%
Not Given	314	19	6.1%
Grand Total	44428	2811	6.3%

4.1.4 Religion or Belief

The conversion rates of applicants from different religions vary between 0.3% for Muslims and 21.6% for Church of Scotland. As previously mentioned, a high number of applications come from oversees (predominantly Africa) which do not meet the visa requirements to work in the UK and therefore their applications are rejected. This may account for the lower conversion rates for Muslim and Christian candidates which are the 2 main religions in Africa. Further analysis is needed to understand the low conversion rate for Hindu applicants.

Religion or Belief	Number of Applicants	Successful Applicants	Conversion Rate
Another Religion or Body	408	68	16.7%
Buddhist	388	12	3.1%
Church of Scotland	1706	368	21.6%
Hindu	1842	5	0.3%
Jewish	19	2	10.5%
Muslim	6478	38	0.6%
None	7456	1594	21.4%
Other - Christian	20209	357	1.8%
Roman Catholic	4303	206	4.8%
Sikh	59	4	6.8%

Not Given	133	1	0.8%
Prefer not to say	1427	156	10.9%

4.1.5 Sexual Orientation

In 2023, candidates were successfully appointed from each of the sexual orientation categories monitored. The conversion rate for candidates who declared themselves as gay/lesbian was more than double that of heterosexual/straight candidates. This suggests that the shortlisting and interview processes appear fair and free from discrimination based on sexual orientation.

Orientation	No. Applicants	Successful Applicants	Conversion Rate
Bi-Sexual	1408	66	4.7%
Gay/Lesbian	472	62	13.1%
Heterosexual/Straight	39692	2547	6.4%
Not Known	133	1	0.8%
Other	599	10	1.7%
Prefer not to say	2124	125	5.9%

4.1.6 Gender Reassignment

As mentioned in Section 3.1.6, the question applicants had to answer relating to gender reassignment on Jobtrain was -

"Have you, are you or do you plan to undergo gender reassignment (changing gender)?"

As this question misrepresented gender transition as a medical exercise, this may have resulted in the applicants choosing "prefer not to say" or not declaring any information. It is not possible to determine which of the applicants choosing these options may have identified as trans or have a trans history and were successfully appointed.

Transgender	No. Applicants	Successful Applicants	Conversion Rate
Yes	233	8	3.4%
No	42256	2694	6.4%
Prefer not to say	331	18	5.4%
Not Declared	1608	91	5.7%

4.1.7 Age

In 2023, people were employed from all the age ranges monitored in NHS Highland. The highest conversion rates were recorded in the 50-65+ age brackets. This can be partly attributed to the NHS retire and return scheme, (145 applications) where existing colleagues could leave their post, access their pension, and then return within 24 hours to their previous post or a new one. A new option was introduced in November 2023 called partial retirement, this affords the staff member the same opportunity to access their pension but there is no need to leave their post and rejoin. When the 2024 report is produced in June 2025 it will be possible to analyse the effect that this new scheme has had on the conversion rates below.

It is positive to note that a high number of under 20 applicants are successful in joining NHS Highland.

Further analysis is needed to understand the lower conversion rates for the 20-44 age brackets.

Age Band	No. Applicants	Successful Applicants	Conversion Rate
<20	647	105	16.2%
20-24	3673	275	7.5%
25-29	12714	367	2.9%
30-34	10005	403	4.0%
35-39	7098	355	5.0%
40-44	4666	338	7.2%
45-49	2099	276	13.2%
50-54	1648	321	19.5%
55-59	1023	237	23.2%
60-64	447	95	21.3%
65+	86	21	24.4%
DOB not given	322	18	5.6%
Grand Total	44428	2811	6.3%

4.1.8 Pregnancy and Maternity

This information is not currently accessible from the National Jobtrain system.

4.1.9 Marriage and Civil Partnership

This information is not currently accessible from the National Jobtrain system.

4.1.10 Leavers

NHS Highland had 902 leavers in 2023.

- 32% related to retirement (289 employees)
- 28% were voluntary leavers (255 employees)
- 20% were defined as Other (186)
- 9% moved to new NHS employment within another Board (84)
- 5% accounted for Fixed Term Contracts ending (47)

A larger proportion of leavers are across Nursing/Midwifery, Medical and Administration Job Families. 102 of 251 Nursing/Midwifery leavers were related to retiral.

There is not currently an automated method of capturing protected characteristics of leavers within NHS Highland, therefore the date is not available to be published in this report. This will be investigated, and a solution sought for the 2024 report due to be published in June 2025.

5 Completion Of Training

The following mandatory training courses have been included in this analysis, based on completion rates as at 31st December 2023:

- Introduction to Equality, Diversity and Human Rights
- Fire Safety
- Hand Hygiene
- Infection Prevention and Control
- Moving and Handling Module A
- Public Protection
- Staying Safe Online
- Why Infection Prevention Matters

Of 13594 employees in eESS as of 31st December 2023, 13514 (99.4%) were successfully matched to training data available in TURAS. Of the matched 13514 employees, 2518 (18.6%) are Bank only.

Figures are shown in each table for all employees and substantive employees (i.e. excluding Bank only employees).

NHS Grampian holds the training information for the Doctors in Training population.

As at 31st December 2023, the completion rates for the whole organisation for the eight mandatory training courses included in this analysis are –

Course Name	Completion Rate
Introduction to Equality, Diversity and Human Rights	74%
Fire Safety	62%
Hand Hygiene	87%
Safe Information Handling	70%
Moving and Handling Module A	66%
Public Protection	66%
Staying Safe Online	45%
Why Infection Prevention Matters	85%

An average overall completion rate for the organisation is 69.3%.

5.1.1 Ethnic Origin

Based on the overall average completion rate given above (69.3%) it is reasonable to suggest the following ethnic groups are falling short of the organisations overall performance –

- Asian - Chinese, Chinese Scottish or Chinese British
- Asian - Indian, Indian Scottish or Indian British
- Asian - Pakistani, Pakistani Scottish or Pakistani British
- Caribbean or Black - Black, Black Scottish or Black British
- Other Ethnic Group - Arab, Arab Scottish or Arab British
- Other Ethnic Group – Other

Further analysis is needed to identify the areas where these colleagues work and understand whether the completion rates are related to their job type, geographical location or something else

such as a language barrier. A solution to investigating this information further will be sought and if successful, results will be included in the 2024 report due to be published in June 2025.

	All Employees		Substantive Employees	
Ethnicity	**Headcount**	**Completion Rate %**	**Headcount**	**Completion Rate%**
African - African, African Scottish or African British	57	64.5	40	70.3
African - Other	28	71.0	26	71.6
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<5	66.7	<5	66.7
Asian - Chinese, Chinese Scottish or Chinese British	18	31.3	11	42.0
Asian - Indian, Indian Scottish or Indian British	64	43.9	55	47
Asian - Other	101	72.4	84	76.6
Asian - Pakistani, Pakistani Scottish or Pakistani British	24	37.5	17	52.9
Caribbean or Black - Black, Black Scottish or Black British	5	57.5	<5	100
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	<5	100	<5	100
Caribbean or Black - Other	<5	0	0	N/A
Mixed or Multiple Ethnic Group	58	61.4	45	69.7
Other Ethnic Group - Arab, Arab Scottish or Arab British	17	50	16	53.1
Other Ethnic Group - Other	19	40.1	18	40.3
White - Gypsy Traveller	<5	87.5	<5	87.5
White - Irish	104	60.1	79	67.9
White – Other	582	67.4	437	74.1
White - Other British	1767	66.7	1345	74.2
White - Polish	87	77.3	70	81.1
White - Scottish	6879	71.2	5624	76.1
Not Declared	2451	67.4	2028	72.9
Prefer not to say	1245	70.4	1093	74.5

5.1.2 Disability

The performance rates for colleagues with a disability is higher than those without.

A review of NHS Highland training modules would be beneficial to ensure that they comply with the standards set out in the Web Content Accessibility Guidelines 2.2. These are an internationally recognised set of recommendations for improving accessibility. They explain how to make digital services, websites, and apps accessible to everyone, including users with impairments to their:

- Vision - like severely sight impaired (blind), sight impaired (partially sighted) or colour blind people.
- Hearing - like people who are deaf or hard of hearing.
- Mobility - like those who find it difficult to use a mouse or keyboard.
- Thinking and understanding - like people with dyslexia, autism or learning difficulties.[3]

	All Employees		Substantive Employees	
Disability	**Headcount**	**Completion Rate %**	**Headcount**	**Completion Rate %**
Yes	175	73.4	144	78.0
No	9474	69.3	7532	75.1
Prefer not to say	180	71.4	1649	74.4
Not Declared	2035	66.5	1671	72.6

5.1.3 Sex (Male or Female)

Both sexes are above the organisational average for completion of training, there is no evidence to suggest discrimination on the grounds of sex when it comes to access to training opportunities.

	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
Sex (male or female)	**Headcount**	**Completion Rate %**	**Headcount**	**Completion Rate%**
Female	11060	70.8	9056	75.4
Male	2454	62.1	1940	70.9

[3] Understanding WCAG 2.2 - Service Manual - GOV.UK (www.gov.uk)

5.1.4 Religion or Belief

Sikh, Hindu, and Muslim colleagues appear to have the lowest completion rates of the various religions or beliefs. Further analysis is needed to identify the areas where these colleagues work and understand whether the completion rates are related to their job type, geographical location or something else such as a language barrier.

	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
Religion or Faith	**Headcount**	**Completion Rate %**	**Headcount**	**Completion Rate %**
Buddhist	33	66.3	31	65.7
Christian - Other	1255	65.7	976	73.0
Church of Scotland	2192	70.3	1828	74.2
Don't Know	2779	67.9	2303	73.5
Hindu	43	40.4	39	44.6
Jewish	6	79.2	5	80.0
Muslim	71	48.9	59	55.9
No Religion	4453	71.5	3517	77.4
Other	199	67.1	152	71.7
Prefer not to say	1600	68.7	1374	73.5
Roman Catholic	877	69.1	706	74.7
Sikh	6	27.1	6	27.1

5.1.5 Sexual Orientation

Colleagues who have declared themselves to be gay or gay/lesbian appear to have a slightly lower than average training completion rate.

	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
Sexual Orientation	**Headcount**	**Completion Rate %**	**Headcount**	**Completion Rate %**
Bisexual	128	69.0	95	78.2
Gay	33	59.8	26	66.8
Gay/Lesbian	80	63.0	59	68.2
Heterosexual	8874	69.8	7080	75.5
Lesbian	24	72.4	21	79.8
Other	29	68.5	25	71.0
Prefer not to say	1927	68.7	1683	72.8
Not Declared	2419	68.0	2007	73.4

5.1.6 Gender Reassignment

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eESS (the Human Resource system) directly to assist in collection of this data.

5.1.7 Age

It is interesting to note that the lower completion rates in the age category are at opposite ends of the scale, the under 20s and over 65s. It could be assumed that those over 65 may have lower levels of digital competency than colleagues in the other age ranges however this cannot be substantiated. Many of the under 20s in the organisation, work in areas such as domestic services, portering and catering. The location of their work means that it can be more challenging to access IT equipment than those who work in an office environment for example. This could be contributing to the lower than average completion rate, however it is worth noting that TURAS modules can be completed on devices such as mobile phones and iPads and perhaps this could provide a solution to the lack of IT infrastructure.

	All Employees		Substantive Employees	
Age Band	**Headcount**	**Completion Rate %**	**Headcount**	**Completion Rate %**
<20	113	62.9	54	64.6
20-24	610	68.8	386	79.7
25-29	1031	70.4	793	76.7
30-34	1332	68.7	1052	75.9
35-39	1404	68.4	1144	75.1
40-44	1495	70.9	1254	75.6
45-49	1500	70.5	1282	75.3
50-54	1934	72.9	1715	76.0
55-59	2018	69.9	1753	73.3
60-64	1441	68.6	1153	73.5
65+	636	53.3	410	61.1

5.1.8 Pregnancy and Maternity

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eESS (the Human Resource system) directly to assist in collection of this data.

5.1.9 Marriage and Civil Partnership

All marital statuses are above the organisational average for completion of training, there is no evidence to suggest discrimination on the grounds of marital status when it comes to access to training opportunities.

	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
Marital Status	**Headcount**	**Completion Rate %**	**Headcount**	**Completion Rate %**
Civil Partnership	169	71.4	122	78.7
Divorced	606	73.2	488	77.7
Married	6953	68.8	5799	73.8
Single	5713	69.3	4533	75.4
Widowed	73	65.6	54	69.2

6 Promotion

The tables on the following pages contain information relating to colleagues who have received an increase to their grade in 2023. Although this information can be indicative of promotion opportunities, it can also be attributed to an increase in grade due to other processes such as a job evaluation outcome or organisational change. Therefore, the information cannot be wholly associated with promotion opportunities and should be read in that context. The figures are for staff on Agenda for Change terms and conditions only and do not include Bank colleagues.

The % of staff with increased grade roughly reflects the composition of the workforce in each category therefore there does not appear to be a suggestion that particular groups are being discriminated against.

6.1.1 Ethnic Origin

Ethnicity	% of Substantive Workforce	% of Staff with Increased Grade
African - African, African Scottish or African British	0.1%	0.19%
African - Other	<0.1%	<0.1%
Asian - Chinese, Chinese Scottish or Chinese British	<0.1%	<0.1%
Asian - Indian, Indian Scottish or Indian British	0.2%	0.3%
Asian - Other	0.7%	1.3%
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.1%	0.1%
Caribbean or Black - Black, Black Scottish or Black British	<0.1%	<0.1%
Don't Know	19.4%	16.6%
Mixed or Multiple Ethnic Group	0.4%	0.5%
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.1%	0.1%
Other Ethnic Group - Other	0.1%	0.1%
Prefer not to say	10.7%	9.8%
White - Gypsy Traveller	<0.1%	0.01%
White - Irish	0.6%	0.6%
White - Other	3.2%	3.7%
White - Other British	11.3%	10.4%
White - Polish	0.4%	0.7%
White - Scottish	52.8%	55.8%

6.1.2 Disability

Disability	% of Substantive Workforce	% of Staff with Increased Grade
Yes	0.9%	0.4%
No	66.6%	71.1%
Don't Know	15.8%	14.6%
Prefer not to say	16.7%	13.8%

6.1.3 Sex (Male or Female)

Sex	% of Substantive Workforce	% of Staff with Increased Grade
Female	84.7%	85.5%
Male	15.3%	14.5%

6.1.4 Religion or Belief

Religion	% of Substantive Workforce	% of Staff with Increased Grade
Buddhist	0.1%	0.1%
Christian - Other	8.0%	7.3%
Church of Scotland	18.2%	15.4%
Don't Know	22.3%	20.0%
Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.2%	0.3%
No Religion	30.3%	34.5%
Other	1.2%	1.1%
Prefer not to say	13.1%	12.7%
Roman Catholic	6.4%	8.4%

6.1.5 Sexual Orientation

Sexual Orientation	% of Substantive Workforce	% of Staff with Increased Grade
Bisexual	0.6%	0.9%
Don't Know	19.3%	16.2%
Gay	0.2%	0.5%
Gay/Lesbian	0.3%	0.8%
Heterosexual	62.8%	66.3%
Lesbian	0.2%	0.3%
Other	0.2%	0.3%
Prefer not to say	16.4%	14.8%

6.1.6 Gender Reassignment

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eESS (the Human Resource system) directly to assist in collection of this data.

6.1.7 Age

Age	% of Substantive Workforce	% of Staff with Increased Grade
Under 20	0.13%	0.47%
20 - 24	2.65%	4.97%
25 - 29	6.76%	10.12%
30 - 34	9.65%	13.78%
35 - 39	10.16%	10.31%
40 - 44	11.15%	12.09%
45 - 49	11.57%	10.97%
50 - 54	16.01%	15.28%
55 - 59	16.66%	12.37%
60 - 64	11.44%	7.87%
65+	3.82%	1.78%

6.1.8 Pregnancy and Maternity

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eESS (the Human Resource system) directly to assist in collection of this data.

6.1.9 Marriage and Civil Partnership

Marital Status	% of Substantive Workforce	% of Staff with Increased Grade
Civil Partnership	0.8%	1.5%
Divorced	4.7%	4.2%
Married	53.6%	48.8%
Single	40.5%	45.1%
Widowed	0.5%	0.4%

7 Conclusion

It is important to acknowledge that collecting workforce data provides evidence to support Equality Outcomes and targeted actions to have "due regard" to the Public Equality Duty defined in the Equality Act 2010, Part 11, Chapter 1, Section 149:

(a) Eliminate discrimination, harassment, victimization and any other conduct that is prohibited under the Act;

(b) Advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it;

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The NHS Highland Workforce Monitoring Report 2024, shows that:

- NHS Highland is a fair and equitable employer in terms of the nine protected characteristics with areas for further improvement identified.
- The data gathered fulfils our duty to report the requirements set out in the Equality Act 2010 General Duty and the Specific Duties Scotland Regulations 2012.
- The diversity data showed proportionate promotion and completion of training in all protected characteristics. This indicates an equal opportunities employer and promoting a non-discriminatory workplace.
- The diversity data provided is a tool to monitor impact and outcome for different groups of employees. It helps identify current and future needs and possible inequalities.
- Any gaps identified may be investigated to understand causes and solutions.

Some significant difficulties remain with having to work with different employee systems to extract data relating to the protected characteristics profile of the NHS Highland workforce. In an acknowledgement of the limitations on the currently available data for this report, gaps have been identified and remedial actions will be developed through the newly formed Equality, Diversity, and Inclusion Oversight Group.

NHS Highland will continue to work on improving the quality of data collected which will -

- Enable a more complete evidence-based approach to developing Equality Outcomes for 2025-2029.
- Contribute to the development of an Equality, Diversity, and Inclusion Strategy for the organisation.

- Enable more areas to be reported on in future Workforce Monitoring Reports, including leavers data and employee relations cases linked to protected characteristics.
- Support the development of an Employability and Health and Wellbeing Strategy for the organisation.
- Provide supporting evidence as to how EDI practices are mainstreamed within NHS Highland
- Aid the establishment of Staff Networks ensuring that staff with protected characteristics are supported within the organisation.

This is not an exhaustive list, NHS Highland will continue to review workforce data and identify how the organisation can improve the experience of staff with protected characteristics.

8 Equal Pay Statement

In compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Highland produced an Equality Outcomes and Mainstreaming Report in 2021. This contains an Equal Pay Statement on Page 32 and is available on the NHS Highland website at:

NHS Highland Equality Outcomes and Mainstreaming Report 2021-2025 (scot.nhs.uk)

9 Recommendations

The NHS Highland Workforce Monitoring Report is a publication that can encourage better evidence-informed decision making with increased transparency and accountability that will lead to a real change. The NHS Highland Staff Governance Committee will be asked to endorse the content of the report.

10 Publicising The Report

The Workforce Monitoring Report 2024 will be submitted to the NHS Highland Area Partnership Forum and the NHS Highland Staff Governance Committee for approval. The report will be available on the NHS Highland website once approved.

11 Comments and Feedback

All comments on the report will be warmly welcomed.

By email to: nhsh.nhshcommunications@nhs.scot

By post to:

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12 Acknowledgements

Grateful thanks are expressed to the many staff who assisted in the compilation of this report –

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- Iain McDiarmid, Workforce Planning Manager
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Report written by:

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Corporate Services
NHS Highland
June 2024

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 July 2024**
Title:	**Implementing the Blueprint for Good Governance Improvement Plan**
Responsible Executive/Non-Executive:	**Sarah Compton Bishop, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Assurance

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

This report provides the Board with a progress update on delivery of the actions included in the Board's Blueprint for Good Governance Improvement Plan. The Plan was agreed by the Board in July 2023.

2.2 Background

From January to May 2023, the Board was engaged in a self-assessment of its governance against the terms of DL (2022)38, NHS Health Boards and Special Health Boards Blueprint for Good Governance, published in December 2022. The self-assessment involved a detailed survey against the Blueprint functions, and a series of Board development sessions culminating

in the agreement of the Board's Improvement Plan in July 2023. The Improvement Plan is a key element of implementing the arrangements of the NHS Scotland Blueprint for Good Governance.

The Board agreed in July 2023 that the ownership of the Plan would sit with the Board, with governance Committees having informal oversight of progress in delivering the improvement actions. Informal Committee oversight has taken place during the November 2023 and May 2024 cycles of Committee meetings.

2.3 Assessment

The key themes emerging from the self-assessment exercise were Performance, Finance and Best Value, Risk, Culture, Quality, Board members' development, SBAR development, and Engagement. **Appendix A** to this report provides the Board with an outline of progress on delivery of the whole Improvement Plan throughout the last year of implementation. There has been significant progress against all actions, however it must be recognised that several have long-term organisation-wide trajectories and will therefore continue beyond the first year of the plan.

The plan contains 17 actions in total of which nine are now proposed to be closed and marked as complete. The appendix to this report is the full Improvement Plan recording the intended outcomes of all the actions and all progress information. A colour coded system assists with assessment of progress.

The following provides brief commentary on actions with longer-term organisation-wide trajectories and on which significant progress has been made.

Risk
Reviewing and revising organisational controls in line with the risk appetite and cascading associated organisational training will be ongoing activity that will extend beyond the end of 2024.

Culture
Culture Oversight Group has made significant progress in initiating and pursuing all areas of its work. The group continues to oversee delivery of the leadership and culture framework on which good progress has been being made with a refreshed leadership and development programme now in place. Phase two has commenced with a focus on developing our learning system and considering cohort training for key groups of managers. Staff Engagement work is progressing and will be reported on late in 2024-2025.

The People and Culture Portfolio Board is now established with regular reporting to Area Partnership Forum and Staff Governance Committee.

Quality of Care
This area of work will extend beyond the lifespan of the Improvement Plan. Feedback from a joint ACF and Board session in April 2024 has helped shape this workstream. Work is now underway to review how the organisation is currently working prior to introducing a framework through a measured and planned approach. Patient feedback and experience will be included in the framework dataset and the work is being benchmarked against the approaches other Boards have taken.

Assurance and future oversight

A substantial level of assurance is proposed for the progress made on the Improvement Plan. This is proposed on the basis that the Improvement Plan sits within a robust framework of control and agreed oversight, and significant progress has been evidenced against the actions. Actions

that will extend beyond the lifespan of the Improvement Plan will continue to be overseen by Governance Committees and the Board.

It is proposed, therefore, that governance Committees should continue to informally oversee the outstanding actions, all of which involve long-term activity with organisation-wide impacts. A further update on progress with these actions will be considered by the Board on a six-monthly basis.

Future evaluation against the Blueprint for Good Governance

The Blueprint sets out three levels of Board governance evaluation according to the following:

- Appraisal of Board Members' individual performance
- Self-assessment of the Board's effectiveness
- External review of the organisation's governance arrangement

Board Self-Assessment

The Blueprint for Good Governance states that NHS Boards should review their effectiveness and identify any new issues and concerns on an annual basis. Scottish Government have advised that Boards are likely to be invited to undertake the nationally administered self-evaluation survey in May 2025 and every other year thereafter. Boards will be asked to oversee and monitor progress against the resulting improvement plans in the intervening years. Further details on this arrangement will be provided to the Board once Scottish Government's intentions are finally determined.

In addition to the timetabled activities described above, ongoing consideration is given to the effectiveness of governance arrangements by the Executive team, Board Chair, Vice Chair and Committee Chairs. Recognising increasing pressures on the organisation and staff, and the need to efficiently scrutinise large quantities of information, the concept of 'Frugal Governance' offers an approach which supports the reduction of duplication and more efficient use of committee time. Following agreement at the January Committee Chairs meeting, further research will be carried out to identify which elements of frugal governance could be applied in NHS Highland to further enable delivery of our Governance Improvements Plan and uphold the standards as described in the Blueprint for Good Governance.

External Review

To enhance and validate the self-assessments, external evaluation of all NHS Boards' corporate governance arrangements will be undertaken in due course. Details of this will be shared with the Board once known.

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. However, the proposals will enable a more diverse range of skills and experience to be developed within the membership of the Board.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Board members.

3.9 Route to the Meeting

The subject of this report has built on the Blueprint Improvement plan agreed by the Board in July 2023 with a six-month update having been considered in January 2024 for assurance. Governance Committees provided informal oversight of the individual actions during November 2023 and May 2024. The report has been considered by the Board Chair, Vice Chair, Chief Executive, Deputy Chief Executive, and the Board Secretary.

4 Recommendation

The Board is asked to:

(a) take **substantial assurance** from the report and Appendix A,
(b) **note** that informal oversight of delivery of the improvement plan will continue to be undertaken by the Chairs Group and Governance Committees for outstanding longer-term actions during the November 2024 cycle of meetings, and
(c) **note** that a further progress update will be submitted to the Board in January 2025.

4.1 List of appendices

- Appendix A – Excel Blueprint for Good Governance Improvement Plan 2023

NHS Highland

NHS Highland
na Gàidhealtachd

Meeting: **NHS Highland Board**

Meeting date: **30 July 2024**

Title: **Review of Committee Memberships**

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

This report outlines proposals for changes to Governance Committee memberships for the Board's approval.

2.2 Background

At the meeting in January 2024, the Board revised the membership of its Governance Committees to maximise the contribution and experience of Board members.

This report invites the Board to agree further changes to Committee Non-Executive memberships to prepare for vacancies that will occur during 2024 and 2025. The intention is to direct existing and emerging skills effectively across governance committees. The report outlines a two staged approach to the sequencing of the proposed changes.

2.3 Assessment

Anticipated changes in Non-Executive Board membership during 2024 will create the following vacancies:

1. Audit Committee (Chair and Vice Chair positions)
2. Argyll and Bute Integration Joint Board (member vacancy)
3. Clinical Governance Committee (one vacancy)
4. Endowment Committee (one vacancy)
5. Pharmacy Practices Committee (2 vacancies)

There will be further changes in Non-Executive Board membership in 2025. Public Appointments Scotland will recruit two Non-Executive Board members towards the end of 2024 to fill up-coming vacancies.

The following provides a description of the proposed staged approach to changes to Committee memberships throughout the year:

With effect from 1 August 2024

Finance, Resources and Performance Committee

- Steve Walsh to become a member.
- Ann Clark to discontinue membership.

Clinical Governance Committee

- Karen Leach to become a member.
- Gaener Rodger to discontinue membership.

Endowment Committee

- Garret Corner to become a member.
- Gaener Rodger to discontinue membership.

Pharmacy Practices Committee

- Garret Corner to become a member.
- Karen Leach to become a member.
- Gaener Rodger to discontinue membership.

With Effect from 1 October 2024

Audit Committee

- Gaener Rodger leaves the Board.
- Garret Corner to cease Committee membership.
- Susan Ringwood to move to Chair the Committee.
- Emily Woolard to take up formal membership and the Vice Chair role.
- Bert Donald to become a member.

Gaener Rodger currently holds the position of Environment and Sustainability Champion. Gerry O'Brien has expressed an interest in taking on this role once Gaener leaves the Board.

Gaener Rodger has also acted as the Board's Counter Fraud Champion in her capacity as Chair of Audit Committee. Scottish Government strategy to combat NHS fraud states that the Counter Fraud Champion explains that this position can be filled by either a senior executive reporting to the Chief Executive, or a Non-Executive Director such as the Chair of Audit Committee. Given the anticipated changes to the Audit Committee chair position over the coming months, Heledd Cooper has agreed to take over the Counter Fraud Champion role in the interim until a longer-term Committee Chair is in place. The role will revert to being undertaken by the Audit Committee Chair in due course.

The Board's representation on the Highland Community Planning Partnership Board is also proposed to change from Ann Clark to Sarah Compton Bishop with immediate effect.

There will be further revisions to Committee memberships in early 2025 addressing additional anticipated changes in the Board's make-up. The next report will propose a permanent Chair of Audit Committee and an appointment to fill an anticipated vacancy on Argyll and Bute IJB. It is expected that Public Appointment Scotland will have appointed two more Non-Exectuvie Board Members by this time.

Appendix 1 highlights the changes to Committee memberships listed in this report and indicates when they will take effect.
Appendix 2 shows the remaining appointments to groups etc. which remain unchanged.

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. However, it is hoped that the proposals will enable a more diverse range of skills and experience are directed to our Governance Committees.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

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

4 Recommendation

The Board is asked to **agree:**

a) the changes to Committee memberships designed to take effect from 1 August and 1 October 2024

b) to appoint Gerry O'Brien as the Board's Environment and Sustainability Champion from 1 October 2024,
c) 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, and
d) that Sarah Compton Bishop replace Ann Clark on the Highland Community Planning Partnership Board with immediate effect.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 Committee membership changes shown highlighted
- Appendix 2 Other Board appointments which remain unchanged.

Appendix 1

Names added	Names removed

Changes to Committee Memberships from 1 August 2024

Committee	Changed Membership
Finance, Performance and Resources Committee **Five non-Executives**	• Alex Anderson - Chair • Graham Bell - V Chair • Gerry O'Brien • Garrett Corner • ~~Ann Clark~~ • Steve Walsh •
Clinical Governance Committee **Four non-Executives** ***And*** **Chair ACF**	• Alasdair Christie – Chair • Joanne McCoy – V Chair • ~~Gaener Rodger~~ • Karen Leach • Muriel Cockburn • Catriona Sinclair, ACF Chair
Endowment Funds Committee **Five non-Executives**	• Philip MacRae - Chair • Elspeth Caithness (Employee Director) • Joanne McCoy • Alasdair Christie • Garret Corner • ~~Gaener Rodger~~ •
Pharmacy Practices Committee **At least two trained Non-Executives**	• Ann Clark (Chair) • Susan Ringwood • Joane McCoy • Garret Corner • Karen Leach • ~~Gaener Rodger~~

Changes to Committee Membership from 1 October 2024

Committee	Changed Membership
Audit Committee **Five non-Executives**	• ~~Gaener Rodger – Chair~~ • Susan Ringwood - Chair • Emily Woolard V Chair • Alasdair Christie • Alex Anderson • ~~Garret Corner~~ • Bert Donald

Change to Community Planning Partnership Board with immediate effect

Highland Community Planning Board	~~Ann Clark~~ Sarah Compton Bishop

Appendix 2

Memberships of other Committees etc. remaining unchanged.

Committee	Current Membership
HHSCC **Five non-Executives** ***including*** **The Highland Council nominated appointee to the Board**	• Gerry O'Brien - Chair • Philip MacRae - V Chair • Ann Clark • Joanne McCoy • Muriel Cockburn
Staff Governance Committee **Four non-Executives** ***And*** **Employee Director**	• Ann Clark – Chair • Philip MacRae – V Chair • Bert Donald • Steve Walsh • Elspeth Caithness (Employee Director)
Remuneration Committee **Five non-Executives *including* Board Chair, Vice Chair and Employee Director**	• Ann Clark - Chair • Bert Donald - V Chair • Sarah Compton Bishop • Gerry O'Brien • Elspeth Caithness (Employee Director)

Highland Health and Social Care Partnership Joint Monitoring Committee

• Four Non-Executive Directors	• Sarah Compton Bishop (Co-Chair) • Ann Clark • Gerry O'Brien • Alex Anderson
• **Director of Finance**	• Heledd Cooper
• **A registered medical practitioner** whose name is included in the list of primary medical services performers prepared by the Health Board**;**	• Tim Allison
• **A registered nurse** who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;	• Louise Bussell
• **A registered medical practitioner** employed by the Health Board **and not providing primary medical services;**	• Tim Allison
• **Staff representative**	• Elspeth Caithness
• **Chief Executive**	• Fiona Davies
• **Chief Officer**	• Pam Cremin

Memberships of other Groups etc.

The Highland Council Health, Social Care and Wellbeing Committee	• Tim Allison • Louise Bussell

Highland Community Planning Partnership Core membership as described in the ToR: One Non-Executive Board Member, Chief Executive, Director of Public Health **Public Protection Chief Officers Group** Chief Executive of NHS Highland Director of Nursing	 • Ann Clark • Fiona Davies • Tim Allison • Fiona Davies • Louise Bussell

Mid Ross Local Community Partnership	• Philip MacRae
Badenoch & Strathspey Local Cty Partnership	• Boyd Peters
Argyll and Bute Community Planning Board **A&B Public Protection Chief Officers Group**	• Evan Beswick as CO IJB • Alison McGrory, Public Health • Graham Bell • Evan Beswick • Liz Higgins Assoc Nurse Director • Jillian Torrens, Head Adult Services • John Owen Public Health

Operational Groups

Caithness Redesign Project Board	• Alex Anderson • Ann Clark
Lochaber Redesign Project Board	• Gerry O'Brien • Graham Bell

The Board has previously agreed the following additional payments:

Position	**Additional payment**
Board Vice Chair	4 extra days per month
Chair Highland Health & Social Care Committee Chair/Vice Chair of Argyll and Bute IJB	3 extra days per month 3 extra days per month
Chairs of the following Governance Committees: • Audit • Clinical Governance • Staff Governance • Finance, Resources and Performance	1 extra day per month each

Where a Non-Executive Director undertakes more than one role, only one additional payment would be made, however the payment would be at the higher rate if there was any discrepancy.

Membership of Committees of Argyll and Bute IJB

Board members also sit on several Groups and Committees associated with the IJB.

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

	Audit and Risk Committee	**Strategic Planning Group**	**Clinical & Care Governance Committee**	**Finance and Policy Committee**	**Argyll and Bute Community Planning Partnership**
Graham Bell			Chair	Member	Representative of the IJB
Susan Ringwood	Vice Chair				
Karen Leach		Member	Member	Member	
Emily Woolard	Member				

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**05 July 2024 at 9.30 am**

Present	Alexander Anderson, Chair Graham Bell, Vice Chair Ann Clark, Non-Executive Director (from 10.30am) Sarah Compton-Bishop, Board Chair Heledd Cooper, Director of Finance Garret Corner, Non-Executive Director Richard MacDonald, Director of Estates, Facilities and Capital Planning Gerard O'Brien, Non-Executive Director David Park, Deputy Chief Executive
In Attendance	Natalie Booth, Committee Administrator (from 10.45am) Lorraine Cowie, Head of Strategy and Transformation Pamela Cremin, Chief Officer, Highland HSCP Brian Mitchell, Committee Administrator Andrew Nealis, Information Governance and IT Security Manager Katherine Sutton, Chief Officer Acute Elaine Ward, Deputy Director of Finance

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from Committee members T Allison, L Bussell, and F Davies.

Apologies were also received from non-members E Beswick and I Ross.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Meeting held on Friday, 14 June 2024, Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 14 June 2024 was **Approved,** subject to the Record of Attendance being amended to record Sarah Compton-Bishop had submitted her Apologies. The Committee further **Noted** the revised Rolling Action Plan and Committee Work Plan 2024/25.

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

The Deputy Director of Finance spoke to the circulated report that detailed the NHS Highland financial position as at end Month 2, advising the Year-to-Date (YTD) Revenue over spend amounted to £17.364m, with the forecast overspend set to increase to £50.682m as at 31 March 2025. Potential brokerage had been capped at £28.4m and the year-end forecast assumed those cost reductions/improvements identified through value and efficiency workstreams would be achieved and that support would be available to balance the Adult Social Care position at the end of the financial year. The circulated report further outlined the underlying data relating to Summary Funding and Expenditure, noting Scottish Government commitment to releasing 80% of allocations by the end of Quarter 1. There had been no funding received in relation to the 2024/2025 pay award. Notification had been received as to the NHS Highland share of non-recurrent funding for New Medicines. Specific detailed updates were 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; Supplementary Staffing; Subjective Analysis; and Capital Spend.

The Director of Finance then shared a brief presentation in relation to the work of the Value and Efficiency Group, including relevant process development activity. Planned savings were outlined, by area and by Executive Lead, noting potential opportunities existed for further savings activity to be developed and progressed.

The circulated report proposed the Committee take **Limited** Assurance, for the reason stated.

The following matters were discussed:

- Adult Social Care Quantum and Additional Allocations. Advised current reported position had been based on a carry forward of the corresponding position at end October 2023. The overall quantum had yet to be formally agreed. Once the Highland Council funding and budget had been agreed, a potential additional sum allocation may emerge. Discussion was ongoing with Highland Council.
- Engagement with Scottish Government. Stated Delivery of credible and deliverable plans was a priority for Scottish Government. Advised quarterly reporting would be in person, with notification having been received in relation to the financial aspect of the relevant NHS Board escalation framework and process. NHS Highland was at Level Three. Scottish Government continued to promote the 15 Box Grid approach, looking at one or two specific datasets each month (i.e. Junior Doctor Compliance/Clinical Waste) and discussing these with the national Chief Executives Group through associated benchmarking activity. Further discussion to take place with Scottish Government in relation to Choices activity.
- 15 Box Grid Monitoring. Advised NHS Boards not explicitly directed to monitor although in NHS Highland associated workstreams did cover all 15 elements. Agreed to report to Committee on these on a quarterly basis.
- Overall Reported Position. View expressed the forecast year end position was optimistic, noting £22m financial gap from brokerage and a disappointing position in relation to use of Supplementary Staffing. Stated outturn position at Month 3 would be critical in terms of messaging to NHS Board and Scottish Government.
- Savings Level Across HSCP Area. Noted level of savings achieved against that in Argyll and Bute. Relevant forecast planning detail was requested, moving forward.
- Progress on Value and Efficiency/STAG/Choices Activity. A number of plans were available to be progressed. Value and Efficiency workstreams being prioritised and need for further support recognised. Advised Adult Social Care cost reduction plan developed, agreed with Highland Council, and to be presented to the Highland Health and Social Care Committee the following week. Application to be made to the Highland Council Transformation Fund in respect of Technology Enabled Care (TEC) activity. To meet with Highland Council Corporate Management Team, again the following week and would discuss cost reduction plans.

- Supplementary Staffing (Value and Efficiency). Noted a number of references to reducing spend on this area and sought further detail on associated planned activity, with a view to taking appropriate assurance. Advised activity was mostly related to rota management, aspects around staff engagement, and moving from Agency to Bank staff where possible. A number of technical aspects were under active consideration.
- Value and Efficiency. Advised opportunities within individual areas would be progressed on a risk-based approach. Much of the work related to business-as-usual activity. Clinical and managerial support involved to help drive activity forward where appropriate. Savings estimations will be updated as activity was progressed.
- Funding Assumptions. Questioned if these were built in to existing forecasts. Stated further detail on this aspect would further help members to understand the relevant risk.
- Learning Disabilities Forecast. Noting the forecast deficit position, detail of associated specific actions requested for future updates. Advised members as to a number of efficiency initiatives being developed for taking forward, including on TEC.
- Older Adults Care at Home. Noted forecast deficit position for financial year end and sought greater detail. Advised budget positions and trajectories would not reflect activity until such time as plans became better defined.
- Holding Managers to Account for Financial Budgets. Questioned if impacting on current savings plan activity. Advised Value and Efficiency Group meeting every two weeks, with relevant Executives present. Individual groups attend to present on high-risk area elements and are expected to show progress accordingly. Performance Reviews also in place.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** to receive quarterly updates on workstreams and relevant 15 Box Grid elements.
- **Agreed** to take **Limited** assurance.

3 Capital Asset Management Updates

The Director of Estates, Facilities and Capital Planning spoke to the circulated report and provided a brief presentation, advising half of the departmental capital budget had been released to enable procurement to commence. Progress against spend was being monitored on a monthly basis through monthly monitoring reports, monthly one to one meetings with budget holders and through the Capital Asset Management Group (CAMG). At the end of month three, a further quarter of the departmental budget would be released if adequate assurance had been provided. As at month two, the year to date spend was £709, 941 with most of the expenditure within Estates. An update was also provided on three current Capital Projects relating to ACT accommodation, Grantown Health Centre Refurbishment and EV Charger Installation. Full details of expenditure were further detailed in the report. There had also been circulated Minute of Meeting of the Capital Asset Management Group held on 22 May 2024. The circulated report proposed the Committee take **Moderate** Assurance, for the reason stated.

The following was discussed:

- Capital Asset Management Group. Reference made as to number of areas of concern discussed under AOCB Item. Advised change of process had impacted on associated reporting. Large maintenance backlog noted, with large number requests coming through. Strong governance arrangements in place, with contingency available to address urgent requests.
- Business Continuity Planning. Advised Backlog Maintenance Plan was in development and would be submitted to the Committee later in 2024. Increased risk management process now in place, with Very High and High risk items monitored on monthly basis.

- Partnership Working/Sharing Facilities. Sought update on how this was progressed when looking at individual projects. Advised high level discussions were taking place with strategic partners and this aspect had been included within the Strategic Capital Plan. Relevant Accommodation Groups (Corporate, Acute and Community) had been established to consider any proposals relating to relevant accommodation matters. A process was in place and discussion with external partners was continuing. An agreement had been reached with Highland Council to share detail of property portfolios. Highland Sector Property Group to be re-established, in association with partners. Discussion currently underway with Police Scotland with view to moving number of NHS staff.
- Raigmore Maternity and NHS Grampian Activity. Questioned if opportunities for utilising existing funding package had been considered. Advised relevant impact assessments relating to elements of the Highland Business Case (on critical path for Moray Maternity arrangements) completed, with associated Programme Board continuing to meet under the Chairmanship of Chief Officer for Acute Services. Time critical patient transfers were continuing. Physical capacity and staffing issues remained challenging, with a requirement to pause and reflect on the current position across Obstetrics and Gynaecology Services both recognised and agreed. This wider position was in the process of being re-assessed in terms of Highland priorities. Best Start activity was progressing well, with recent success in recruitment of a number of Midwives.
- Raigmore Fire Compartmentalisation Work. Advised total allocation for 2024/2025 in the sum of £750k-£800k, with work on current phase expected to be complete by calendar year end. Relevant Risk Register entry had been updated to reflect the current position.

After further discussion, the Committee:

- **Noted** the position on the allocation and delivery of the Capital Formula Spend delivered through NHS Highland's Asset Management Group.
- **Agreed** to provide further detail on discussions with partner agencies in relation to potential for sharing of facilities to a future meeting.
- **Agreed** to take **Moderate** assurance.

4 Integrated Performance Report

Speaking to the circulated report, the Head of Strategy and Transformation highlighted the additional areas to be added to IPQR to reflect the revisions made to the Highland Health and Social Care Partnership IPQR as follows:

- Where previously only Covid Vaccinations had been reported, this would be expanded to include Dementia Indicators and Long-term Conditions.
- Palliative and End-of-life Care would be reported annually.
- The CAMHS trajectories would be included prior to going to Board in September.
- Reporting on NDAS services would be broken down further for improved understanding as this was currently based on demand.
- Cancer activity would be broken down further.
- Additional Public Health Indicators were being scoped as currently only ABIs and Smoking were included.
- Community Services would be included as currently only reported in the Partnership.
- Primary Care would also be included at points in time for assurance and there would be a meeting the following week to discuss Dental.

Within the IPQR itself, the Executive Summary of Performance now included all areas being reported as well as the Planned Care trajectories, which had been agreed with Scottish Government, and further trajectories would be included as they were agreed. There had been an overall decrease in performance from the previous month and where ADP targets had not been met, these had been highlighted up to April 2024.

In discussion:

- Concern expressed over the downward trend of the IPQR and about confidence in the trajectory for Outpatients which now appeared flat, compared to the previously steep upward trend.
- The Head of Strategy and Transformation emphasised trajectories had been developed through integrated service planning, based on baseline resources. Although they appeared flat, performance meetings tracked fluctuations and services received weekly data to address any shortfalls promptly. Along with Jane Buckley, time had been spent with service managers to ensure understanding and to set expectations. Members were also advised referrals had stabilised considerably and work was being considered around how to decrease the long waits at the tail-end.
- The Chief Officer (Acute) discussed a strategic initiative to improve outpatient services, noting the current approach had not changed for a long time. Initial insights from Clinical Directors were being developed into a framework, with plans to engage GPs and understand patient expectations. Efforts included optimising physical capacity and diversifying the workforce. This included relocating the sexual health service to the RNI Community Hospital to create more space for Dermatology, allowing an additional 1300 patients to be seen. Also highlighted the receipt of £30 million in government funding to reduce waiting lists for various specialties, emphasising the importance of delivering results to maintain credibility/prevent programme drift, despite potential challenges like unexpected staff absences.
- It was suggested, given the Whole Family Wellbeing approach being implemented within the Partnership, it might be worth considering how the funding for Community Adult Mental Health and for Community Children's Services interacted.
- The Board Chair shared positive feedback about the use of OPEL from a recent visit to Raigmore and, regarding ED performance, advised that low staff morale gave a strong indication of the whole system being under pressure.

The Depute Chief Executive then provided an update on Vaccinations as follows:

- Following Public Health Scotland's recent supported review, the report was now available and would be shared with the Vaccination Programme Group and Clinical Governance Committee. Some of the feedback had already been incorporated into a programmed structure of change, with the Vaccination Improvement Group Programme Board having met. An action plan to improve the current model of delivery was progressing.
- A proposed Options Appraisal had been informally agreed with GP Sub-committee, LMC and BMA. A Short Life Working Group, established to move this forward, met for the first time the previous day with an estimated 6-week timeframe to submit to Government for review. It was hoped the planned target of operating a new model of delivery by October 2024 was achievable and the importance of the current improvement plans were highlighted as an essential step towards this.
- It was understood a visit from Cabinet Secretaries was planned and reporting to various other external organisations on Vaccination Compliance and Uptake was ongoing.
- In response to members' queries around the involvement of patients' views in terms of vaccinations, it was advised there were three specific areas in the Improvement Plan which looked at understanding patient experience to date; how this could be reviewed; and how it could be adopted.

After discussion, the Committee:

- **Noted** the level of performance across the system.
- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.
- **Agreed** to take **Limited** assurance**.**

5 NHSH Board Risk Register – Risks Reporting to FRP Committee

Speaking to the circulated report, the Head of Strategy and Transformation highlighted an additional risk related to the financial position had been added to the risk register for FRP. Most risks remained ongoing due to their recent addition. Progress had been ongoing to review digital risks that were part of the corporate risk register. Specific mitigating actions were added for risk 1097. A new risk (numbered 1255) had been updated to align with the current year's Annual Delivery Plan, focused on value, efficiency, and integrated service planning. It had also included risks related to backlog maintenance and PFI transfer. Additionally, substantial assurance was being offered regarding the risk management process, and DATIX usage was being closely monitored.

- Members noted risk 1279, which related to social care finances, was missing from the SBAR but was showing on DATIX. The Head of Strategy and Transformation had advised further narrative would be provided to members for that particular risk.
- Members expressed concerns about the fire compartmentation risk rating and the lack of consistency in recording those through the risk register. The Director of Estates advised a recent presentation on fire management within the organisation had been presented to the Health and Safety Committee. With the establishment of a dedicated Fire Safety Group, it was anticipated there would be a reduction of fire risks, bringing them down to an acceptable level through a comprehensive fire safety plan.
- Members sought clarity on the key focus of the backlog maintenance risk. The Director of Estates advised the business continuity investment plan would highlight significant and high risks. The escalation of the risks would be overseen by the Capital Management Group, and it was anticipated progress on backlog maintenance over the next two quarters.
- The Director of Estates noted Private Finance Initiatives (PFI) were a year away from handover, but negotiations with PFI providers would continue. Progress had been made with implementing risk mitigations. There would be monthly PFI Programme Boards going forward while navigating the evolving situation regarding financial aspects of the handover.
- The Head of Strategy and Transformation advised the risk monitoring process was under review with a particular focus on risks transitioning from level one to level two risk registers. She also highlighted that the Annual Delivery Plan for 2024-25 risks had been divided into two categories: in-year deliverables and finances, and the longer-term changes needed for the system. This was to reflect strategic risks and the medium-term plan.

After discussion, the Committee:

- **Examined** and **considered** evidence provided in the circulated report.
- **Agreed** to take **Substantial** assurance of compliance with legislation, policy, and Board objectives.

6 Resilience Update

The Head of Resilience spoke to the circulated report and highlighted the following:

- Paragraph 2.3 provided assurance the work on Resilience was driven and supported by significant legislation and regulations and was highly collaborative at local, regional and national levels.
- Board internal structures were working well, supported by the streamlining of governance with the Sector Resilience Groups being supported by the Resilience Committee.
- The primary ongoing work was a review of the current approach to continuity planning. A series of Service Impact Assessments and a new template structure were being rolled out to help services consider what they would do if things went seriously wrong.

- Wider work on resilience was focused on a two-year review of the Civil Contingencies Risks and a significant challenge was the difference in approaches taken by Resilience Partnerships in the North and West areas. All major incidents were being planned for.
- The biggest risk was a failure of the National Electricity Transmission Service (NETS) which involved planning for service delivery with no electricity for 7 days and interrupted supply for a further 4-5 days. Other major risks were Pandemic Flu, Vehicle Borne Devices and Severe Weather.
- Paragraphs 2.4.4 and 2.5 outlined the incidents responded to over the past 12 months and significant challenges included storms, loss of digital infrastructure and challenges with concrete.
- Paragraph 2.4.6 described Exercise Safe Hands Free, the first national test of a Major Incident Mass Casualties (MIMC) in Scotland. A debrief was being written and this would inform the new National Plan. Meanwhile, the North of Scotland Health Boards were working together to produce a Concept of Operations which was expected to be complete within the next 4 months.
- Colleagues work in responding to incidents over the past year was commended, with people working overnight and during weekends and holidays.

In discussion:

- Members commended the work undertaken on this and particular praise was given for the good relationships built with partners and external organisations in its facilitation.
- In terms of Continuity Plans completion, whilst there was a gap, the process of getting these in place was ongoing. Assurance was given that when things go wrong, teams did respond.
- Nuclear risk was briefly discussed, and upcoming exercises were noted as: Exercise, Evening Star at Faslane, and Exercise Highport at Poolewe which would take place on 22 August and 19 September 2024. While highlighted as more of a perceived risk than an actual risk, the Head of Resilience agreed to bring a report to the next meeting from the workshops currently being held with the military.

The Committee:

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

7 Digital Health and Care Strategy Update

Speaking to the circulated NHS Highland Digital Delivery Plan 2024/25, the Head of e-Health highlighted the following:

- National requests had been received to support the roll-out of e-mail addresses to Community Optometrists.
- Finalisation of the Digital Delivery Plan 2024-25 was progressing, encompassing the Annual Delivery Plan, Value & Efficiency workstreams, and Together We Care Strategy.
- A focus of the plan was to deliver digital solutions for the electronic patient record (EPR), along with the necessary support programmes to ensure a successful implementation across primary, community, secondary or hospital, and social care sectors.
- In Primary Care, 91 General Practices would be upgraded to the latest version of Vision as part of a national programme. This upgrade would include a document management system and would establish a unified approach for GPs to deliver services from a digital perspective across Scotland.
- In Community Care, implementation of the Eclipse and Morse systems were underway in Argyll and Bute, and North Highland to enable all community staff to access a digital solution, facilitating cross-sector data sharing through the care portal.

- For Secondary Care, the national contract plans to expand the existing TrakCare system and implement the electronic patient record functionality to all hospitals in the Board area.
- E-health were supporting the procurement of a new social care digital system in the Highland Council area.
- Support would be available to upskill staff to ensure they have the knowledge and skills to work comfortably within a digital clinical environment.
- Upgrades to the Scottish Wide Area Network (SWAN) were planned, to support the implementation of digital solutions. NHS Highland would need to be upgraded to SWAN2.
- Other core activities within the plan had included the replacement of the national Picture Archiving Communication System (PACS) with a new national provider that will be cloud hosted. The upgrading of the chemotherapy solution (Chemocare) would continue to deliver a new cloud hosted regional chemotherapy solution and the introduction of MS365, which was being coordinated through the national programme.
- Work was ongoing with the Strategy and Transformation Team to establish a prioritisation process to create a balanced delivery programme schedule that would have flexibility to accommodate new tasks from a national perspective. The report within appendix two provided a high-level overview of the three priority areas.

In discussion,

- Members noted national aims to embed digital solution and sought clarity on whether the financial disparities between different health boards and the potential gap in digital advancement. The Head of e-Health highlighted national conversation had occurred that noted the lack of funding to support the extensive digital agenda. He had observed a gap between Health Boards and their digital advancements, but most Health Boards needed to upgrade their networks, using allocated capital to progress with national programmes.
- Members noted the growing reliance on regional and national support for service delivery and questioned the existence of solutions to facilitate inter-board clinician communication.
- The Head of e-Health advised most Scottish Health Boards host their EPR programme on the same digital system. He noted challenges to facilitate an inter-board clinician communication had included delays in the national programme and varying levels of implementation among health boards. National discussions were ongoing to find resolutions and gradually move towards a more consolidated approach to EPR.
- Members noted e-Health had collaborated with the Strategy and Transformation team to ensure the EPR programmes would be centred around transformation, involving changes in practice and standard operating procedures. Stage four – review and evaluation would enable benefits of the programme to be identified.
- The Head of e-Health highlighted that North Highland, and Argyll and Bute, use different configurations as it was approached from two separate positions. He noted the future aim was to achieve standardisation which was an option because the Eclipse and Morse systems could be linked through the care portal.
- Members noted the explanation provided by the Head of e-Health as to the Boards infrastructure connection through SWAN and how risks were mitigated. It was highlighted there were processes in place to ensure server infrastructure resilience, including failover systems for major systems and regular checks to ensure their readiness.

After discussion, the Committee:

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

8 Any Other Competent Business

There was no discussion in relation to this Item.

9 Remaining Meeting Schedule for 2024

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

9 August
6 September
11 October
1 November
13 December

The Committee:

- **Noted** the remaining meeting schedule for 2024.

10 DATE OF NEXT MEETING

Friday 9 August 2024 at 9.30 am.

The meeting closed at 12.00pm

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	**09 July 2024 at 10.00 am**

Present:

Ann Clark, Chair
Elspeth Caithness, Employee Director
Bert Donald, Whistleblowing Champion
Kate Dumigan, Staffside Representative
Dawn MacDonald, Staffside Representative, (until 12.35pm)
Philip MacRae, Vice Chair
Steve Walsh, Non-Executive

In Attendance:

Gareth Adkins, Director of People and Culture
Evan Beswick, Interim Chief Officer, Argyll and Bute Health and Social Care Partnership (until 12.35pm)
Gaye Boyd, Deputy Director of People
Rhiannon Boydell, Mid Ross District Manager
Heledd Cooper, Director of Finance, (until 11.30am)
Ruth Daly, Board Secretary
Karen Doonan, Committee Administrator
Ruth Fry, Head of Communications and Engagement (item 5.8)
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Gayle Macrae, People Partner (item 5.9)
Julie McAndrew, Guardian Service (item 5.10)
Jo McBain, Director of Allied Health Professionals, (until 12.30pm)
Derek McIlroy, Guardian Service (item 5.10)
David Park, Deputy Chief Executive
Katherine Sutton, Chief Officer, Acute

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Fiona Davies. Other apologies were received from Pam Cremin with Rhiannon Boydell deputising and Louise Bussell with Jo McBain deputising.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 07 MAY 2024

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

2.2 ACTION PLAN

The following actions were proposed for closure:

Action number 125 – Strategic Risk Register to be updated to reflect plans for appraisal and PDP improvement plan. Complete

Action number 121 - Short Life Working Group to develop proposal to refresh overall learning and development framework beyond corporate statutory mandatory training to include professional competencies and role of clinical and medical education. This would be covered in item 5.6 on the agenda.

The Committee **agreed** to close actions proposed for closure.

2.3 COMMITTEE WORKPLAN

The Committee **noted** the Committee Workplan for 2024-2025.

3 MATTERS ARISING

3.1 Staff Governance Monitoring Scottish Government Letter

NHS Highland had received a letter from Scottish Government indicating that the yearly Staff Governance Monitoring exercise would be paused, with no indication of when it would resume. It was suggested that the Director of People and Culture, Deputy Director of People and the Employee Director meet to discuss the work that would continue should the exercise be restarted in the future.

The Chair added that it would be important to include in the discussion whether the assurance originally provided as part of the process would be covered elsewhere in the existing Committee Workplan; it was confirmed an update would come back to committee in November.

Action: Director of People and Culture, Deputy Director People and Employee Director to meet offline to discuss and report back to committee in November.

The Committee **noted** the Staff Governance Monitoring Scottish Government Letter.

3.2 All Staff Communication – National Care Service and the Highland Council

Communication had been issued to all staff in relation to the change to the model of care that NHS Highland and the Highland Council delivered in partnership. The current Lead Agency Model would need to change based on the recent Government amendments to the National Care Service legislation and further discussion was ongoing with Highland Council to address this. It was recognised this would be a period of uncertainty and therefore regular communication would take place at every opportunity.

The Committee **noted** the update

4 Spotlight Session – Deputy Chief Executive (Transformation and e-health)

The Deputy Chief Executive spoke to the circulated presentation which covered three main areas, Strategy and Transformation (43 staff), e-Health (136 staff) and Resilience (two staff). He noted:

- The Strategy and Transformation team is divided into three areas, Transformation Programme Management, Performance which included analysis and data quality and

Safe Haven which was a small team that looked at supporting Healthcare Commissioning through service level agreements (SLAs) and securing services from other boards.

- E-Health are made up of 25 teams, the majority of which are employed in technical roles. Training and support is provided across the whole organisation including upgrading the systems within primary care.
- Staff turnover within the Strategy and Transformation team had been inflated due to a restructuring exercise.
- The I-Matter results over all three teams had a high response rate at 81% and an improvement plan would be put in place to address areas of concern highlighted in the survey results.
- Statutory/mandatory training compliance remained high in May at 95.9% within the Strategy and Transformation team and at 89.3% in e-Health. The 69% completion of Stay Safe Online by e-health colleagues had been discussed with the Head of e-Health.
- Professional development was a key focus within the teams, with project management qualifications being the most prominent.
- There are two staff within the Resilience team who support all of NHS Highland and the Argyll and Bute Health and Social Care Partnership providing specialist advice during major incidents and developing training events, workshops, and exercises both at a local and regional level.

The Whistleblowing champion sought clarity around how candidates for the Leadership Approach Training were identified. The Deputy Chief Executive noted training was dependent upon roles within the organisation, he confirmed it was important staff in supervisory and management roles were appropriately trained and developed in the soft skills, especially in areas of high technical ability.

The Deputy Chief Executive added that there was a major incident plan out for consultation with a plan to conduct a training event for Executive Directors to participate in.

The Chair sought clarity on the Personal Development Plan (PDP's) completion rate and whether that had any influence on staff development. The Deputy Chief Executive confirmed completion rates were around 40 - 50% but work was underway to increase this, initially focusing on senior managers completing the PDP process.

The Chair sought clarity around the Strategy and Transformation team turnover rate and why this was noted as high. The Deputy Chief Executive clarified the change in headcount had not been deliberate but as a result of turnover of staff and the appropriate structure was continually reviewed to ensure it best met the needs of the team and organisation. .

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 Statutory and Mandatory Training Improvement Plan

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture introduced the item highlighting the work done on identifying the barriers to staff achieving their statutory and mandatory training. Work was completed around accountability for managers to ensure they provide their teams adequate access to training. He also confirmed that an additional report from the Short Life Working Group with associated actions would come back to committee in November. It was noted work was underway around the non-pay element of the 2023-24 pay deal, specifically in relation to Protected Learning Time (PLT) which may impact on this work.

The Whistleblowing Champion sought clarity around whether the pandemic played a part in the need to address statutory and mandatory training or had it been a prevalent issue prior to the pandemic, The Director of People and Culture noted each Board had a different target completion rate and e-Learning was a challenge however the main challenges were with Moving and Handling and Violence and Aggression training due to the requirement of physical attendance coupled with the challenge of trainer availability. He suggested segregating the completion data further within the organisation to accurately identify the areas of most concern.

The Director of People and Culture added that we were now two years post-pandemic and there was a need to refocus and improve completion rates, he noted that appraisal rates were currently 27% which was extremely low, and work was underway to improve this going forward.

The Chair asked attendees whether the refreshed reporting approach was useful and how their teams were using the information to drive improvement; the Director of Finance noted the approach was helpful in identifying teams in her directorate that may require additional support completing their outstanding training and it helped reduce the time managers had to spend locating the data.

The Chair asked whether the impact of the work required to implement the non-pay elements of the latest settlement would continue to delay implementation of the action plan. The Director of People and Culture reiterated focus would remain on the Statutory and Mandatory Training plan actions alongside the reduction of the working week but noted the Band five/six adjustment work had just begun which would also require a significant level of resource to resolve.

The Committee **noted** the content of the report and took **moderate assurance** that the plan had continued to progress.

5.2 Workforce and Equalities Monitoring Annual Review
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture introduced the paper and welcomed its publication, he provided some background to the legal requirement to publish and noted the assurance level was based on the requirement to publish the document to demonstrate data was being collected and used within the organisation to understand diversity within the workplace. However, he added NHS Highland would continue to work with the information gathered so the data could be used as intelligence to drive improvements within the organisation. The data would particularly inform the diversity and inclusion strategy to be developed this year, led by Gayle Macrae, author of the report.

During discussion the following was noted:

- Committee were pleased to see within the report that although the number of responses to the equalities monitoring of “prefer not to say” was high there was identification of ways to address that going forward. The committee’s attention was drawn to data in relation to protected characteristics within the recruitment processes and analysis evidenced the organisation was receiving a large number of applications from people with African / other origin. He also confirmed there was a disproportionately high number of overseas applications that caused shortlisting pressures as many applicants did not meet the minimum criteria.
- The Director of Allied Professionals sought clarity around the “prefer to not say” data and whether there was an industry wide standard and whether NHS Highland followed this. The Director of People and Culture stated the criteria for public sector organisations was usually more stringent compared to private sectors although he was unable to confirm whether an industry wide standard existed. He noted it was important mechanisms were also in place through which an organisation could understand the lived experience of staff with protected characteristics. The People Partner for HR Services advised that her experience in the private sector was it took a lot of work to improve response rates. She felt the importance of building trust with staff was key so they felt psychologically safe to engage with the process rather than select ‘prefer not to say’.
- Committee Members sought clarity around the levels of recruitment taking place and whether there were controls in place to ensure recruitment would adhere to the financial constraints faced by the organisation. Assurance was also requested that the implications of an ageing workforce was being addressed. The Director of People and Culture confirmed there were vacancy management processes in place to monitor recruitment practices. The Director of Finance highlighted services were continually evolving and it was about ensuring any recruitment was appropriate.

- The Chair sought assurance there would not be any inadvertent indirect discrimination as part of any longer-term transformation, particularly around the administrative cohort which had a particular age profile. The Director of People and Culture clarified work was underway to formulate an employability framework, which would look at what was in place with a view to moving towards a more sustainable way of working. An aging workforce was not uncommon as the retirement age was increasing. Organisational change policies would ensure people are supported to adapt to the new practices necessary to attract younger people or to move to different roles to retain their knowledge and experience within the organisation.

The Committee **agreed** to take **substantial assurance** and **noted** the content of the report and that it gives confidence of compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

5.3 Whistleblowing Annual Report
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture highlighted the low case numbers over the last year and noted it was difficult to draw substantive conclusions, however he added that any issues identified had been noted in the action plan.

Assurance was sought in relation to the recurrent themes within the report especially the non-adherence to timeframes and whether any further training had been put in place to address this. The Director of People and Culture confirmed the basic processes had been looked at, specifically around the lack of administrative support which had now been addressed, he also added that training for senior managers would address capacity issues within the process.

Committee members sought clarity around the low number of concerns reported and whether there was any indication of what these numbers meant in real terms to the organisation. The Director of People and Culture highlighted the role of the Guardian Services and noted this was a route taken when staff felt there was no other appropriate route to escalate their concern and suggested the low number of cases indicated this was working well.

Committee Members sought assurance around how issues raised could be addressed and improvements communicated to staff whilst retaining anonymity. The Director Allied Health Professionals agreed that given the small amount of cases it was challenging to provide that assurance but noted within her own directorate they utilised DATIX to log significant adverse events and the subsequent lessons learned which maintained the anonymity required and suggested this may be something that could be considered around Whistleblowing cases.

The Director of People and Culture explained that Clinical and Care Governance was a theme that would be looked at in more detail but recognised pressures within the system often added to a breakdown in communication and relationships, so it was important those pressures were recognised and dealt with.

The committee **noted** the content of the report and took **substantial** assurance based on the content and format of the annual whistleblowing report which demonstrated compliance with our reporting requirements under the standards

Comfort Break 11.35 am – 11.45 am

5.4 Guardian Annual Report
Report by the Guardian Service

The Director of People and Culture introduced D McIlroy and J McAndrew of the Guardian Service. He confirmed the report had made a number of recommendations which would be considered as appropriate by NHS Highland.

Committee welcomed the report and sought clarity around the level of assurance offered; The Deputy Director of People noted substantial assurance was provided in respect of the data contained within the report.

D Macdonald raised concerns around how staff understood the role of the Guardians and how this impacted on trade union work alongside whistleblowing, staff had expressed confusion around what the purpose of the Guardian service was. The Director of People and Culture explained that there had been a discussion around this at the Area Partnership Forum and work would continue with staffside to alleviate those concerns, however he acknowledged it remained challenging and additional clarity was required to ensure staff understood what process their concern would fall under. D Macdonald added that should a concern meet the whistleblowing standards then it should be treated as a whistleblowing complaint and not considered under early resolution. The Director of People and Culture clarified that the initial stage of the process was by definition 'Early Resolution' but acknowledged it may not be immediately clear and was something he had raised nationally.

The Whistleblowing Champion highlighted the need for appropriate communication with staff around Confidential Contacts but accepted there was confusion amongst staff as to whom to contact with concerns.

J McAndrew confirmed staff who raised issues were given information on the role of the Guardian Service but it was important to build trust so they were confident concerns could be raised anonymously and what support was available to them.

The Committee **noted** the content of the report and took **substantial 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 paper highlighting the Appraisal Improvement Plan had been added to the mitigating actions for Risk xxx as suggested previously by Steve Walsh.

The Committee took **moderate assurance** from:
(a) the review and refresh of the people and culture strategic risks.
(b) The plan to review level two people and culture risk management.

5.6 People and Culture Portfolio Board Update
Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the circulated presentation and noted the various groups that fed into the People and Culture Portfolio Board. He highlighted the Culture Oversight group has had some membership changes, the Health and Wellbeing Group had been established and its strategy was out for consultation.

He also noted that the Corporate Learning Group would be in place shortly and would replace the statutory/mandatory training group and provide a link to the professional groups that oversee the training for the clinical professions. The Workforce Transformation and Planning Group not yet in place but work was underway to determine the best way forwards with workforce planning.

During discussion the following points were noted:

- The Employee Director noted that some of the groups had been established for some time and it was important that membership of the various groups was considered to avoid unnecessary duplication and where necessary the Terms of Reference (ToR's) and membership for each group were updated.
- The Chair queried whether future reports considered should be exception reports, rather than a detailed overview, given the volume of strategic areas that are already included

within other reports committee receive throughout the year she also referenced concerns around the red rating given to leadership and culture and low attendance at management development courses which were key to improve behaviours across the organisation. The Director of People and Culture confirmed that there would be more detailed reports at various points throughout the year and this report provided a high-level overview. Assurance was provided that the Leadership Development Programme is now in place and is 'self –service' at present. Work is ongoing to identify candidates to encourage uptake of this programme. The risk being raised was about resourcing in a small team.

The Committee is asked to **review** and take **moderate** assurance the workstreams that feed into the Portfolio Board is progressing

5.7 Health and Safety Annual Report
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and explained it had been included in the July Clinical Governance Committee meeting, he confirmed work had taken place around the reporting and assurance provided to the Health and Safety Committee. It was noted a three-year strategic plan was being worked on by the Head of Occupational Health and Safety, coupled with a 12-month improvement plan.

The Deputy Chief Executive acknowledged the level of work that had taken place to improve the structure around organisational Health and Safety and the governance mechanisms in place.

After discussion, the Committee **agreed** to take **moderate assurance** from the Health and Safety Annual Report.

5.8 Communications and Engagement Strategy and Action Plan
Report by Ruth Fry, Head of Communications and Engagement

The Director of People and Culture noted the communications team was a relatively small team which played a critical role within the organisation and the Strategy had been developed incorporating the resources available. It represented a pragmatic but ambitious strategy.

The Head of Communications and Engagement highlighted:

- This was a new three year strategy and work had been undertaken to identify organisational priorities and standard work within the team and these were included in the action plan.
- She confirmed an additional section had been added that clarified roles and responsibilities across the organisation as part of an internal audit recommendation.
- She noted the strategy had been issued for consultation both internally and externally to stakeholder partners and any feedback incorporated. Some feedback was received around patient communication and work was underway to incorporate this going forward.

P Macrae commended the Head of Communications and Engagement on the work done both on this strategy and the previous. The Chair sought clarity around the resource challenges faced within the Communications and Engagement team and whether these challenges posed a risk to NHS Highland. The Director of People and Culture acknowledged the challenges of delivering both core functions of the team and developing proactive campaigns and noted they were balanced within the proposed strategy. Appropriate processes had been incorporated to manage demand appropriately.

The Chair sought assurance around balancing different communication avenues, particularly around technological opportunities and how they could be used whilst equally preventing any exclusions those methods may create. The Head of Communications and Engagement explained that a lot of feedback received related to digital platforms and increasing their use in communicating messages appropriately. However whilst addressing people's preferences it was important to consider our accessibility obligations and ensure they were fulfilled.

The Committee **noted** the content of the report, **approved** the Strategy and took **moderate** assurance.

5.9 IPQR and Staff Governance Committee Metrics

Report by Gareth Adkins, Director of People and Culture

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

- Work was underway to address increased absence rates as part of the Value and Efficiency workstream. He also confirmed there was an audit taking place to review the Attendance Management Policy.
- The Vacancy Time to Fill continued to be a challenge and a significant number of applications were received from overseas applicants where many posts typically garnered over 200 applications causing extensive shortlisting delays. This was compounded by the fact some posts did not require professional registration therefore increasing the time required to review each application. These issues would be highlighted at the board. He noted that it may be that more applicants were being interviewed for posts than previously and work may be required to assist managers in being more critical at the shortlisting stage.

The Chair sought clarity around the next steps in relation to the challenges faced within the Vacancy Time to Fill area. It was agreed an update would come back to committee in November.

Action: Vacancy time to fill update to come back to committee in November.

The Committee **noted** and took **moderate** assurance from the report.

6 ITEMS FOR INFORMATION AND NOTING

6.1 Area Partnership Forum update of meeting held on 21 June 2024.

It was noted the minutes would go to the next committee meeting.

7. Any other Competent Business

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

Vacancy Time to Fill would be highlighted to the Board

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 3 September 2024 at 10 am via Microsoft Teams.

9. 2024 Meeting Schedule

The Committee **noted** the meeting Schedule for 2024:

5 November.

Meeting Ended 12.55pm

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE	**11 July 2024 – 9.00am (via MS Teams)**

Present
Joanne McCoy, In the Chair
Tim Allison, Director of Public Health
Ann Clark, Board Vice Chair (Substitute)
Muriel Cockburn, Non-Executive Board Director
Liz Henderson, Independent Public Member
Dr Boyd Peters, Medical Director/Lead Officer
Emily Woolard, Non-Executive Board Director (Substitute)

In attendance
Gareth Adkins, Director of People and Culture (from 9.30am)
Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP (from 9.50am)
Sarah Buchan, Director of Pharmacy
Claire Copeland, Deputy Medical Director
Ruth Daly, Board Secretary
Evelyn Gray, Lead Nurse
Stephanie Govenden, Consultant Community Paediatrician
Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP (from 9.25am)
Elaine Henry, Deputy Medical Director (Acute)
Jo McBain, Director (Allied Health Professionals)
Brian Mitchell, Board Committee Administrator
Jill Mitchell, Head of Primary Care
Mirian Morrison, Clinical Governance Development Manager
Barry Muirhead, Associate Nurse Director (Community Nursing)
Andy Nealis, Information Governance and IT Security Manager
Simon Steer, Director of Adult Social Care (from 9.10am)
Katherine Sutton, Chief Officer Acute Services (from 10.50am)
Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from L Bussell, A Christie, F Davies, and Dr G Rodger.

Apologies, from non-committee members were received from P Cremin, J Lyon and I Ross.

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 ON 2 MAY 2024, ROLLING ACTION PLAN AND COMMITTEE WORK PLAN 2024/2025

The Minute of Meeting held on 2 May 2024 and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling basis.

The Committee otherwise:

- **Approved** the draft Minute.
- **Approved** the updated Committee Action and Work Plans.

1.4 MATTERS ARISING

1.4.1 Highland Health and Social Care Partnership

At their last meeting the Committee had agreed the latest Quality and Patient safety reports on Out of Hours Services be shared with members.

After discussion, the Committee Agreed this matter be progressed.

1.4.2 Acute Services – Clinical Audit Programme

At their last meeting the Committee had agreed a discussion paper on developing a clinical audit programme be submitted to this meeting. Members heard as to the complexity of such a programme and agreed this should form a substantive item on a future agenda.

The Committee Agreed this matter be progressed.

1.4.3 Infants, Children and Young People's Clinical Governance Group

At their last meeting the Committee agreed that an update on review of the Child Death Review Group Terms of Reference be provided to this meeting. Members were advised the Terms of Reference in question related to the Infants, Children and Young People's Clinical Governance Group itself and an update was provided in the report under 7.4 on the agenda.

The Committee so Noted.

2 SERVICE UPDATES

2.1 Cancer Services Update

There had been circulated a report, following agreement an update be provided to this meeting in relation to staffing matters and performance against the 62 Day Cancer Waiting Times (CWT) Standard. It was reported the Cancer Delivery Group and Cancer Strategy Board provided oversight and governance on all aspects of the Cancer Service. The Cancer Strategy Board was chaired by the Medical Director. The main functions of the groups were to both oversee the operational issues relating to cancer performance and quality, ensure compliance with Cancer Waiting Times Standards/National Quality Performance Indicators and also provide strategic direction on the development of Cancer Services in NHS Highland. Specific updates were provided in relation to Waiting Times performance; existing current risks; and future service model. The report proposed the Committee take **Limited** assurance.

The Medical Director also provided a brief presentation in relation to Oncology Service Management and Treatment Delivery proposals, in the context of wider national discussion and review of Oncology Services. It was stated the Highland Cancer Centre would aim to treat the four to five most high-

volume cancers locally as a minimum, with the detail of relevant enablers of change also being outlined for the benefit of members. The relevant investments required were detailed, as were specific local service delivery staffing gaps and associated costs. The Highland Oncology Management and Delivery Model was indicated, noting proposals would see a number of specific lower volume cancers not being managed and delivered on a solely local basis. The number of Highland cases for each of the specific cancer types was shown, broken down by treatment type and existing medical cover provision (single handed or locum cover in whole or part). Next steps were indicating as relating to the imminent appointment of 2 new Consultant members of staff and efforts to take existing locums through the Certificate of Eligibility for Specialist Registration (CESR) route where appropriate; a redoubling of efforts to recruit; prioritisation of appointment of service delivery staff and planning for the potential inability to appoint staff to the Big 4 cancer types. Members were advised as to the national position in relation to UK trained Oncology Consultants; the number of individuals being taken through the CESR route in NHS Highland; the current focus on delivery of a Multi-Disciplinary Team approach and associated community services provision. It was noted NHS Highland operated the only Treating Radiographer approach in Scotland at that time.

There was discussion of the following:

- Timeframe for Change for Lower Volume Cancer Types. Support for those receiving treatment out of area was also raised. Advised relevant timeline was unknown, this being dependent on four key areas of national activity, with focus on nationally fragile services and associated pathway considerations. NHS Highland continued to be at the forefront of national discussion.
- SACT Trained Nursing Vacancies. Questioned if a funding or recruitment issue. Advised had considered existing ward nursing level, with nursing budget element moved across to support three new posts to be operated from within the Medical Day Case Unit. Alignment of recruitment of new nurses also being considered and taken forward.
- Patient Engagement and Communication. Provision of assurance to patients with regard to national pathways was raised. Urged continued focus on matters relating to National Care connectivity.

After discussion, the Committee:

- **Noted** the report content and presentation detail.
- **Agreed** to **Endorse** the direction of travel outlined.
- **Noted** an update on Horizon Screening activity would be brought to the September meeting.
- **Agreed** to take **Limited assurance**.

2.2 NDAS Service Update – Summary Update

The Chief Officer for Acute Services spoke to the circulated report, advising as to the position in relation to the Neurodevelopmental Assessment Service (NDAS), this being a joint agency service between NHS Highland and The Highland Council. It was stated the service had been under considerable pressure since being established in 2017, with a high number of young people on the waiting list and significant workforce concerns. The NDAS position had been presented to the Chief Executives of NHS Highland and Highland Council on 3 June 2024 with both being committed to supporting a whole system review of the different services supporting children and young people with neurodevelopmental difficulties. A number of key actions and priorities had been identified, as indicated. There was recognition that neurodevelopmental services and pathways available to support children and families require understanding more holistically across the Highland Council geographical area. Separate to this the design of the Neurodiversity assessment service in terms of scope, capacity and function to meet current need was being reviewed. Senior clinical leadership would be key, and options would be considered, including reviewing the design of the assessment service in other areas of the country to understand what has worked well and where learning for the NHS Highland system can be taken. Given the current significant capacity constraints within the service, financial support would likely be required in the short to medium term. The key actions noted would contribute to increasing the level of assurance and Communication with service users would

continue, particularly in relation to where and how to access support whilst awaiting access to the formal assessment service. The report proposed the Committee take **Limited** assurance.

The following was discussed:

- Model of Care. Advised current service was based on a medical assessment, diagnosis and treatment model of care and required to move to more of an integrated support service.
- Moving in to Adult Services. Questioned approach for those reaching the age of 18. Advised this issue was recognised, with prioritisation being given to these individuals in the context of facilitating improved self-management etc.
- Identified Officers and Timeframe for Identified Actions. Confirmed shared ownership had been agreed, with Highland Council mapping their existing services and associated pathways. A similar exercise would be required for NHS Highland services. Consideration being given to relevant clinical leadership and support requirements. A formal Action Plan was in development.
- Clinical Psychologist/Neurodevelopmental Advance Practitioner Posts. Questioned impact on assessment capacity and consideration of use of supplementary staffing. Confirmed consideration being given to outsourcing activity, use of locum staff etc.
- Elevated Risk Relating to Waiting List Position. Recognised the need for greater recognition and consideration of the choices of both patients and families as part of this ongoing process.
- Proposed Governance Arrangements for Assurance Purposes. Questioned if this would involve the Joint Monitoring Committee or Integrated Children's Service Planning Board given the level of joint commitment required. Advised the assurance process would require to be further defined.
- Recommended Level of Assurance and Risk Mitigation. Questioned whether this matter should be escalated to NHS Board level. Advised role of Committee was to take assurance and provide the same to the NHS Board. What actions were required to improve the current level of assurance being offered should also be considered in this context. Development of the formal Action Plan, and the holding to account of relevant Lead Officers would be a key element. Stated risks relating to unintended consequences and harm should be better developed, defined and included within relevant Risk Registers.
- Mapping of Patient Outcomes. Stated a need to be able to further understand this aspect.

After discussion, the Committee:

- **Noted** the key actions and priorities identified to be progressed to support a redesign of the approach to delivering neurodiversity assessment within NHS Highland.
- **Agreed** further consideration be given to the area of risk definition relating to potential harm.
- **Noted** the final Action Plan would be brought to the next meeting of the Committee as part of a further formal update.
- **Agreed** to take **Limited** assurance, subject to the actions and plans outlined in discussion.

2.3 Review of Vascular Services in NHS Highland

The Medical Director advised members that discussion was ongoing with other North Scotland NHS Boards with regard to support for NHS Highland services. Appropriate cover arrangements had been in place since May 2024. A local meeting had been held with the National Advisor on 24 June, where relevant issues had been discussed. A business continuity approach was currently being developed and the outcome of a review of the national position would be a key consideration moving forward. Further updates on the live position would be provided to Committee in due course.

The Committee so Noted.

2.4 Update on Dentistry Services – State of Play and Impact on Acute Services

There had been circulated a report providing an update in relation to NHS Highland dental services and ongoing reform of Primary Care dental services, outlining the current position and specific actions being taken to increase access to NHS dental services. It was noted there were a limited

number of NHS Dental Practices accepting new patients for NHS dental registration at that time. A number of Practices continued to offer limited routine dental services. NHS Highland Public Dental Services offered access to Emergency Dental Services in and out of hours for unregistered dental patients contacting the NHS Highland Dental Helpline, and which continued to impact the delivery of routine dental care for Priority Groups. Specific updates had been provided in relation to access to NHS Dental Services; NHS Dental Services reform activity; the National Dental Inspection Programme; Oral Health improvement activity; Childsmile and Caring for Smiles activity; and Public Dental Service. The Medical Director outlined the current position across the NHS Highland area, noting Dental Practices operated differing individual models of service based on either private or a mixed private/NHS basis and according to respective business models. A number of practices in Highland had been subsumed by larger corporate entities, with associated risks to service provision. The Public Dental Service (PDS) had been and was configured to support individuals with specific support needs that were difficult address within the General Dental Service (GDS). Increasingly the PDS was having to treat patients where the GDS had broken down as well as provide an emergency NHS Out of Hours service. Capacity issues continued across the NHS Highland area. It was stated recent contractual changes had successfully relieved some of the pressure across Highland. The report proposed the Committee take **Limited** assurance.

The following areas were discussed:

- Dentistry Service Dashboard. Noted number of Highland residents had sought formal data in relation to access to NHS Dental services. Advised a formal dashboard was not currently available although consideration could be given as to development of the same in terms of what information could usefully be provided in relation to such a complex and shifting landscape.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** to request a response in relation to Dashboard provision at the next meeting.
- **Agreed** the Committee be kept appraised as to future progress in this area.
- **Agreed** to take **Limited assurance**.

2.5 Pharmacy Services Update

The Director of Pharmacy spoke to the circulated report providing updates on recent activity relating to Pharmacy services across NHS Highland and activity plans for the remainder of the financial year 2024/2025. It was noted having taken up the post of Director Pharmacy, the first four months had involved significant travel and engagement with all sectors of Pharmacy across the Board to fully understand the challenges and opportunities the service and NHS Board faced. Key themes emerging from service engagement and time spent with key stakeholders from the wider organisation included recruitment and retention; workforce development; leadership; integration across services/interface care; service capacity; and associated financial challenges. These themes were acknowledged as universal challenges in many Boards across NHS Scotland, not specific to Highland or to pharmacy services. It was stated, within the NHS Highland pharmacy service, there was an opportunity to reset and rebuild the service and address and prioritise these challenges through whole system review. The priority was to work with the pharmacy Senior Leadership Team, service leads and the wider organisation to consult on and formally produce an integrated 3-year Pharmacy Services Strategy, incorporating workforce plan, service priorities and the underpinning educational governance framework to depict the aspirational development of this service. This strategy would incorporate relevant changing legislation relating to the pharmacy workforce, as well as national drivers and local strategies. From this strategy would emerge the key priorities to focus service developments over the coming three-year period. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Equalities Impact Assessment. Questioned if would be conducted. Advised this will form part of the Strategy development process.
- Service Development Opportunities. Advised this included aspects relating to wider local workforce career development such as greater school engagement and development of "grow your own" activity. Aspects relating to national frameworks would also provide opportunities for improvement, including through NHS Education for Scotland elements.
- "Grow Your Own" Activity. Questioned current balance of focus in the context of wider recruitment activity challenges. Advised Employability Lead Officer would be appointed, and part of that role would be to provide relevant organisational focus on this aspect in association with relevant "Anchors" activity. An Employability Framework, including elements relating to educational links and providing transitional education opportunities, would be developed.
- Governance and Assurance. Advised to form part of formal considerations, as would aspects relating to value-based prescribing, quality, and awareness of the decision-making process.

After discussion, the Committee:

- **Noted** the update.
- **Agreed** to receive a comprehensive Annual Report, including strategic plans, to the March 2025 Committee meeting to fully outline the ambitions and potential of the service.
- **Agreed** to take **Moderate** assurance.

2.6 Sir Lewis Ritchie Report and Recommendations

The Director of Allied Health Professionals advised that an Action Plan had been developed and submitted to Scottish Government, relating to completion of the original Sir Lewis Ritchie Report recommendations. It was noted the Scottish Government had indicated they were content with the Plan. A full concluding report would be submitted to the September 2024 Committee meeting.

The Committee:

- **Noted** the reported position.
- **Agreed** a formal concluding report be received at the September 2024 Committee meeting.

The meeting adjourned at 10.30am and reconvened at 10.35am.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Endoscopy Service Update

There was discussion of this matter under Item 7.3 on the formal agenda.

3.2 Feedback on Winter Resilience Plan 2023/2024

There was no discussion in relation to this Item.

3.3 Annual Whistleblowing Report 2023/2024

The Director of People and Culture spoke to the circulated report, incorporating the NHS Highland Annual Whistleblowing Report for 2023/2024. The report had been considered by the Executive Directors Group, Area Partnership Forum and Staff Governance Committee. The Annual Report summarised activity including nationally agreed Key Performance Indicators and also provided an overview of the learning outcomes from cases concluded during the year. The Annual Report must be submitted to the Independent National Whistleblowing Officer (INWO) within 3 months of the end of the financial year. Where it was not possible to meet this timescale, the report was to be submitted

as close to the deadline as possible and INWO informed of the reason for any delay. The key points from the Annual Report were summarised.

After discussion, the Committee:

- **Noted** the report and associated NHS Highland Annual Whistleblowing Report 2023/2024.
- **Noted** the report would be submitted to INWO following approval by the NHS Board.
- **Agreed** to take **Substantial** assurance.

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** 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 and associated commentary around Complaints and Feedback activity, Review of Scottish Public Services Ombudsman and further correspondence returns, CAMHS and NDAS Complain and Feedback activity, Significant Adverse Event Reviews (SAERs) and Level 2A case reviews, Hospital Inpatient Falls, Tissue Viability Injuries, Medication Errors, and Infection Control. 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; SPSO activity remained steady, with spotlight services provided relating to CAMHS and NDAS. SAER training was being delivered to build capacity and a review of resources was being undertaken. A number of actions were being taken to reduce the number of hospital inpatient falls. A number of projects and initiatives are being taken forward to reduce the number of hospital acquired Pressure Ulcers, with a reported fall in numbers over the previous month. A range of initiatives were being undertaken in relation to Infection Control, with a detailed report being submitted to the Clinical Governance Committee for assurance. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** a guide on accessing relevant background data be circulated to Committee members.
- **Agreed** to take **Moderate** assurance.

5.2 Mental Health SAER Process – Improved Governance

The Associate Nurse Director spoke to the circulated report advising as to the development of the clinical governance framework within Mental Health and Learning Disability Services for the awareness of the Clinical Governance Committee and to provide assurance as to the robustness and effectiveness of the emerging clinical governance framework within the Service. It was reported the enhanced governance arrangements continued to be anchored within the wider Clinical Governance structures and reported on its delegated functions through the Highland Health and Social Care Partnership Clinical and Care Governance Group to the Clinical Governance Committee.

The developments had been designed to be in full alignment with the consistent application of the principles of the Vincent Framework across all Community Services. This organised data, analysis and action plans into areas as guided by 6 key question areas, as outlined. The enhanced governance arrangements had delivered on a number of key performance measures that could provide assurance as to the appropriateness of systems and structures in place to effectively manage clinical governance within Menta Health Services. Specific updates were provided in relation to reviewing Adverse Events, disseminating learning, and associated quality and patient safety aspects including engagement and collaboration with patients. The report proposed the Committee take **Substantial** assurance.

The following was discussed:

- Shared Learning. Recognised work in relation to capturing the service user experience. Confirmed shared learning approach adopted, with monthly clinical governance meetings held to consider matters, based on thematic analysis. Confirmed Argyll and Bute included. Twice yearly learning events were also held. Wider sharing arrangements were encouraged.

The Committee:

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

6 ANNUAL DELIVERY PLAN 2024/25 – FOCUSING ON QUALITY

The Medical Director introduced the circulated report, advising the Annual Delivery Plan (ADP) reflected the deliverables aligned to the strategic ambitions and actions of Together We Care (TWC), NHS Highland's five-year strategy. To provide assurance on delivery of the aligned ADP and TWC, a number of measures of success had been identified against the TWC actions and deliverables committed to in the ADP Medium Term Plan (MTP) document. To facilitate the assurance of progress, the Committee had been recommended to consider establishing regular reporting on quality key performance indicators with a clinical and care focus. The NHS Highland ADP Plan for 2024/25 provided a list of agreed deliverables set against the Board's TWC strategic outcomes, Well themes and key actions. Each Well Theme included a number of strategic priorities which were being developed for delivery by 2026/27, as well as operational and tactical change activity being progressed. These corresponded directly to the actions as laid out in Together We Care. The ADP MTP would be subject to quarterly reporting to Scottish Government, with strategic deliverables reporting through meetings of Executive Directors Group and associated structures. To facilitate assurance reporting on progress against deliverables, a number of key performance indicators/measures of success had been categorised to ensure appropriate reporting through the NHSH committee structure. These related to quality, experience, value, improvement and process. A summary was provided of the outcome measures that were proposed to provide assurance to the Committee on the quality, improvement and experience of services in NHS Highland. With regard to experience, a rolling Committee spotlight programme had been developed and proposed for each of the relevant Well Themes, as indicated. With regards to quality, a rolling programme of the Well Themes and associated narrative and data would be developed subject to agreement. This would be in addition the current data already within IPQR although this would be subject to review in line with making data count and frequency of reporting to ensure a consistent approach. The report proposed the Committee take **Moderate** assurance.

The Chair stated that as the circulated report had been received so close to the date of this meeting, leaving members little time to consider relevant content, it was proposed formal consideration be deferred to the next meeting.

There followed discussion of the following:

- Eat Well Theme. Advised Theme elements addressed by other elements of the TWC Strategy.

- Theme Outcomes and Measures. Questioned how these would be measured and benchmarked. Advised will form part of proposed Spotlight events, with the aim of providing assurance as to what actions were in the process of being taken forward. A professional assurance framework would underpin relevant activity.

After discussion, the Committee:

- **Noted** the report.
- **Agreed** to **Endorse** the proposed direction of travel.
- **Agreed** further consideration of this matter be **Deferred** to the next meeting.

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 issues from each service area within the Argyll and Bute Health and Social Care Partnership. 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 Significant Adverse Events activity, and SPSO Investigations. There had also been circulated Minute of Meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 June 2024, plus a Performance Report for FQ4 (January to March 2024). The report proposed the Committee take **Moderate Assurance.**

The following areas were discussed:

- Significant Adverse Events. Noted matters raised relating to access to rescue items.
- Level of Assurance. Questioned if Moderate assurance should be applied to all reporting areas, including NDAS and Sexual Health services. Advised reports from operational areas should reflect the respective Clinical Governance systems and processes and provide the Committee with assurance relating to those systems/processes and how relevant matters were being formally considered and taken forward in terms of taking appropriate learning etc.
- NDAS Service. Advised Argyll and Bute would be linked into relevant NDAS discussions going forward in relation to developing a new standardised service model.
- Access to Sexual Health Services. Questioned timescale for expected resolution of current issues, including access. Advised a number of complaints were being received and that successful resolution would be dependent upon discussion with two other NHS Boards. There required to be ongoing continued focus in this area, with particular importance placed on specifying the actual level of service required. Engagement with partner agencies would be key.
- Clinical and Care Governance Group. Questioned if issue of quoracy had been addressed. Advised following changes within Argyll and Bute Council the matter had been resolved.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** consideration would be given as to future performance reporting requirements.
- **Agreed** to take **Moderate** assurance overall, recognising particular challenges in relation to both NDAS and Sexual Health services.

7.2 Highland Health and Social Care Partnership

J Mitchell 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; 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 6.83% as at April 2024. Complaints activity and performance for the previous three months was outlined. A complaints process mapping session had been held with the relevant Senior Leadership Team (SLT), with the Governance and Feedback Teams using quality improvement methodology to frame an improvement plan. This would be shared with the SLT on 5 July 2024 to enable the planning of the next steps. Two SPSO cases had been opened during the reporting period, with 8 Compliments having been received over the previous three months. There was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. The SAER process was under active review and the HHSCP Risk Register and level 3 Risks were being reviewed monthly. Current issues being highlighted were in relation to ongoing discussion relating to provision of Enhanced Services from GP Practices; Vaccination Services; Sir Lewis Ritchie Implementation Plan for Skye; and medicines shortages. Areas of positivity were indicated as relating to Alness and Invergordon Medical Practice and Care Inspectorate Inspection of Adult Support and Protection services. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 11 June 2024. The report proposed the Committee take **Moderate** assurance.

The following areas were then discussed:

- Medicines Availability. Advised Area Drugs and Therapeutics Committee actively considering relevant matters. Looking to establish a more streamlined approach.
- Vaccination Activity Staff Concerns. Advised Deputy Medical Director had requested a formal report on the matters of concern raised. Improvement Plan Options Appraisal activity to be evidence based.

After discussion, the Committee:

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

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) was provided, including activity in relation to Endoscopy decontamination procedures. It was reported operational pressures and patient flow continued to be challenging in terms of both emergency and scheduled care access. Noted the level of sustained pressure was having significant impact on clinical teams. An update on Delayed Discharge indicated this was a priority action for NHS Scotland, with action being led through the Unscheduled Care Board and the Acute and Community SLTs. Further updates were provided in relation to audit and assurance activity; national Audit Reports; ongoing review of the Gynaecology Outpatient Waiting List for Caithness General Hospital; and Adverse Event reporting and SAER reviews, Vascular Service activity; investigation reporting and electronic result handling; reportable events and national audit; and Violence and Aggression data relating to both patients and staff. Updates were also provided in relation to progress in relation to relevant workforce challenges. With regard to financial governance, it was reported teams continue to prioritise this work and report regularly against in-year targets. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 21 May 2024. The report proposed the Committee take **Moderate Assurance.**

The following points were raised in discussion:

- Stroke Unit Activity. Advised whole system approach for patients with complex needs being considered, including aspects relating to discharge and rehabilitation. Noted the improvement evidenced in relation to both Falls and Tissue Viability within Acute Services.

After further discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Agreed** to take **Moderate** assurance.

7.4 Infants, Children and Young People's Clinical Governance Group

S Govenden spoke to the circulated report, advising as to work of the Child Death Review Group, relevant recent reviews, and associated learning points. An update was also provided in relation to the Entitled Persons Scheme insofar as this related to supporting nationals from Afghanistan and the clinical screening of needs of arrival of infants and children, as part of their registration with Primary Care Services. The exemplary work of all staff engaged in this activity was recognised. It was reported the Child Health Commissioner had completed her mapping activity and investigation into governance of child health services within NHS Highland, the recommendations from which would be provided to the Board Nurse Director and considered prior to being shared more widely. Ther had also been circulated Minute of meeting of the Infant, Children and Young People's Clinical Governance Group (ICYPCGG) held on 12 June 2024. The report proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the report content.
- **Noted** revised Terms of Reference for the ICYPCGG would be brought to a future meeting.
- **Noted** discussion relating to implications arising from the United Nations Convention on the Rights of the Child would be taken offline.
- **Agreed** to take **Moderate** assurance.

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

8 PUBLIC HEALTH

8.1 Vaccination Update

The Director of Public Health spoke to the circulated report, providing an update on developments following Highland HSCP performance management having been escalated by Scottish Government. There had been three main approaches for improvement including response to the escalation to Level 2 of Scottish Government's performance framework; a peer review from Public Health Scotland for NHS Highland, acting as a critical friend; and development of a new delivery model within Highland HSCP with the potential for a more local service. This would include consideration of the extent of options for general practice delivery. In addition, a Serious Adverse Event Review was under way in connection with pertussis and vaccination. Incident management and improvement activity had been taking place and had been coordinated with other vaccination improvement activity. These issues served to emphasise the importance of the delivery of a safe, effective and efficient vaccination service. The report went on to outline current performance in relation to both adult and childhood vaccinations.

The circulated report indicated the Public Health Scotland (PHS) Peer Review had taken place in June 2024. The Review had been undertaken as a critical friend, not as performance management and comprised the 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 activity. A copy of the formal report had been circulated, detailing relevant initial recommendations relating to governance; leadership and decision making; vaccination and immunisation strategy; model of service delivery; data and digital; staffing and

capacity; engagement; and quality improvement. It was reported action had been undertaken to develop and improve the vaccination service, but further specific measures had been taken in light of continued concerns and the recommendations of the Peer Review. A Vaccination Improvement Group had been established, reporting to the Executive Directors Group and tasked with developing and implementing an action plan to improve performance and quality and ensure a safe, effective and efficient vaccination service. Its remit included implementation of the Peer Review recommendations, management of performance escalation from Scottish Government and oversight of the assessment of the best delivery models for Highland HSCP.

The report proposed the Committee take **Limited** assurance overall, noting assurance for Argyll and Bute would be moderate of substantial depending on the impact of finance aspects. For both areas there was a need to ensure that an effective model in remote and rural areas can be sustained and staffing challenges met. The level of assurance offered to members in relation to HSCP may increase once the work of the Vaccination Improvement Group was progressing well.

During discussion the following was discussed:

- Recommended Risk Level Considerations. Advised included in Risk Register. Number of known and emerging risks at that time were reflected. Further discussion to be held under Item 8.2. Risk level questioned in light of Peer Review findings. Requested mitigating actions be more clearly defined, including Responsible Officers. Stated need for number of individual groups involved, and their respective remits, to be mapped to give clarity on wider governance arrangements.
- Winter Vaccination Programme 2024/25. Advised new system of delivery should be in place for winter period. Reminded that any system changes introduced will carry an associated element of risk. Current focus on Childhood vaccinations.
- Vaccine Awareness at School Level. Advised looking at programme to increase general awareness across all areas of childhood vaccination activity.
- Timescale for Actions Arising from Peer Review. Stated current activity focused on improving the current service model.
- National Policy Context on Vaccine Delivery. Requested detail be provided on this aspect.
- Argyll and Bute Position. Advised working closely with Public Health Team. Process in place to meet obligations in relation to relevant campaign(s). Any issues arising would be identified in advance and discussed accordingly. School nurses would continue to undertake vaccination awareness raising activity as part their wider health promotion role.

After discussion, the Committee:

- **Noted** the reporting detail.
- **Noted** further detail on governance roles and responsibilities to be provided to the next meeting.
- **Noted** the Chair would discuss Winter Planning activity with Director of Public Health out with the meeting.
- **Agreed** to take **Limited** assurance.

8.2 Public Health Update – Strategic Risks

The Director of Public Health spoke to the circulated report, advising as to the review of the position in relation to the two strategic risks that relate to Public Health in light of the current position with Covid, influenza and to vaccination and to seek agreement for relevant updates. The report recommended that Risk 715 remain at medium level and Risk 959 remain at high level, for the reasons stated. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the reporting detail.
- **Agreed** existing risks be updated, and associated levels maintained, for Risks 715 and 959.

- **Agreed** to take **Moderate** assurance.

9 INFECTION PREVENTION AND CONTROL REPORT

There had been circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland would not meet local delivery plan aims January 2024 – March 2024 in relation to Clostridiodes Difficile (CDI), Staphylococcus Aureus bacteraemia (SAB) and EColi Bacteraemia healthcare associated infections although all remained within predicted limits and were noted to be within the range of variation seen across the 3 yearly trend. The position as of December 2023 for the national prescribing indicator for primary care was not being met by NHS Highland or within any other NHS board due to the significant rise in prescribing in the winter months following the increase in Group A streptococcus infections seen nationally. The prescribing target for Secondary Care was not being met. Acute hospital antibiotic use continued to be met. The final position will not be known until August 2024. The national local delivery plan outcomes for 2024/2025 were awaited and agreement had been reached to continue with the current reduction aims until received. It was stated Infection Prevention and Control activity remained high and considerable time was being spent focusing on preventing and managing cases of infection, managing water incidences, and outbreaks in hospitals and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives.

It was reported that improvements had been made to compliance rates with Infection Prevention and Control mandatory training however this remained below the 90% target. Specific work was underway to improve compliance within medical and dental staffing, where compliance was relatively low. DL letter (2024) 11 had been published, referring to the development and consideration of the national Clinical Role Descriptors as part of the national Infection Prevention Workforce Strategy Plan. The recommendations contained within the national Infection Prevention and Control Workforce Strategic Plan were being discussed within Control of Infection Committee. It was reported there had been no incidences or outbreaks of Flu and one suspected Norovirus outbreak across the reporting period, with two Covid19 clusters and outbreaks having been reported to ARHAI Scotland. An update was provided relation to water sample results in Invergordon and New Craigs Hospitals (both PFI), noting both situations continued to be managed through the Water Safety Group. It was noted adverse results in relation to routine final rinse water samples relating Endoscopy washer disinfector machines had led to a series of Incident Management Teams being held. All relevant machines had been removed from use, with four since returning to full use and tow being utilised for low-risk endoscope procedures in line with national guidance. One machine remained out of use. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of associated areas of challenge. There had also been circulated the NHS Highland Infection Prevention and Control Annual Work Plan 2024/2025. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

- **Noted** the reported position.
- **Noted** the NHS Highland Infection Prevention and Control Annual Work Plan for 2024/2025.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.

10 AREA DRUGS AND THERAPEUTICS COMMITTEE - 6 MONTHLY UPDATE

There had been circulated an update on recent activity and the Area Drug and Therapeutic Committee's (ADTC) plans for the year ahead. The Highland ADTC continued to work closely with the national ADTC Collaborative Forum, promoting the need for Once for Scotland approaches to new medicines accessibility. The report proposed the Committee take **Moderate** assurance.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Agreed** to take **Moderate** assurance.

11 INFORMATION ASSURANCE GROUP – 6 MONTHLY UPDATE

There had been circulated a report advising as to the work being undertaken by the Information Assurance Group through January 2024 to June 2024 and to provide assurance that NHS highland was operating in compliance with applicable Information security and data protection legislation. Group meetings continued to be well attended by its membership. The report gave specific updates on Regulatory Audits during the reporting period in relation to the Data Protection audit 2022 (Information Commissioners Office) and Network and Information Systems (NIS) regulations audit. Progress updates were provided in relation to Patch Management, End-Point Device Management; Incident Response Protocol; Business Continuity Testing Policies and Procedures; and Business Contingency Plan. Specific updates were also provided in relation to activity relating to the Caldicot Guardian role, Adult Social Care activity, Corporate Records, Freedom of Information; Subject Access Requests and Policies that had been ratified. Other significant areas of discussion were detailed along with detail of reportable incidents occurring during the reporting period. The report proposed the Committee take **Substantial** assurance.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Agreed** to take **Substantial** assurance.

12 HOSPITAL TRANSFUSION COMMITTEE - 6 MONTHLY UPDATE

There had been circulated a report on the activities of the Hospital Transfusion Committee during the reporting period. Dr Fiona Gunn had recently taken over as Chair of the Committee, this meeting on a quarterly basis. It was reported the Committee had historically and continued to suffer from under-representation from a multidisciplinary perspective. This was particularly pertinent in regard to staff education and investigation/feedback of adverse events. The Committee had successfully recruited members from multiple, previously under-represented Specialties including Obstetrics, Emergency Medicine and Theatres. A permanent Transfusion Practitioner and two Consultant Haematologists had been appointed as integral members of the Committee. There was Transfusion Consultant support from Scottish National Blood Transfusion Service. There had also been circulated the NHS Highland SNBTS Transfusion Team Annual Update Report for 2023/2024. The report proposed the Committee take **Substantial** assurance.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Noted** the NHS Highland SNBTS Transfusion Team Annual Update Report for 2023/2024
- **Agreed** to take **Substantial** assurance.

13 RISK REGISTER – CLINICAL RISK AT STRATEGIC LEVEL

The Committee **Agreed** to **Consider** this matter at the next meeting.

14 2024 COMMITTEE MEETING SCHEDULE

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

5 September
7 November

15 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the position relating to the NDAS Service and Vaccination activity.

The Committee so Noted.

16 ANY OTHER COMPETENT BUSINESS

There were no matters raised in relation to this Item.

17 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 5 September 2024 at 9.00am.

The meeting closed at 12.20pm