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)	**27 September 2022 – 9:30am**

Present
Prof. Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health
Mr Alex Anderson, Non-Executive
Mr Graham Bell, Non-Executive
Ms Jean Boardman, Non-Executive
Ms Elspeth Caithness, Employee Director
Ms Muriel Cockburn, Non-Executive
Ms Heledd Cooper, Director of Finance
Mr Garrett Corner, Non-Executive
Mr Alasdair Christie, Non-Executive
Ms Ann Clark, Non-Executive
Ms Sarah Compton-Bishop, Non-Executive
Ms Pamela Dudek, Chief Executive
Mr Philip Macrae, Non-Executive
Ms Heidi May, Director of Nursing
Mr Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Ms Susan Ringwood, Non-Executive
Dr Gaener Rodger, Non-Executive
Ms Catriona Sinclair, Chair of Area Clinical Forum (until 2.38pm)

In Attendance
Ms Lorraine Cowie, Head of Strategy and Transformation
Ms Pam Cremin, Deputy Chief Officer, Community Services
Ms Ruth Daly, Board Secretary
Ms Fiona Davies, Chief Officer, Argyll and Bute HSCP
Ms Ruth Fry, Head of Communications and Engagement
Ms Fiona Hogg, Director of People and Culture
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Ms Karen King, Associate Director of Midwifery
Mr Constantinos Yiangou, Deputy Medical Director
Mr David Park, Interim Deputy Chief Executive
Ms Kate Patience-Quate, Deputy Director of Nursing
Ms Katherine Sutton, Chief Officer, Acute Services
Ms Nicola Thomson, Consultant for Gaelic Plan
Mr Nathan Ware, Governance & Corporate Records Co-Ordinator
Prof. Brian Williams, University of the Highlands and Islands
Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

1 Welcome and Apologies for absence

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

Apologies were recorded from Board members Albert Donald and Joanne McCoy. It was also noted that Louise Bussell, Chief Officer Community Services was being represented by Pam Cremin, Deputy Chief Officer, in her absence.

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2 Declarations of Conflict of Interest

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

3 Minute of Meetings of 26 July 2022

The Board **Approved** the minutes of the scheduled Board meeting of 26 July 2022, amended to show J Boardman as having attended.

4 Matters Arising

Board Action Plan

- R Daly highlighted the completed actions for removal from the action tracker.
- Referring to the action to provide Board members with the numbers of babies born en route to hospital over the past year, Heidi May advised that there had been four in North Highland and one in Argyll and Bute. Any update to these preliminary numbers would be provided to the Board following checking.

The Board **Agreed** the updates to the Action Plan.

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

The Chief Executive paid tribute to two healthcare colleagues, Eileen Gow and Sally Foulds who had sadly both died in recent road traffic accidents. She expressed condolences on behalf of the Board, commented on their dedication to their work, and noted that this would be a difficult time for their respective families, friends and work teams.

The Chair agreed to write on behalf of the Board to the two families involved.

Vaccinations

- It was noted that there had been difficulties experienced at the start of the vaccination programme in aligning the national programme with local needs. Several lessons had been learned from these earlier experiences, however there had been a recent issue with letters sent in North Highland inviting some members of the public to travel significant distances for their appointments due to postcode anomalies. There has since been further training and work to address the issues.
- It was acknowledged that vaccination performance in Highland was good by national comparison with uptake in line with other boards.
- There had been a recent incident in Argyll and Bute at Helensburgh where an unusually large number of people arrived for the drop-in sessions. The staff were commended for their ability to accommodate the numbers. The recommendation to the public is to attend the given appointment to avoid delays and inconvenience.

National Treatment Centre

- Recruitment was reported as a significant issue currently being experienced in setting up the National Treatment Centre. This was a national issue and was being actively addressed by D Jones and F Hogg. A promotional campaign had been extended to advertising on the London Underground and on Edinburgh buses. D Jones noted the progress and confirmed a full account will be provided to the Board at a later session.
- There is work underway with clinical leads to address areas such as anaesthetics to help ease the recruitment gaps. Recruitment in some areas such as nursing, orthopaedic surgery and support roles have generated considerable interest.

Visits by the Board

- A number of Board members had undertaken visits to departments across the region.
- P Dudek visited Argyll and Bute, Fort William and Caithness in the past week and paid tribute to the staff for their passion and commitment during difficult circumstances where system pressures have continued to be challenging.

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- Unscheduled Care remains a significant challenge, and work is underway to address this across the organisation. Performance in this area compared to the other Scottish health boards is good but requires attention to relieve pressure on clinicians.

The Board **noted** the update.

6 NHS Highland 5 Year Strategy – Together We Care, for you, with you

L Cowie introduced the final draft of the Board Strategy and confirmed that there had been some 45 engagement sessions held with a range of stakeholders which had led to significant feedback with approximately 1,700 responses. It was acknowledged that the draft 5-year Strategy aligned with Argyll and Bute's strategic plan and referenced areas of joint work between Highland and Argyll and Bute in the Annual Delivery Plan. The draft Strategy embedded quotes from the consultation to help emphasise those areas considered most important to the population.

During discussion, in which support for the content and format of the 5 Year Plan was expressed, the following comments were made:

- B Williams commented that he would be keen to see how the University of the Highlands and Islands can work with NHS Highland and find points of strategic alignment. He had asked Prof. Sarah-Anne Munoz to lead some work in discussing collaborative opportunities with partner organisations.
- S Compton-Bishop noted the engagement work undertaken in Argyll and Bute and asked that a link to the strategies be provided in the report.
- It was suggested that reference to the professional advisory committees could be clarified in a future version of the report to show how they fit into the wider governance framework.
- The inclusion of reference to of End of life Care was particularly welcomed and cooperation between NHS Highland and Highland Hospice was also noted.
- B Peters commented that there are many clinical staff who had not been able to be involved in the engagement work because of the clinical challenges but considered that there would be little to disagree with from a clinical perspective.
- The Chair commented that the Strategy marks a defining moment for NHS Highland, as it moved the Board to a sounder strategic footing for the future and built on the commitments of the one year strategy.
- L Cowie commented that she would be working with Ruth Fry on the launch of the strategy with a promotional video. Thanks were expressed to Elspeth Harrison and David Balfour for work in the engagement phase.

The Board **agreed** to take substantial assurance from the report, **approved** the NHS Highland Strategy 'Together We Care, with you, for you', and **noted** that the development of the Strategy had been used as a driver for the Annual Delivery Plan and that implementation has just commenced.

7 Annual Delivery Plan

L Cowie introduced the report and the Annual Delivery Plan which had been submitted to Scottish Government within the allocated timeframe.

- The Annual Delivery Plan (ADP) was commissioned by Scottish Government in June 2022, and from an organisational perspective it would be considered as year one of the Strategy implementation. It was considered important therefore to include areas such as Mental Health services which were not originally included in the ADP brief.
- During the development of the ADP, work was carried out with a variety of teams and professional advisory committees to develop a plan that aligned with the larger Strategy so they could develop appropriate key performance indicators.

In discussion, the following points were raised:

- It was noted that areas for alignment between the respective plans of Highland and Argyll and Bute IJB had been considered and that Mental Health and End of Life Care were two of the key areas for collaborative work.

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- It was confirmed that, notwithstanding the fact the Plan had been submitted to Scottish Government, it was in final draft until approved by the Board.
- P Dudek commented that the organisation is still in the process of determining what 'People in Place' means for NHS Highland and used the example of vaccinations as a large project that had seen significant work to adapt to the requirements of the population across the geography of Highland.
- It was noted, in terms of governance, that work to align KPIs from the ADP with associated governance committees was underway.
- It was mentioned that it will be important for managers to view performance indicators as a tool to ensure that work can be carried out and decisions can be made when addressing priorities and risks.

The Board **noted** the report and **agreed** to accept substantial assurance.

The Board took a break at 10.36am and reconvened at 10.55am.

8 Maternity Services Business Case

K Sutton introduced the SBAR and draft business case circulated to the Board. The report focussed on the support for, and improvements to, neonatal and maternity care for mothers, babies and families accessing services, particularly through Raigmore Hospital. The draft business case had been developed in line with the Scottish Government's Best Start principles and through engagement with service users and frontline clinicians. In introducing the item, K Sutton and colleagues made the following points:

- Frontline colleagues had provided feedback on the business case to highlight specific areas which required further work, particularly relating to the challenges experienced in recruiting midwives. Work with NES was ongoing to mitigate the challenges experienced.
- K Sutton invited the Board to support a phased approach to the necessary capital investments to the fabric of Raigmore Hospital to facilitate the proposed improvements to neonatal and maternity services. Building a new separate maternity and neonatal unit was not a feasible option given current financial constraints and the ramifications for the remainder of the Raigmore Hospital estate. However, the business case identified refurbishment opportunities, similar to those carried out in other areas of the hospital. A Wilson noted the existing space restrictions on the Raigmore hospital site and referred to imminent meetings with Scottish Government to consider plans for the next 5 to 10 years where a case for a new Raigmore hospital could be explored. However, he also noted the importance of completing the Belford and Caithness projects and the need to be mindful of careful use of available funds. A new facility at Raigmore would take at least 10 years to realise and should be considered as part of a wider suite of improvements for all acute services covering the whole of the Board area.
- It was emphasised that the Board was not being asked to approve the business case at this stage as it was still being developed with clinicians and system leaders.
- K King noted the main concerns around recruitment and retention of staff and how career progression and training was a vital part of addressing this. Alternative service delivery models were being considered to provide continuity until staff recruitment had been completed.
- It was also noted that an enhnaced working environment was likely to assist in attracting new staff and retaining existing ones.
- There has been success with student recruitment with six due to start this month. Recruitment fairs such as the RCM Conference in Wales had been targeted.
- It was noted that online and distance learning models were generally more attractive to staff wishing to improve their skills and remain in the region, and programmes like the undergraduate programme at Napier University were being explored.

- C Yiangou noted the importance of including clinical representatives at the planning meetings to discuss the Maternity Programme. A collaborative group had been meeting which included colleagues from NHS Grampian that has been discussing fragmentation of care and addressing pathways which prevent this.
- Staff at all levels had expressed safety concerns and these are being addressed by examining rota arrangements with an intention to recruit more consultants.
- Clinical engagement sessions were in the process of being arranged to bring clinicians together to resolve some of the issues raised. The first of these will happen in Inverness.
- The work under discussion is a proposal for reconfiguration of our services to ensure a safe provision for Highland women and patients with the potential additional work from the Moray area being considered.

During discussion the following comments and questions were raised:

- It would be important to focus on the future provision of good quality services and better choice for all patients and families. There was already a community midwifery led unit in Argyll and Bute. The SLA between Argyll and Bute IJB and NHS Greater Glasgow and Clyde was noted as a successful model for cross-board interaction. Further information was sought on the impact of the upgrade in terms of compliance with Best Start recommendations. It was confirmed that not all Best Start recommendations would be fully achieved in every health board. Every effort was being made to provide midwifery led care, albeit not necessarily within an alongside midwifery unit. The difficulty of ensuring choice of place of birth and continuity of carer was noted with reference to Highland's remote and rural context but that this was addressed via Community Midwifery Units.
- The timescale for work with Moray is tied to ensuring safe clinical pathways are achievable and that resources will be available to take the extra capacity. It was acknowledged that the additional numbers of cases were based on current assumptions and the need for agreed clinical pathways was therefore highly significant.
- The concern was raised that there could be political pressure to accept the plan to support Moray if NHS Highland accepts Scottish Government funding for its own Maternity redesign. The Chief Executive noted that the Board was clear that NHS Highland could only agree to support the Moray plan if its own service redesign was properly addressed. The first phase was to stabilise our own systems before NHS Highland could provide assistance to another Board.
- P Dudek noted the importance of service provision resilience for collaborative working and that a networked way of working is preferable to being in competition for staff across health boards. It was clear there were many issues still to be discussed with colleagues and these discussions would continue in an open and honest way.
- H May welcomed the progress currently being made and celebrated the success of the community midwifery units in Caithness and Skye. She acknowledged some of the concerns expressed by staff and recognised that further work was necessary in this highly complex area. In response to the comments made about Best Start, she suggested that a paper go to the Clinical Governance Committee for further discussion to take place. A Clark and P Dudek commented that they had received encouraging feedback directly from midwives in Argyll and Bute on the work there.
- A Wilson gave assurance to the Board that the refurbishment of Maternity Services at Raigmore was viable. The challenges were acknowledged but it was noted that the Maternity area stands apart from the main building complex limiting the impact on the rest of the building, and that a phased approach would be taken.

Following discussion, the Board **accepted** moderate assurance from the report and:

a. **Noted** that the draft business case has not been formally submitted to Scottish Government due to the ongoing clinical discussions that are required to take place to ensure joint board

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alignment in the establishment of safe maternity and neonatal care pathways for Moray women and their families,

b. **Noted** that further work is underway to understand the requirements for midwifery led care in the Inverness area alongside maximising this approach at a local level across the Highlands and Argyll and Bute,
c. **Noted** the current challenges in the NHS Highland system of maternity and neonatal care that require ongoing work to resolve in particular establishing stability and sustainability in the workforce,
d. **Approved** progress with the capital works in the maternity and neonatal unit within Raigmore that will result in a much improved environment and experience for the women and families along with the workforce in delivering the care, and
e. **Noted** that this will be formally taken through the Asset Management Group and Finance, Resources and Performance Committee at their October meetings to ensure the governance process is formally followed.

9 Integrated Performance and Quality Report

D Park noted that work has started to align the metrics that are shown in the report back to Strategy and ADP.

- He noted a correction to p.215 as the cancer performance chart is the wrong set of data.
- CAMHS performance remains a critical challenge, and a meeting had recently been had with the Minister for Mental Wellbeing and Social Care to discuss planning in this area.
- NHS Highland is performing relatively well compared to the rest of the country with Unscheduled Care but it still remains a focus for improvement.
- During January and March, NHSH saw a higher than expected level of Clostridium difficile. Every case was reviewed with the Infection Prevention and Control team but no connection was found between the cases. An action plan was put in place and the rate has reduced to within expected levels of infection, and this will continue to be monitored through the Control of Infection Committee and Kate Patience-Quate will continue to report to the Clinical Governance Committee.

During discussion, the following areas were addressed:

- K Sutton noted that cancer performance had been a challenge, particularly around the 62-day performance marker. This was due to a loss of capacity because of staff illness.
- K Sutton offered to provide more data outwith the meeting and bring back a report for the Board that articulates what areas have been impacted. She commented that these issues had been addressed within endoscopy through using private sector capacity to deliver services to try and keep people within their time frames. For the breast pathway, it was noted that this is a very specialist area where access to additional surgical capacity is at a premium.
- K Sutton noted that she would discuss developments with the innovative cancer programme with M Cockburn outwith the meeting.
- K Sutton noted that performance recovery for scheduled care has recently been reformed to prioritise urgent and cancer care.
- Regarding patient falls in hospitals, H May noted that the situation is stable, however an increasing number of elderly frail people are being seen in hospital and this raises the risk of falls.
- The role of hand cleaning procedures in relation to Clostridium difficile was discussed. The Nurse Director noted that she would pick this up with the Infection Control Team.

The Board **Agreed** to take **limited assurance** from the report and **noted** that the Annual Delivery Plan and Winter Plan are in development.

The Board took a break at 12.51pm and reconvened at 1.20pm.

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10 Finance Assurance Report – Month 5 Position

H Cooper spoke to the paper and invited questions from members. She confirmed that for the period to end August 2022 (Month 5) an overspend of £17.683m was reported. This overspend was forecast to increase to £33.600m by the end of the financial year. The Year To Date position included slippage against the savings plan of £8.542m with slippage of £12.225m forecast at financial year end.

During discussion:

- A Christie noted the likely increased pressure on the budget for drugs and Acute Services with larger pharmaceutical companies looking to increase profits in response to the market following the pound crashing against the dollar.
- It was clarified that £16m was lodged with Highland Council of which £7m had been allocated by Scottish Government for COVID Recovery. It is thought that Scottish Government will review the level of expenditure against the £7m and reclaim the difference for redistribution based on Q2 information. Therefore any potential slippage against the £7m may not be held within Adult Social Care reserves.
- Confirmation had been received from Scottish Government that funds had been set aside for an Agenda for Change Pay award of 5%.
- It was noted that Grip and Control measures were more suited to short term centralised financial decision making and implementing these measures would reduce staff accountability and not assist awareness among staff of what authority they held.
- P Dudek noted that there is a task force to address the most difficult questions facing health boards across Scotland.

The Board **Agreed** to take **limited assurance** from the report.

11 The Culture Programme Update

F Hogg gave a presentation noting the key points of the report.

- She noted that the People and Culture Programme Board will oversee all the progress around the programme, chaired by herself and reporting to the Performance Oversight Board.
- Membership of the People and Culture Programme Board will be drawn from key operational and professional leadership roles, as well as from subject experts and workstream leads, staff side and other key stakeholders. It will replace the Workforce Board and the Culture Oversight Group.
- Progress with transformation will be overseen through the strategic IPQR report and through assurance reports into the Staff Governance Committee. Sitting below this will be more detailed reporting from operational leadership and management groups.
- Focused work will continue on speaking up and listening up. The week of the 3rd to the 7th of October is Speak Up Week and there will be a lot of promotion and activity around that including a video helping colleagues understand what they need to do to get up to date with their Statutory Mandatory training.
- The second Listening and Learning panel was held recently, with a number of colleagues from across the organisation focusing on the wellbeing and colleague recognition agenda.
- Onboarding and Exit surveys will gather data from colleagues to get some consistent idea of experience so that recruitment and retention can be better tailored.
- It is hoped that the first meeting of the People and Culture Programme Board will be held before the end of October to review terms of reference, IPQR content and timings.

The Board **noted** the report.

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12 Whistleblowing Standards Report

F Hogg spoke to the report and noted that time had been taken to engage with the detail of the feedback from the quarterly reports so that this first annual report would be more visually engaging and present a clear overview of the work undertaken.

- The report will be shared with the independent National Whistleblowing Office, and a version will be created for ease of reference for colleagues to take the work forward.
- The timing of the report works well in terms of promoting its findings during Speak Up week, and there will be a lot of promotional activity across the board area focused not just on speaking up, but on listening and responding to concerns.
- F Hogg paid tribute to the work of A Donald promoting standards and visiting staff across the region, and to the Guardian Service and their valuable independent support and commitment to colleagues which is a service that few boards have been able to offer.
- Whistleblowing and speaking up is an integral part of the strategy and ADP and will be aligned to the Culture Plan.
- It was noted that some cases are complex and require time to address the issues and it was acknowledged that certain cases are still taking too long and that there are still improvements to be made to become more agile and outcome focused whilst encouraging managers to embrace and value change.
- A Donald had supplied a written statement on his response to the report that the Chair read to the Board. In it he noted that he was satisfied with the content of the report and emphasised the importance of raising awareness among staff.

Discussion followed and the following points were noted:

- S Compton-Bishop commented that the Staff Governance Committee had been pleased to see the change in style for the yearly report.
- It was suggested that even though the initial figures are low for a full trend analysis that the data could still be broken down into themed areas.
- F Hogg confirmed that the report was a requirement of the Independent National Whistleblowing Officer (INWO) who require both quarterly reports and an annual report for which they requested a different format.

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

13 Corporate Risk Register

B Peters introduced the paper and noted that while the Board is not yet at its desired destination in its risk journey, it is moving in the right direction in lining up with the work of the Audit Committee.

- L Cowie noted that the Risk Register is undergoing review in line with the larger strategy project and to find alignments with the Argyll and Bute risk register.
- The EDG will review the Corporate Risk Register before it goes to the Board and take an active role in aligning risks to the governance committees for scrutiny and assurance.
- There are a number of updates to the risk register from long standing areas. These will be reviewed to align more closely with the ADP and the Strategy.

In discussion,

- The difficulty in appointing a Corporate Risk Manager was noted and it was suggested that the regular risk report to the Audit Committee might address the process of further embedding the management of risk in the organisation, noting that even with a Corporate Risk Manager it would not be within their remit to resolve every risk issue.
- B Peters noted that it was difficult to say if a response to address points raised would be ready for the next meeting of the Audit Committee but that there is an active plan under consideration.

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- It was noted that there had been a training session on risk issues for programme managers to understand how information feeds across the organisation into, and from, the Risk Register.

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

14 Board and Committee Meetings Timetable 2023

R Daly noted that the dates for 2023 had been agreed by the Governance Committees. She confirmed that the sequencing of the FRP Committee had been altered to match the financial reporting time frames more closely and the Committee will now meet on a Friday morning.

The Board **approved** the dates and **accepted** substantial assurance.

15 Appointment of Endowment Trustees

The Board **approved** Philip Macrae as chair of the Endowment Trustees until the new Scottish Government mandated governance arrangements for health board endowments are implemented.

16 Gaelic Language Plan – High Level Aims and first draft GLP3

N Thomson introduced the plan and noted that,

- If approved, the plan is due to go to public consultation with meetings run in both Gaelic and English. The plan will also be translated into Gaelic. Results from both the consultation and the Staff Survey will be added to the final draft.
- The plan will also be incorporated into the ADP.
- A development session on the plan for the EDG will take place on 17 October.
- The Gaelic Implementation Group will be reformed to ensure monitoring and implementation.
- The proposed level of assurance was moderate because it was felt that the Board had not previously performed to the intended levels with regard to this item.

In discussion,

- N Thomson confirmed she has been working with the planning officer for NHS Western Isles to avoid duplication of planning work, consider areas for collaboration and share best practice; for example, Western Isles have built a database of translations for signage.
- There has also been good interaction with Scottish Fire and Rescue Service on the use of their Gaelic Language Awareness module. N Thomson had also been working on setting up a small working group with Bòrd na Gàidhlig for public organisations to share experience and create benchmarking.
- The Chair commented that UHI and The Highland Council also have Gaelic language officers, and N Thomson added that there had been good collaboration with the Council on Gaelic classes. The Chair noted that there is some funding available through the Gaelic Language Implementation Fund from Bòrd na Gàidhlig and that there is scope there for NHS project applications.
- It was noted that the target dates were set on an approximate basis and in order to give the Board good time to consider each stage. N Thomson welcomed guidance on how the target dates could be amended.
- N Thomson invited members of the Board to participate in Gaelic classes.

The Board **accepted** moderate assurance and agreed the high level aims of the report, and **approved** the first draft GLP3 for consultation

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17 Governance and other Committee Assurance Reports
Escalation of Issues by Chairs of Governance Committees

a. Finance Resources and Performance Committee, 25 August 2022

- A Anderson commented that there had been a good discussion with a management update from Estates by A Wilson, and discussion of the financial challenges for the organisation.

b. Highland Health and Social Care Committee, draft minutes of 31 August 2022

- A Clark noted that there had been significant discussion of the Vaccinations programme.

c. Clinical Governance Committee, draft minutes of 1 September 2022

- G Rodger commented that Medical Deanery visited Lorn and Islands Hospital in May and noted that significant pressures on clinical teams had meant that training and peer support was not as robust as it could be and that therefore an action plan was now in place, and a report is due to go to the November meeting of the committee.
- Infection Prevention Control reported a rise in some cases. Immediate remedial action was taken and there was no indication that cases were linked.
- The Director of Nursing provided a high-level overview of the steps taken to mitigate the risks of nursing staff shortages and minimise the adverse impact on staff well-being and quality of patient care.
- The Cancer Services Recovery Board had updated the Committee on the impact of recruitment and retention issues on cancer services.

d. Area Clinical Forum, draft minutes of 1 September 2022

It was noted that good discussion was had.

e. Audit Committee, draft minutes of 6 September 2022

- A Christie noted that the committee had been looking for more follow-up on management actions in between the Audit Committee meeting cycle.

f. Staff Governance Committee, 20 July (agreed) & 7 September 2022 (Draft)

- S Compton-Bishop noted that the July meeting had not been quorate but that a good discussion was had. There was a spotlight session on eHealth applying standards, and a development session will be held soon on the Risk Register.
- A Clark commented that she had visited Oban and the staff spoken to indicated that a number of actions arising from the committee's work are having a positive impact.

g.Argyll and Bute Integration Joint Board, draft minutes of 24 August 2022

- S Compton-Bishop advised that the Integration Joint Board marked the launch of the Argyll and Bute HSCP Strategic plan. The Board also received an update on progress against the Primary Care Modernisation Plan, with a focus on the management of risk and challenge in the current operating environment and with the diversely populated urban, remote and island area.
- The IJB also met more recently (21 September) and the Chair verbally reported that the Argyll and Bute Child Poverty Action Plan review and Annual Review of the Children and Young People's Services Plan had been received.

The Board **accepted** adequate assurance and noted the updates.

18 Any Other Competent Business

- G Rodger reported that the Pharmacy Practices Committee had recently approved the inclusion on the Pharmaceutical List of MhorHealth Pharmacy at Spean Bridge. The

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Committee had agreed unanimously that it was necessary to grant the application and no appeal against the decision has been received.

- The Chair thanked Heidi May on behalf of the Board for her work and service to healthcare in the Highlands. He noted her significant and constructive contribution to the Board over the past 17 years and her career of 32 years in nursing. H May thanked the Chair and all colleagues and noted that she was leaving on good terms and that she had enjoyed working with this board and working as a nurse.

19 Date of next meeting

Tuesday **29 November 2022** at **9.30am**.

The meeting closed at 3.03pm

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NHSH BOARD MEETING ACTION PLAN

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

DATE OF MEETING	ACTION ITEM	ACTION BY	DEADLINE	NOTES
NHSH BOARD MEETING 28 SEPTEMBER 2021				
28/09/21	**12 b Strategic Risk Register** The risks and opportunities associated with **National Care Service** to be included in future strategic risk registers and considered at a future development session.	Louise Bussell Fiona Davies Boyd Peters	**December 2022**	**Update July 2022:** A Clark suggested this items wording and proposed deadline be reviewed after July Board Meeting Included in plan for Development Sessions
NHSH BOARD MEETING 26 JULY 2022				
26/07/22	**5. Chief Executive's Report – Verbal Update of Emerging Issues** The National Treatment Centre formal report on progress will come to the September meeting of the Board.	Deborah Jones	**September 2022**	Update to be rescheduled for **November** Board meeting.

Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 NOVEMBER 2022**
Title:	**Integrated Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operating Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

The NHS Highland Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on the performance of our health and care system. It also gives a narrative on the specific outcome areas from the Executive Lead to give assurance.

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

The current key performance indicators within this month's IPQR have been aligned to the strategy and additional indicators have been added to ensure we have measures for all outcome areas moving forward and alignment with the Local Delivery Plan measurements.

2.1 Situation

Scrutiny of the intelligence presented in the IPQR has been completed at the Clinical Governance Committee, Staff Governance Committee and Finance Resources and Performance Committee.

2.2 Background

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

2.3 Assessment

A review of these indicators continues to take place in the associated Programme Boards, Performance Oversight Board and governance committees.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Due to the continued challenges health and social care services face limited assurance on performance is provided at this time. The Annual Delivery Plan ensures we have a collaborative understanding, and a winter plan is being developed to try and protect our most vulnerable areas of our organisation.

3 Impact Analysis

3.1 Quality/ Patient Care

IPQR gives an integrated summary of our quality and patient care across the system.

3.2 Workforce

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

3.3 Financial

The financial summary is now separate.

3.4 Risk Assessment/Management

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

3.5 Data Protection

The Plan does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

- Take limited assurance on the performance of the system due to the continued challenges faced by health and care services
- The annual delivery plan and winter plan will support mitigation plans where possible.

4.1 List of appendices

- IPQR – November 2022

Integrated Performance and Quality Report

November 2022

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board from the previous quarters. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee. The Argyll & Bute data is not included in this report as they are refreshing their approach.

Not all of the data is collected at the same time due to publishing timetables. All of the Local Delivery Plan standards have been included with the exception of Alcohol Brief Interventions, Detect Cancer Early, NDAS, GP access, Dementia support and Smoking Cessation. These will be included in the next IPQR.

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

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Integrated Performance & Quality Report

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





Dr Tim Allison, Director of Public Health

The autumn COVID and influenza vaccination programme has started steadily and has been ahead of planned trajectory. It is being delivered by Board staff except for some islands where there is practice delivery. Argyll and Bute HSCP coverage has been higher than that in Highland HSCP. All care homes have had vaccination visits. Some appointment scheduling and clinic errors have occurred and programme risks including staffing still remain.

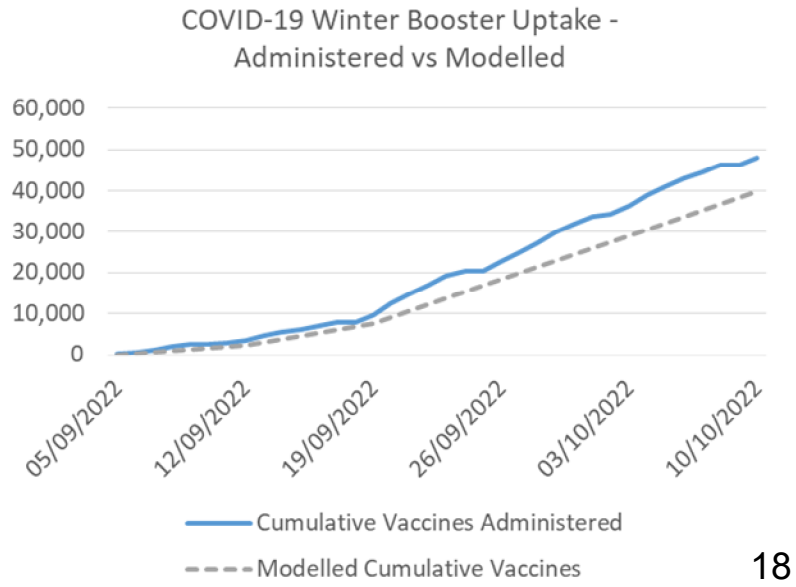
Area	Eligible Population
North Highland	149,722
Argyll & Bute	57,507

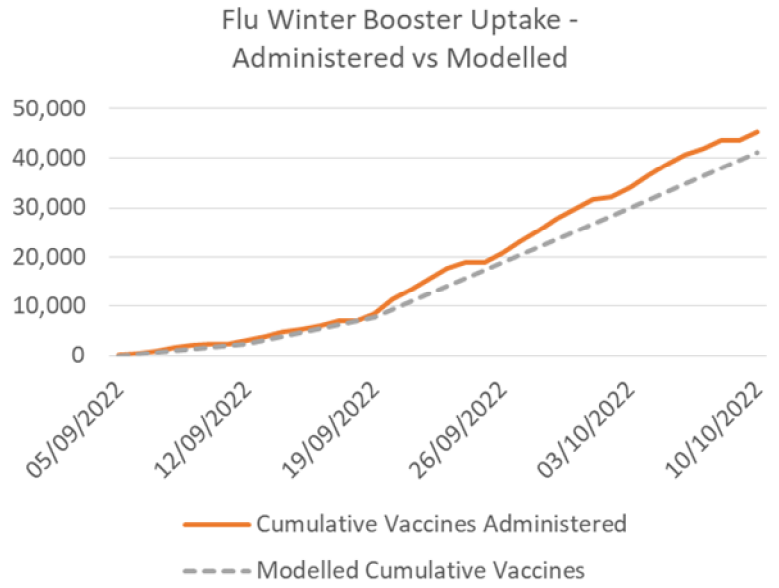
Performance Overview

There are 28 vaccination centres in the Argyll and Bute HSCP area and 65 in the Highland HSCP area in addition to school, care home and domiciliary vaccination locations.

At the time of intelligence reporting which was 11th October, in Argyll and Bute 18,855 COVID vaccinations and 20,510 influenza vaccinations have been given which for COVID.

Within Highland HSCP 30,757 COVID vaccinations and 39,003 influenza vaccinations. Vaccination has taken place at all care homes in NHS Highland.





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



	NHS Highland				Scotland				Uptake For last dose	
Cohort	Number Uptake	Population	Percentage Uptake	Percentage Point Change over last 2 weeks	Number Uptake2	Population2	Percentage Uptake2	Percentage Point Change over last 2 weeks2	NHS Highland	Scotland
Older Adult Care Home Resident (COVID-19 Booster)	1,535	1,715	89.50%	24.4%	22,430	26,859	83.50%	7.8%	86%	85%
Older Adult Care Home Resident (Adult Flu Vaccine)	1,562	1,775	88.00%	24.1%	23,290	27,932	83.40%	7.4%	-	-
65+ Cohort (COVID-19 Booster)	42,464	76,736	55.30%	20.9%	671,970	1,064,767	63.10%	29.1%	92%	93%
65+ Cohort (Adult Flu Vaccine)	41,169	80,141	51.40%	19.5%	663,233	1,110,683	59.70%	27.4%	-	89%
Frontline Health and Social Care Workers (COVID-19 Booster)	3,698	12,669	29.20%	-	55,829	221,307	25.20%	-	-	82%
All Health and Social Care Workers (Adult Flu Vaccine)	5,636	19,111	29.50%	-	88,643	326,129	27.20%	-	-	70%
Frontline Health Care Workers (COVID-19 Booster)	1,969	4,913	40.10%	-	31,605	86,864	36.40%	-	-	-
All Health Care Workers (Adult Flu Vaccine)	4,303	11,561	37.20%	-	65,024	178,053	36.50%	-	-	-
Frontline Social Care Workers (COVID-19 Booster)	1,742	7,797	22.30%	-	24,350	134,875	18.10%	-	-	-
All Social Care Workers (Adult Flu Vaccine)	1,645	8,549	19.20%	-	24,299	150,448	16.20%	-	-	-
Total COVID-19 Boosters	53,415	171,805	31.10%	8.6%	832,191	-	-	-	89%	88%
Total Adult Flu	52,541	191,638	27.40%	10.6%	870,360	-	-	-	-	-
Co-Administration										
Rate that COVID-19 and Flu vaccines were administered at the same appointment	50,825	-	91.20%	-	817,685	-	93.90%	-	-	-

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Integrated Performance & Quality Report

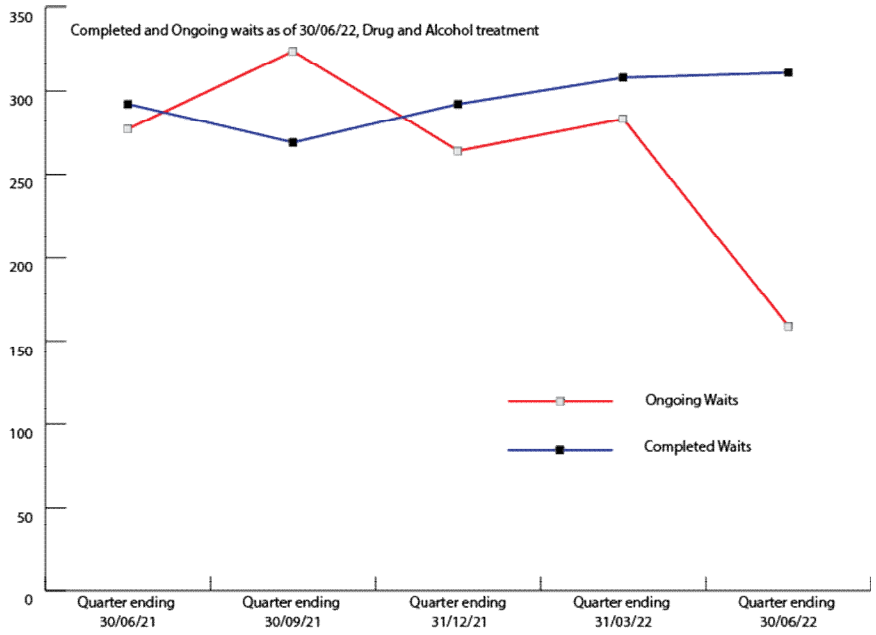
Objective 1 **Our Population**
Outcome 3 **Stay Well (Drug and Alcohol waiting times)**
Priority 3B ***"No patient will wait longer than 3 weeks for commencement of treatment"***

New indicator



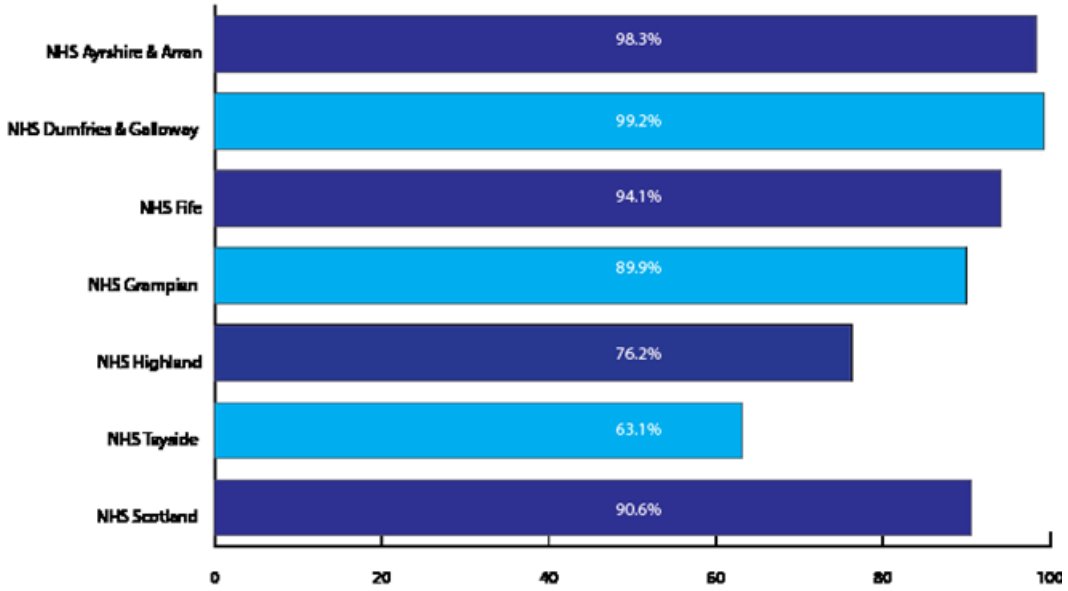
Louise Bussell
Chief Officer, Community

There has been a marked decrease in ongoing waiting times in the last two quarters. This relates to the service implementing new approaches following a process mapping, exercise. The service has redeveloped in key areas. They now provide immediate assessment rather than delay, caseload supervision to ensure flow, and have redesigned the pathway. This has been supported by further recruitment in Caithness where there is a particular need.



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

Percentage of Completed Referrals in 3 weeks or less



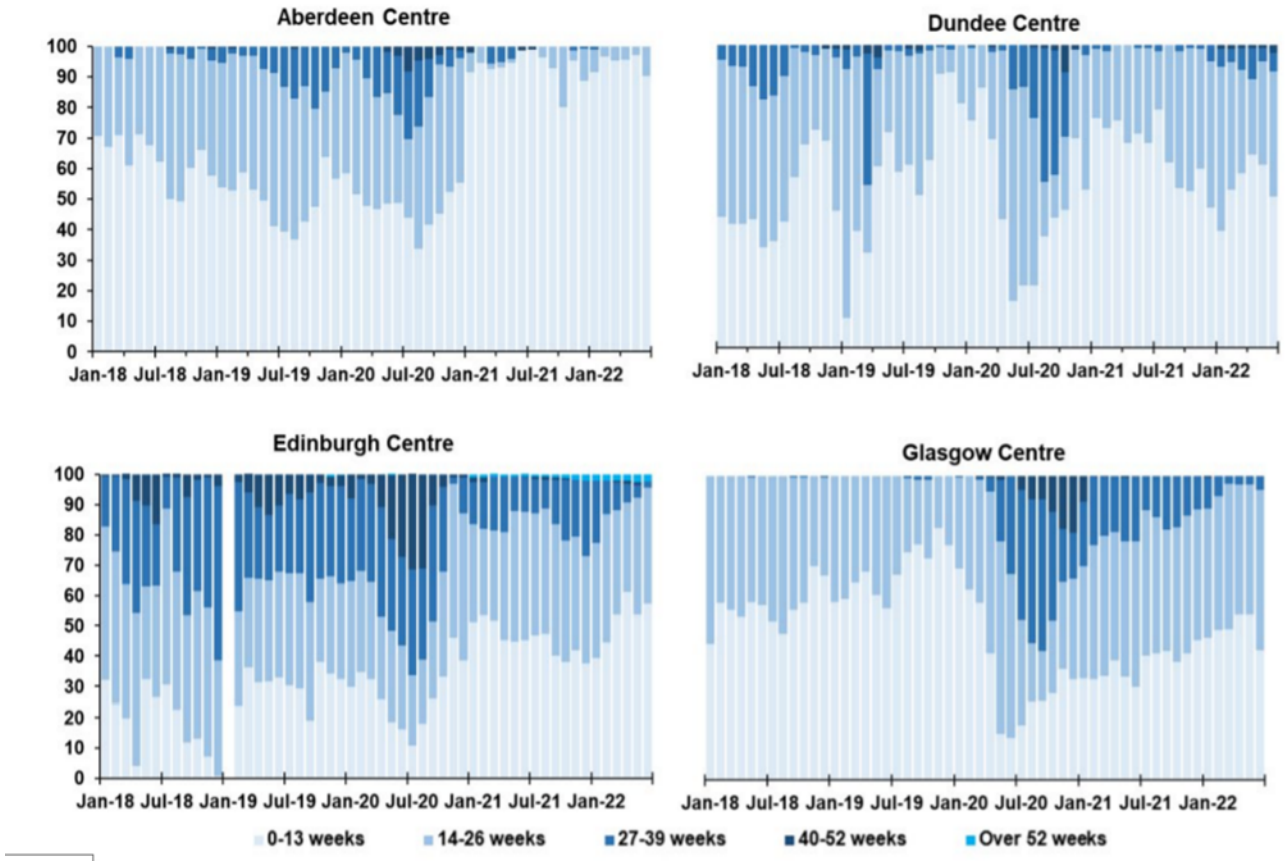
Objective 1 **Our Population**
Outcome 3 **Stay Well (IVF Waiting Times)**

New indicator

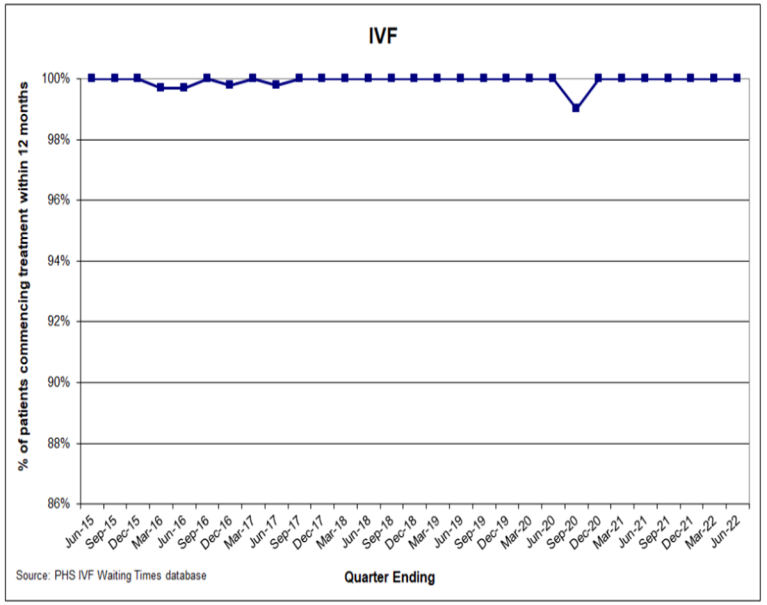


Katherine Sutton
Chief Officer, Acute

Waiting times to access IVF in the North of Scotland is performing at acceptable levels currently however there are significant challenges for the NHS Highland population in terms of distance to access treatment. As a part of the Stay Well Programme Board consideration will be given to understand population experience of accessing this service given the current challenges regarding the distance the Highland population must travel to access treatment.



Performance Overview
90% of eligible patients to commence IVF treatment within 12 months of referral. All NHS Highlands population are referred to Aberdeen and performance is better in the North than other centres although all of Scotland's population meet the waiting times. This is an LDP standard.



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Integrated Performance & Quality Report

Objective 1 Our Population
Outcome 1 Start Well (Maternity Services)
Priority 1A, 1C *"Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy"*

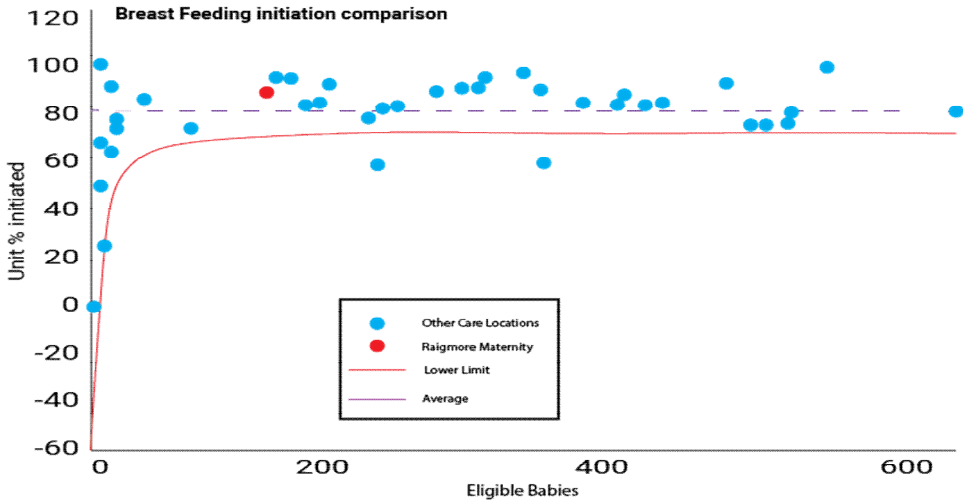
New indicator

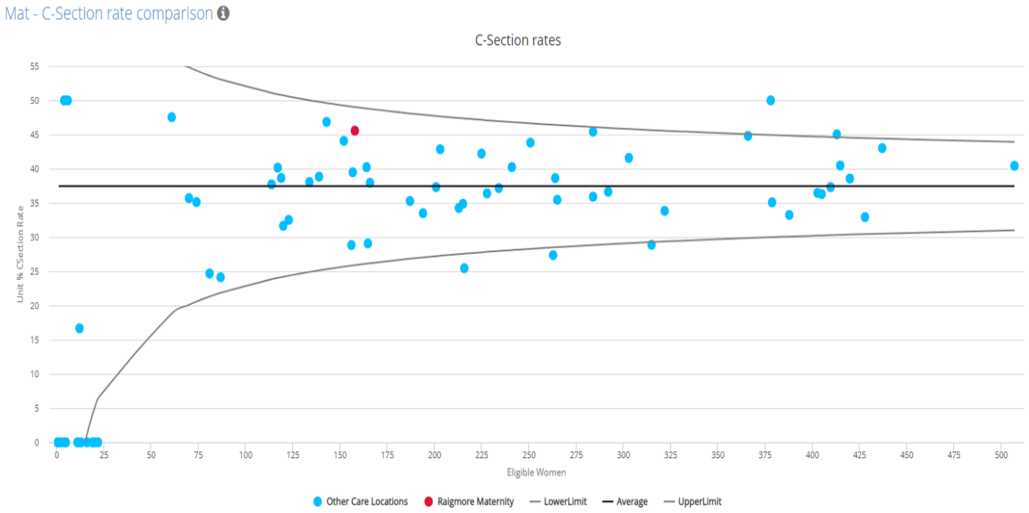




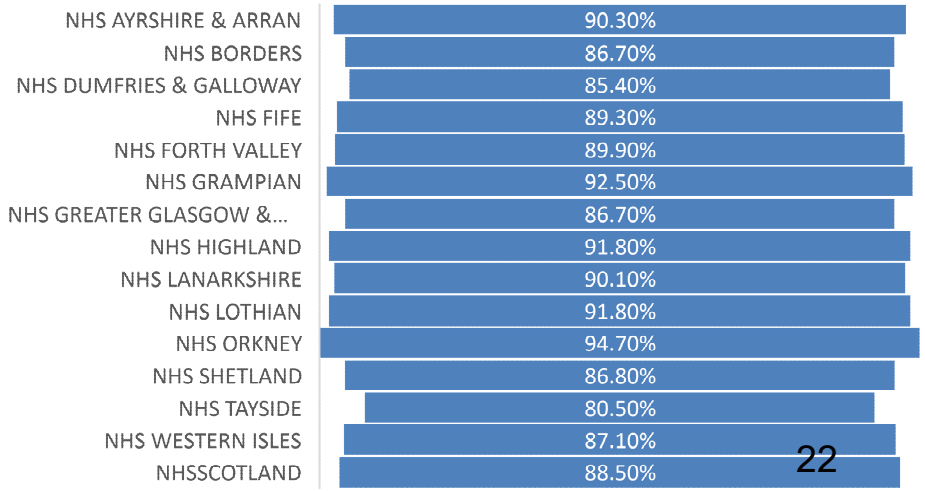
Katherine Sutton
Chief Officer, Acute

Start Well aims to give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy. The Maternity & Neonatal Programme Board is the collective strategic governing body to ensure we meet Start Well objectives through robust and rigorous planning, escalation and risk management.
Workforce planning is integral to the success of Start Well, and focussed discussions are actively underway to seek to address gaps across midwifery.
Further work is to be done in understanding CMU models of care and how this vital part of maternity services can be utilised to create additional capacity within acute sites.





Antenatal Care by 12th week of gestation



Performance Overview
The breast feeding comparison and c-section rates are new indicators and have been benchmarked against other boards. These have been discussed at the Clinical Governance Committee.

The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation. NHS Highland performance is 91.8% and is one of the highest performing boards in Scotland as at June 2022 which is the most recent data available.

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Katherine Sutton
Chief Officer, Acute

The CAMHS waiting times position continues to be challenging.
New leadership is in place and working closely with the service particularly in North Highland.
A refreshed CAMHS programme board has been established working in an integrated way with inclusion of Highland Council colleagues aiming to link the Tier 1&2 services, Education and AHPs together in an integrated working approach.
Specific workstreams to address focus areas for improvement are refreshing action plans agreed with Scottish Government with a particular focus on increasing capacity through introducing refreshed workforce models of service delivery.
We continue to work closely with Scottish Government colleagues to implement the National CAMHs specification across Argyll and Bute and North Highland.
A waiting time improvement initiative is being progressed aimed at significantly reducing patients waiting extended periods of time.
Further work will be ongoing within this area led by the recently appointed Clinical Director for CAMHS

Integrated Performance & Quality Report

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

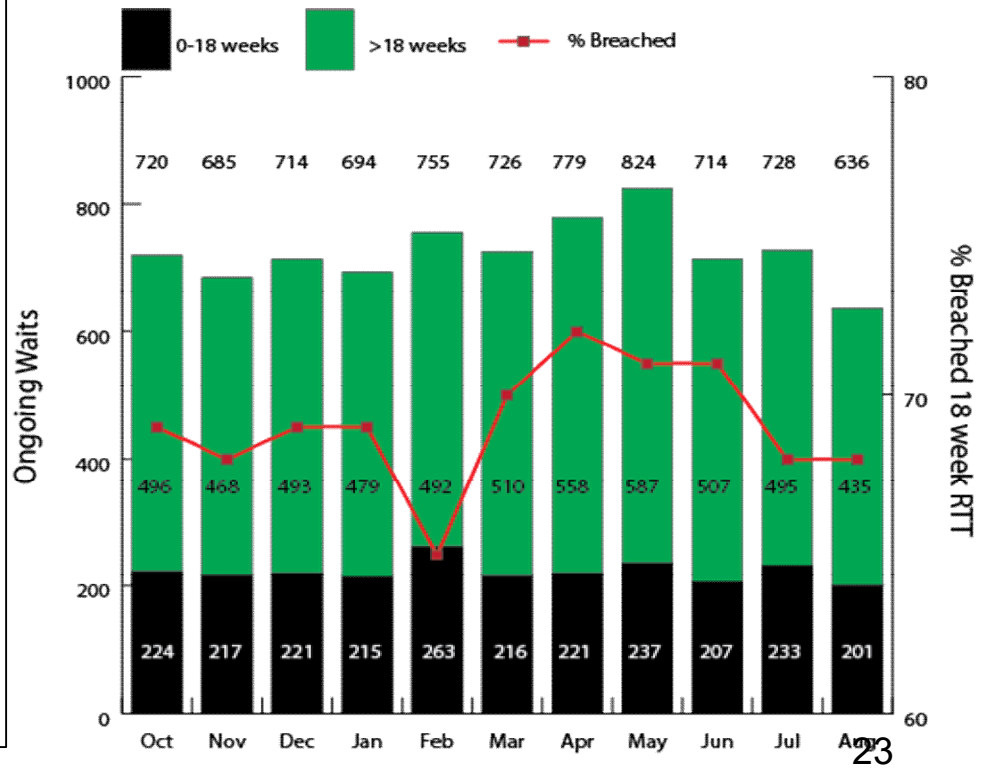


73.9% CAMHS current performance

Performance Overview

The national target for CAMHS is that 90% of young people to commence specialist CAMHS services within 18 wks of referral.
A total of 636 children and young people are waiting to be seen of which 435 have waited over 18 weeks and 201 over under 18 weeks. 262 have waited over 1 year, the longest wait being over 3 years. Benchmarking shows that we have a higher than average distribution of long waits to access services.

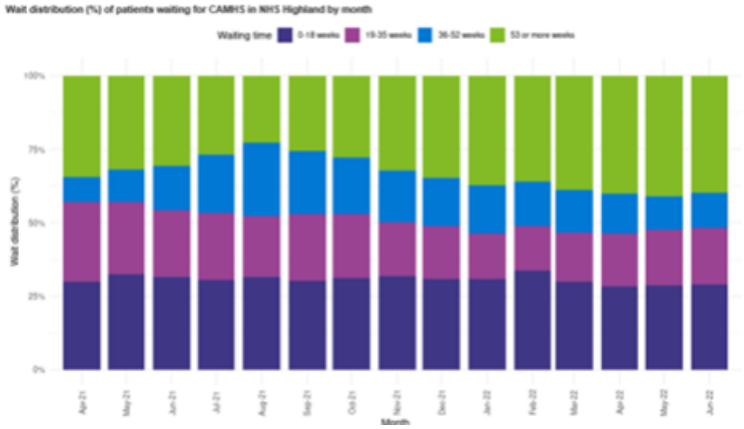
CAMHS waiting list to 31.8.22



length of wait

YRS	NH	A&B
1-2	167	5
2-3	76	0
3-4	14	0
4+	0	0

Average Length of wait bands in NHSH



Average Length of wait bands in NHS Scotland



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

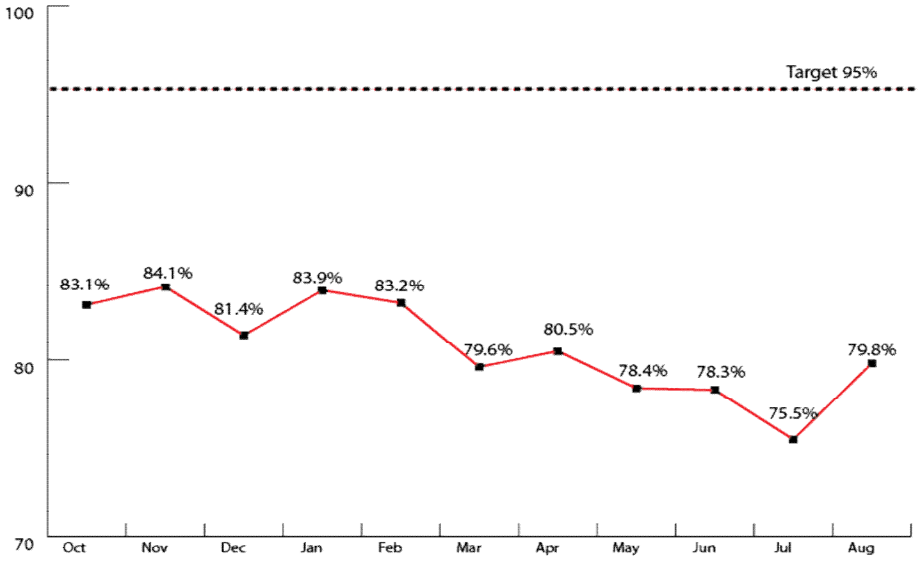


Katherine Sutton
Chief Officer, Acute

NHS Highland ED performance continues to be several percentage points above the Scottish average and work is ongoing across all acute hospital sites to return to improve ED performance.

Performance has failed to return to pre-pandemic levels and is significantly impacted due to system wide pressures. The main reason for breach continues to be the wait for bed. Improved performance has been noted in Flow Groups 1 and 2. However flow groups 3 and 4 performance continue to be significantly challenged. Ambulance waits have been significant at times across all locations. Work is ongoing through the Unscheduled Care Collaborative and working very closely with clinical teams on the front line to consider local interventions as well as broader more transformational redesign of urgent and emergency patient pathways and services which will help reshape resources to better meet the urgent and emergency access needs of the local Highland population.

79.8% current performance Scottish average 64.7%

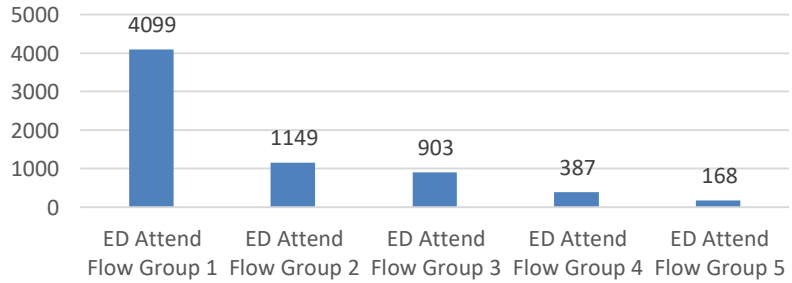


	July 22	August 22
4 hour wait to treatment	75.5%	79.8%
ED conversion rate	21.09%	20.79%
Emergency (EDIS) att.	5907	6204
Total ED attendances	6448	6706

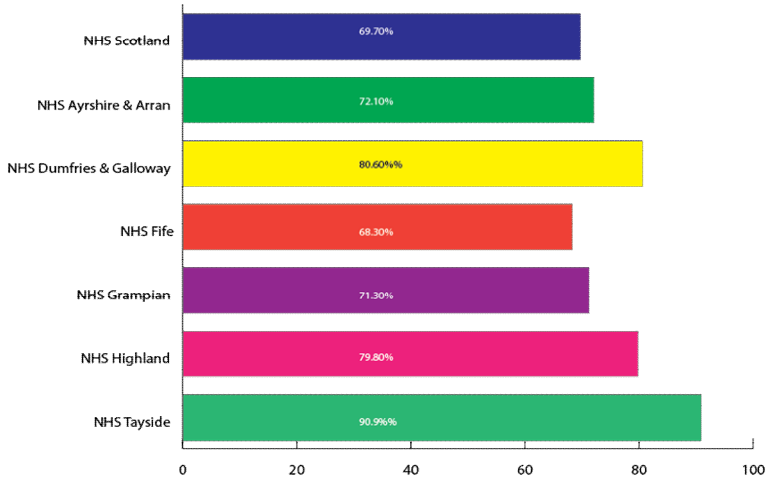
Sourced from Local Data

Performance Overview
The national target for ED is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 79.8%. The following is a link to the flow group definitions. Accident & Emergency | Patient Flow | ISD Scotland | Information Services Division

ED Attendences by flow group August 22



ED performance benchmarking (based on national Published figures)



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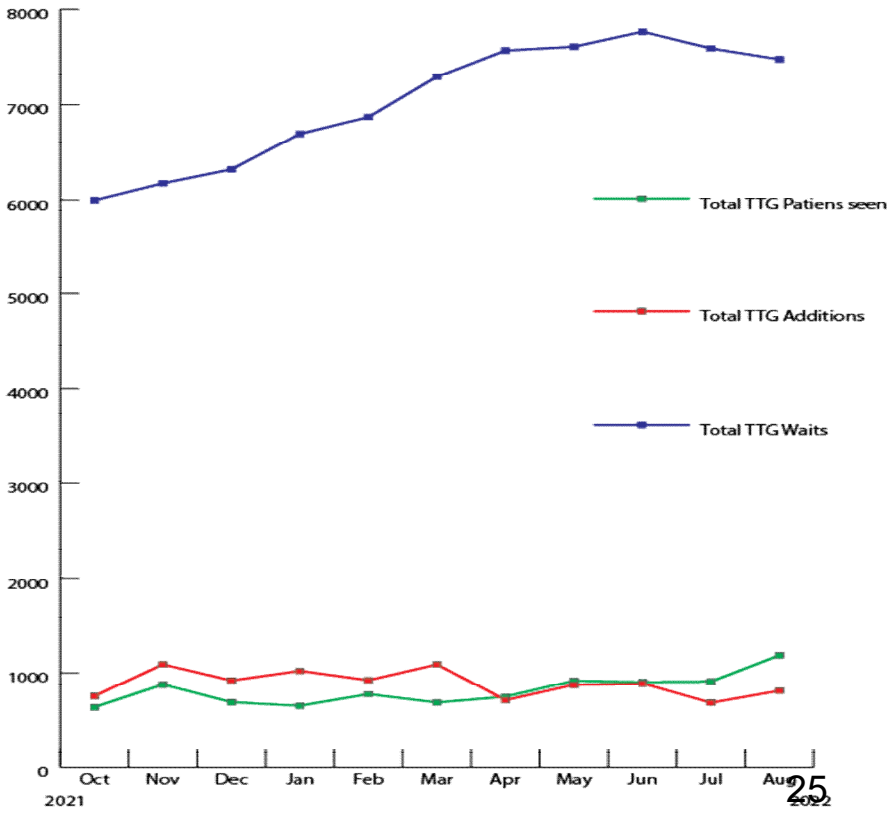
Objective 3 — **In Partnership**
Outcome 12 — **Treat Well (TTG)**
Priority 12A — ***"Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible"***



Katherine Sutton
Chief Officer, Acute

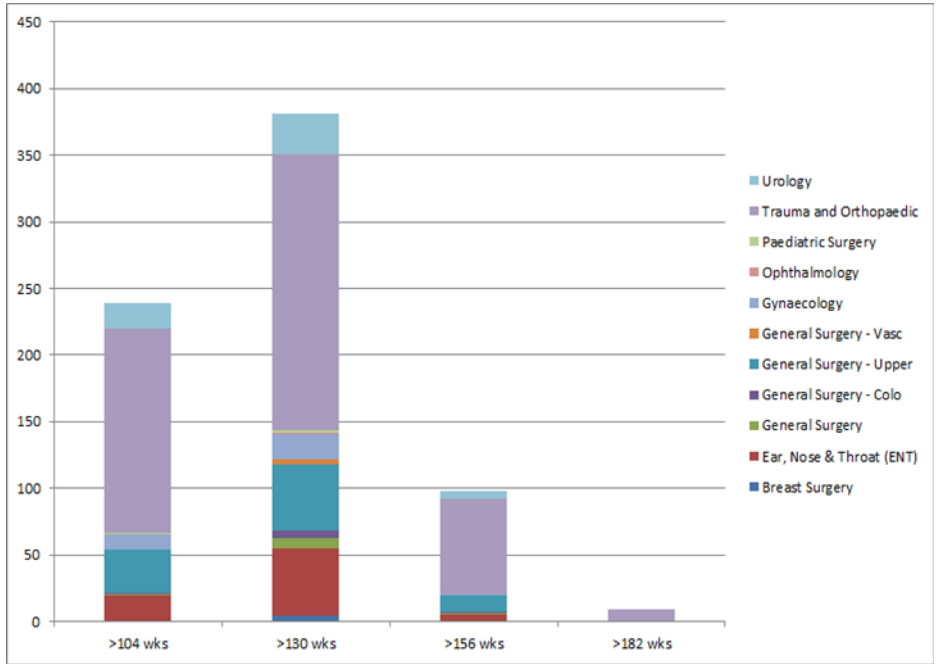
The Treat-well Strategy Programme Board is well established and chaired by the Deputy Medical Director Acute with an identified SRO and Programme Manager. Significant focus has gone into ensuring the numbers of long waiting patients are reducing. These actions have improved NHS Highland performance and we are now performing at Scottish average. The most challenged speciality continues to be Orthopaedics. We are aware that the NTC-H is coming on line April 2023. Work is ongoing to identify all opportunities and options to increase capacity for Orthopaedic patients.
NHS Highland has engaged and responded well as a part of NHS Scotland remobilisation response. Looking forward there are significant challenges predicted to the current progress with recovery due to ongoing system pressures, bed and staffing availability. Scaling back of the elective programme is being planned as a part of planning for winter to help support the ongoing flow issues being experienced within Raigmore Hospital and reduce risks to compromising patient care. Recently announced reduction of funding to support recovery will impact the potential rate of recovery

57.7% current performance Scottish Average 61.6%



Performance Overview
The national target for TTG is that no patient will wait >12 weeks from decision to treat to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 57.7% related to the overall TTG target.
a) No > 2 years waits for inpatient/daycases by September 2022
b) No >18 month waits for inpatient/daycases by September 2023*
c) No > 1 year for inpatient/daycases by September 2024*
The TTG waiting list is reducing. There is focused work on reducing our population waits of >2 years .

TTG waits over 104 weeks at August 2022



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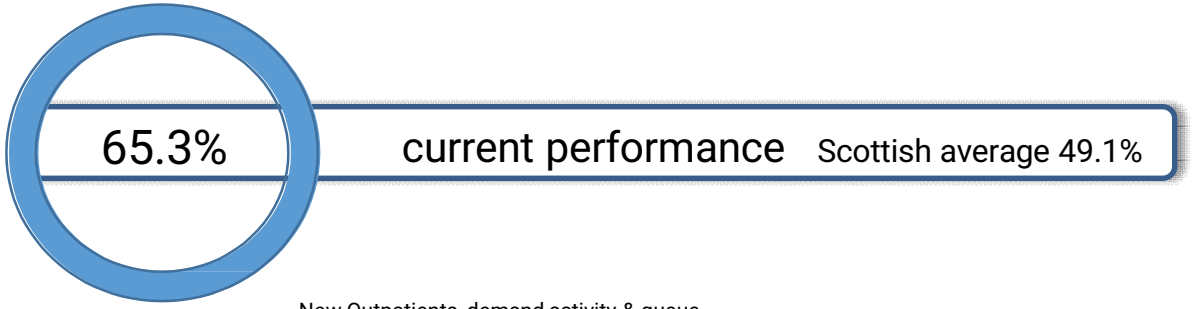
Objective 3 In Partnership
Outcome 12 Treat Well (Outpatients)
Priority 12B *"Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources"*



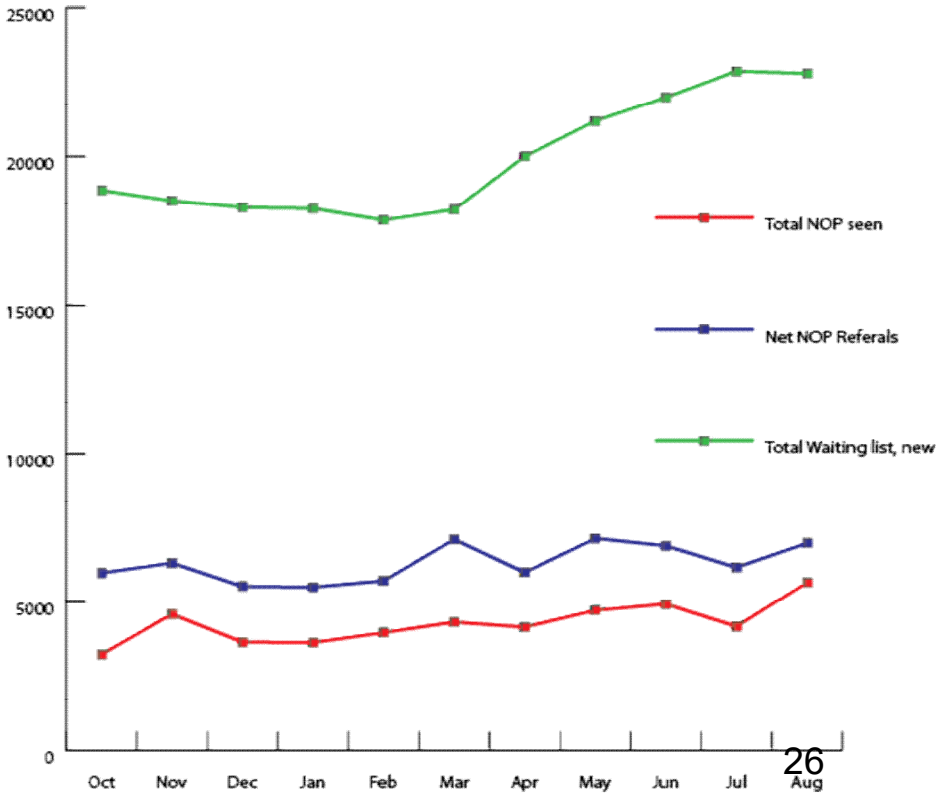


Katherine Sutton
Chief Officer, Acute

Remobilisation plans are progressing through the Treatwell Performance Recovery Programme Board. Focus is being applied to ensure the correct levels of activity are being delivered at service level and increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Plans have been developed at speciality level with Clinical Leadership at the forefront. Efficiency improvements as developed through the Financial Recovery Programme Board Out-Patients Cross Cutting Workstream and linking with The Centre for Sustainable Delivery are being applied across all speciality service areas. Additional capacity is being sourced to support in some service areas. Engagement with the Scottish Government recently launched planned care recovery programme. Work is ongoing with regards to meeting the recently released Scottish Government targets. Recently announced planned care funding constraints are impacting the potential rate of recovery with the March 2023 target looking extremely challenging to deliver.



New Outpatients, demand activity & queue



Performance Overview
The national target for outpatients is that no patient will wait >12 weeks from referral to appointment however SG have recently added interim targets for the majority of specialties that are described below. The 65.3% related to the overall OP target.

a) No > 2 years waits for new outpatients by September 2022. This was almost met with only 4 patients missing this target.
b) No >18 month waits for new outpatients by December 2022 is the next target to reach.

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

DNA rate Jun 2022

6.6%

F2F appointments

77%

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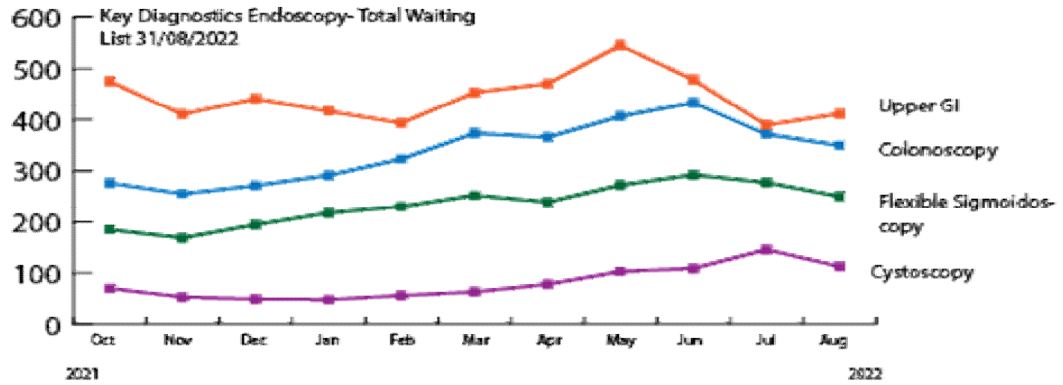
Objective 3 — **In Partnership**
Outcome 12 — **Treat Well (Diagnostics)**
Priority 12C — ***"Optimise diagnostic and support services capacity and improve efficiency with new service delivery models"***

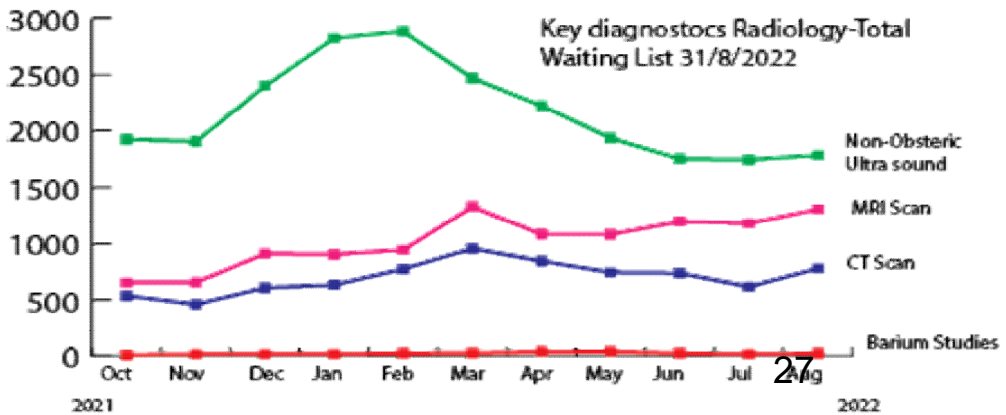


Katherine Sutton
Chief Officer, Acute

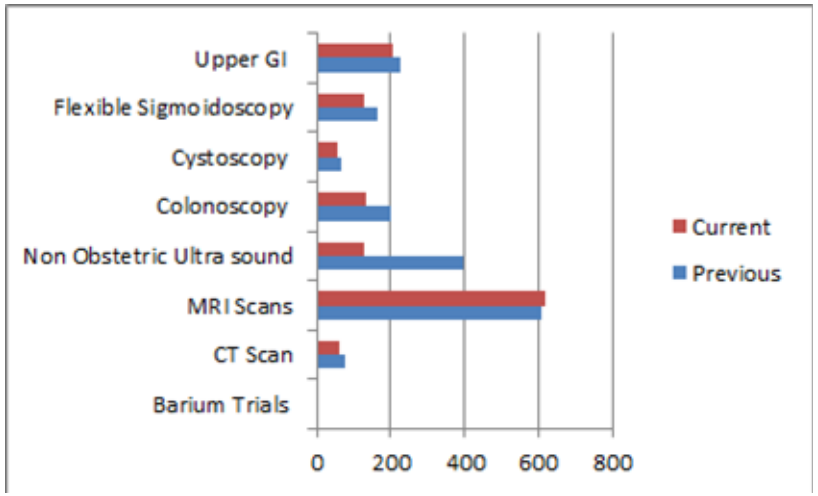
A Diagnostics subgroup has been established as part of the Treat well strategy arrangements.
The group will develop performance recovery plans to support a reduction of the number waiting for MRI. Work is required to understand time to imaging and also time to report.
Non-obstetric ultrasound is showing good recovery progress. Investment in workforce and training local radiographers in non-obstetric ultrasound has been successful in helping to increase capacity to deliver the service in Raigmore. Further training posts have recently been invested in to support further improvement.
The majority of non-obstetric ultrasound is now delivered through non-medical workforce capacity. This improvement has been acknowledged nationally and other Health Boards are keen to learn from the NHS Highland response in this area of imaging.

Performance Overview
The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. *We have 5028 people waiting for a key diagnostic test. 1310 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.*





8 KEY DIAGNOSTICS August 2022	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper GI	412	230
Flexible Sigmoidoscopy	251	101
Colonoscopy	350	224
Cystoscopy	113	88
CT Scan	783	991
MRI Scan	1310	665
Barium Studies	24	13
Non Obstetric Ultrasound	1785	1437
Total	5028	3749



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Integrated Performance & Quality Report

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



Katherine Sutton
Chief Officer, Acute

There have been challenges with capacity particularly within the endoscopy diagnostic capacity due to COVID absence and workforce capacity.
Arrangements have been delivered through the independent sector to increase endoscopy capacity. Capacity to deliver integrated breast surgery pathways has been challenging due to capacity within breast surgery and also due to diagnostics. Recovery plans bespoke to breast surgery are progressing which aimed at returning performance towards trajectory.
Challenges with flow have impacted capacity to deliver. Work is ongoing to understand the further patient pathway improvements that can be introduced to drive towards improved performance particularly on the diagnostic pathways.
Financial support from the Scottish Government to support improvements has been very limited

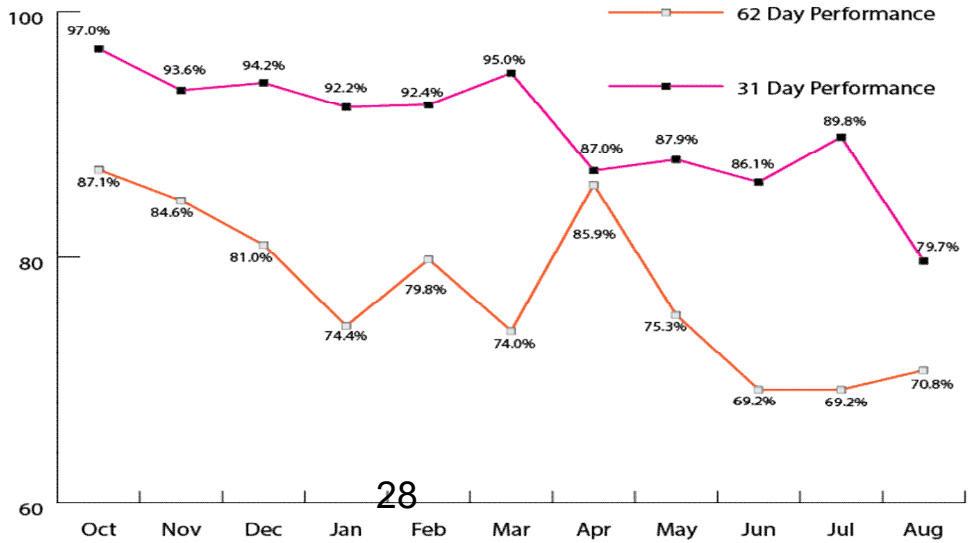
Performance Overview
The national targets for cancer are a) 95% of all patients diagnosed with cancer to begin treatment within 31 days b) 95% of USC referrals to begin treatment within 62 days
Performance for the 31 day target is significantly under the Scottish average and below the Scottish average for the 62 day. The LDP standard is to increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%. This will be included in the next IPQR.

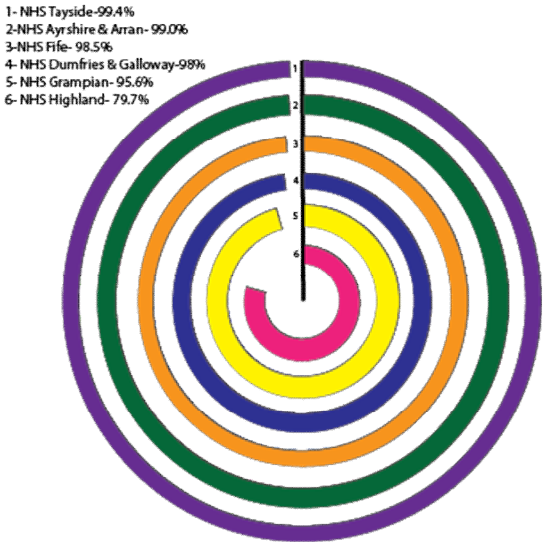
31 day performance

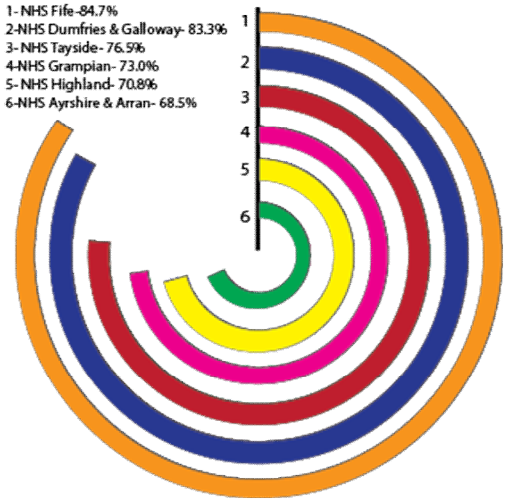
79.7% current performance — Scottish Average 95.5%

62 day performance

70.8% current performance — Scottish Average 76.3%



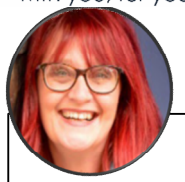




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Integrated Performance & Quality Report

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

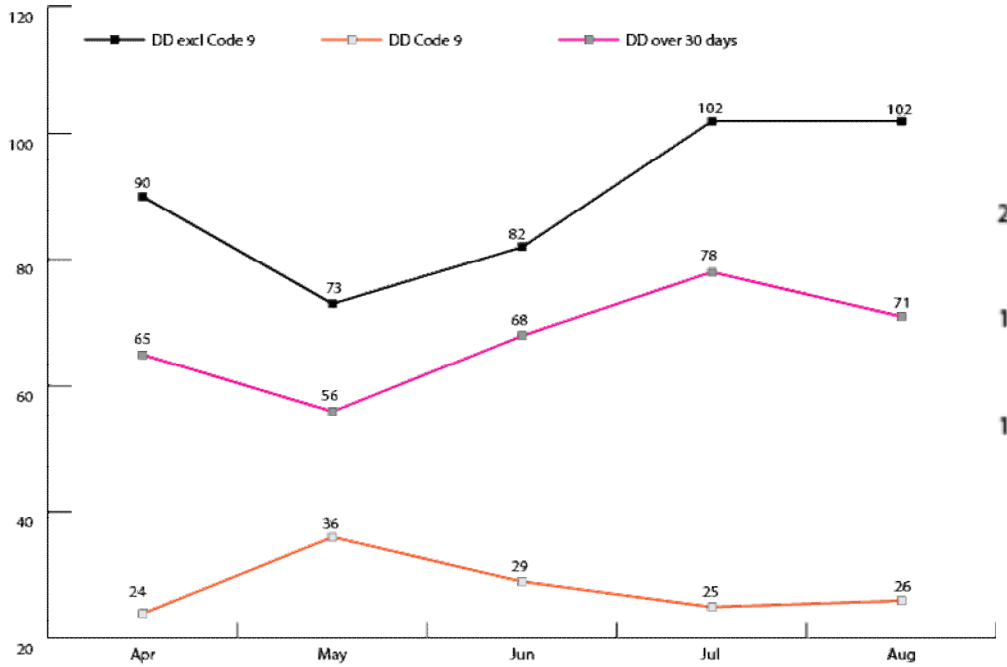


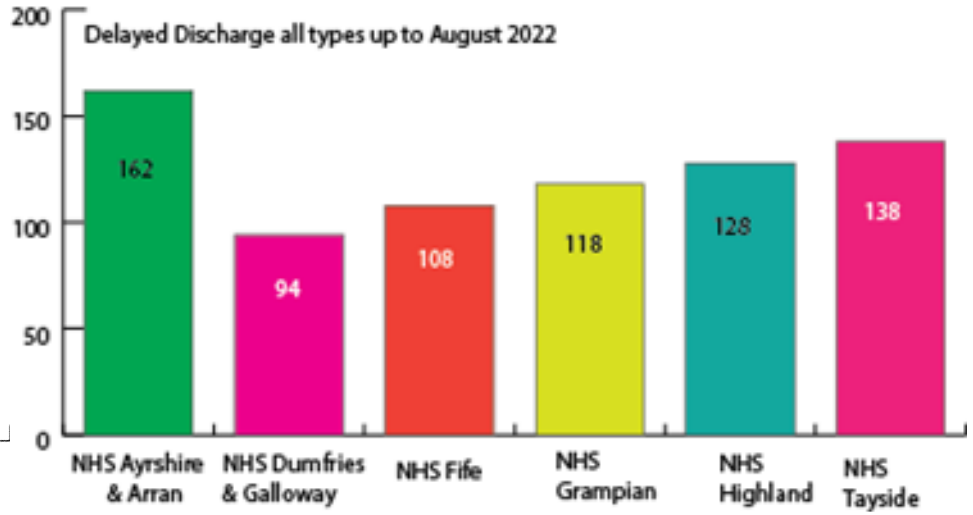
Louise Bussell
Chief Officer, NHHSCP

Delayed discharges across all of our in-patient areas are closely aligned to the wider system pressures. Almost half of the people in our community hospitals are identified as delayed discharges with 13% of bed capacity in our acute hospitals. The main reason for delay is the need for care at home on discharge along with care homes, complex needs and the need for appropriate assessment. There are a number of workstreams across acute and community to support delayed discharge reduction as part of the wider unscheduled care programme. This is being aligned with the winter plan to ensure a single integrated response. It is essential that we improve our response to every person with a clear plan for discharge that we implement to ensure improved outcomes for people.

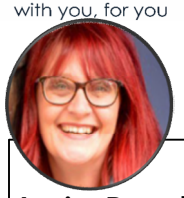
Performance Overview
There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. *We had 128 delayed discharges in August 2022 with 26 of those are code 9 (complex) 71 delayed discharges are >30 days. Delayed discharges across all of our sites have risen slightly since end of June. 55% of our population went directly home after a period of delay compared to 59% across Scotland.*

NHS Highland DD as of 25/8/22





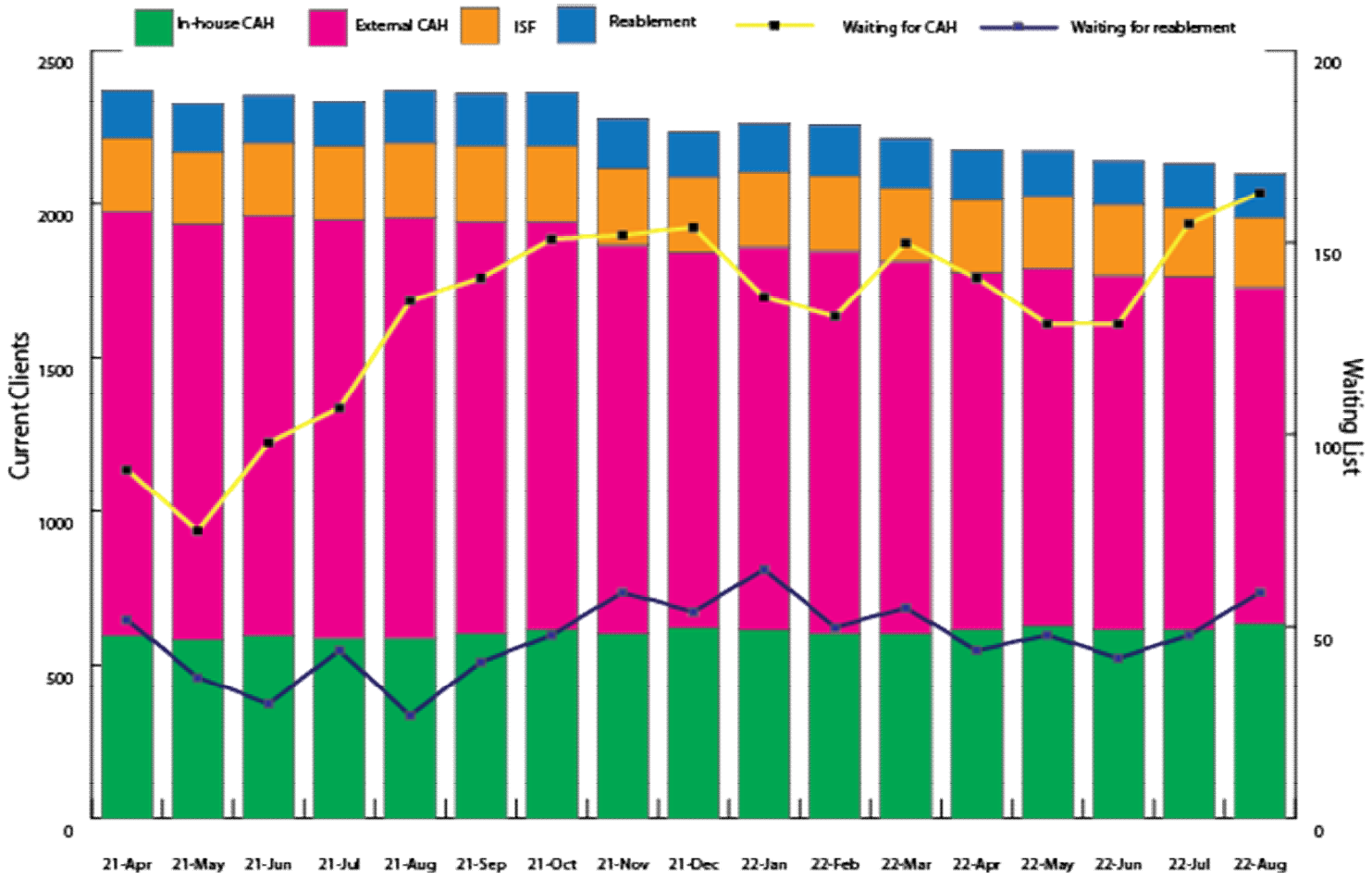
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Louise Bussell
Chief Officer, NHHSCP

We are experiencing a continued reduction in the availability of care services in peoples homes with a continued increase in waiting times. This is particularly related to the ongoing reduction of external care at home. This relates to a number of factors but primarily recruitment, retention and financial pressures on the sector. We are working closely with the sector as well as building our own internal capacity.
There has recently been in a slight reduction in unmet need for care at home and we are about to launch a recruitment campaign to build on this, however there is a financial challenge with the shift to more in house provision. Work is also underway to make best use of resources with the use of equipment and technology.
There is also variability across Highland with mid ross and B&S being highest areas for unmet need.

Objective 3 — **In Partnership**
Outcome 9 — **Care Well (Adult Social Care)**
Priority 9A, 9B, 9C — **"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"**



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Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 10 — **Live Well (Psychological Therapies)**
Priority 10A, 10B, 10C — ***"Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"***

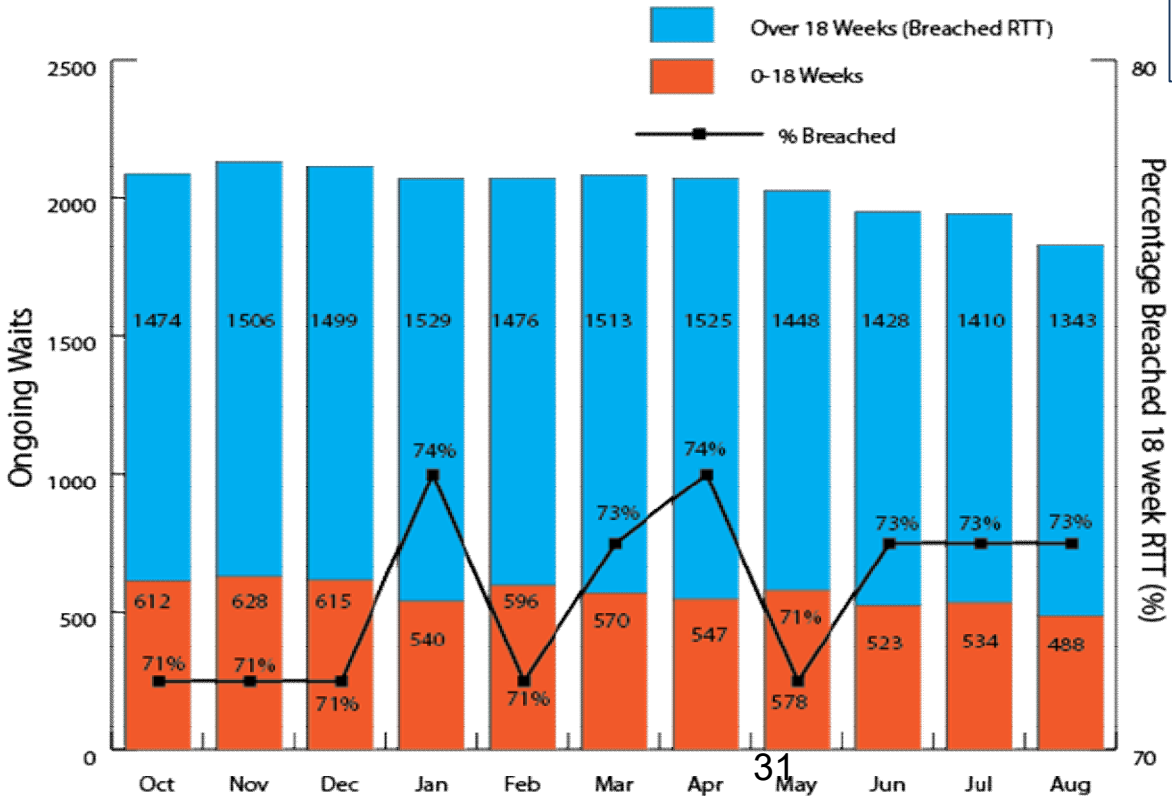


Louise Bussell - Chief Officer, NHHSCP

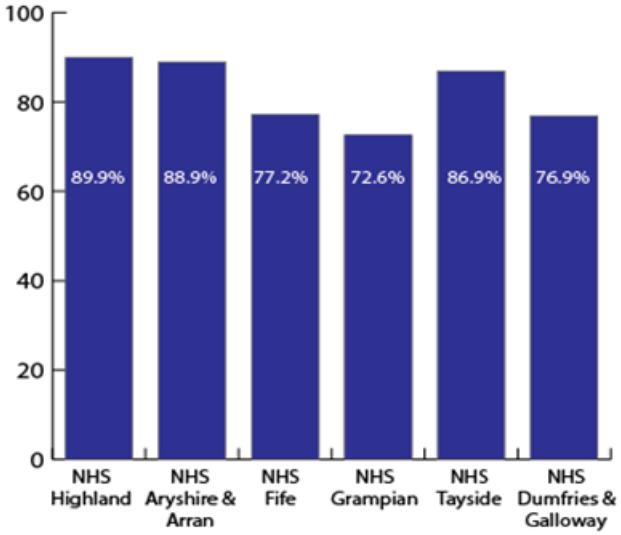
The information provided shows a sustained trajectory of reduced ongoing waits and the Board benchmarks positively across Scotland.
This is in line with the work set out in the comprehensive psychological therapies improvement plan.
Whilst we are moving in the right direction there is still a significant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

87.9% PT current performance Scottish June Average 82.3%

Performance Overview
The national target is that 90% of our population commence psychological therapy based treatment within 18 weeks of referral.
August 2022: Current performance 87.9%
We have 1831 of our population waiting to access PT services. 1343 patients are waiting >18 weeks (73.3% breached target) of which 981 have been waiting >1year. Of the 1831 waiting, 390 of those are waiting for North Highland neuropsychology services of which 368 are waiting > 1 year .



Psychological Therapies performance (%) 2022,
PHS Quarter summary June 2022



Clinical Governance
September 2022

Stage 2 Complaints information – August 2021 to August 2022 (EXTRACT 07.10.22) *excludes cases with stage of further correspondence and SPSO*

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Context by Dr. Boyd Peters
Medical Director

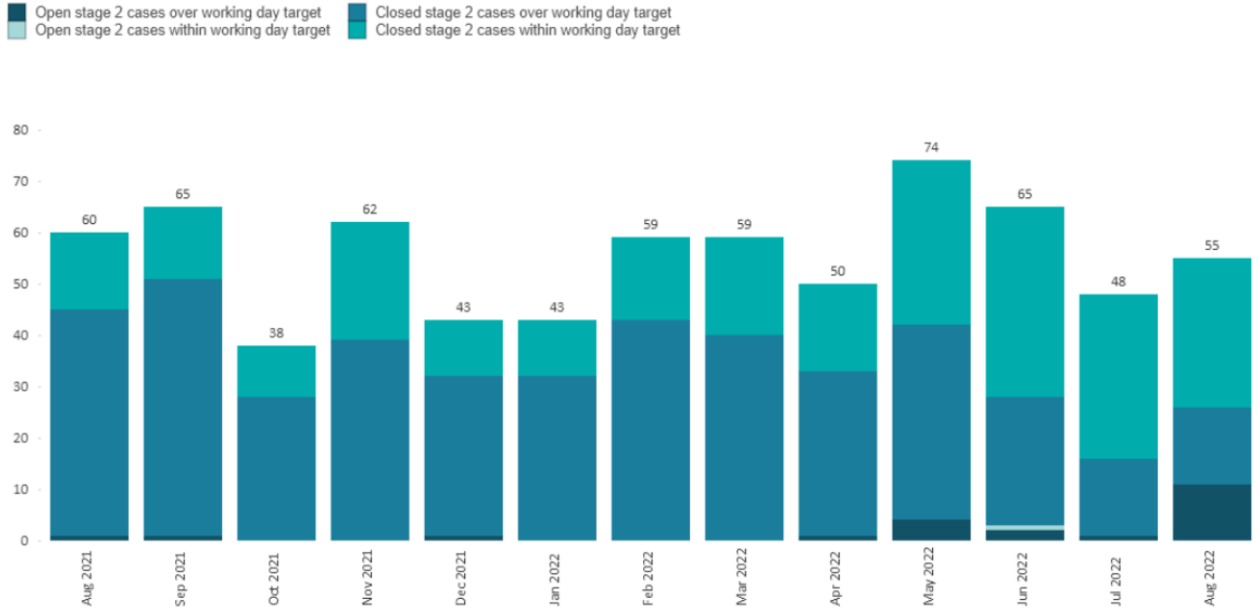
Complaints:

Response times for clinical complaints have been affected by operational pressures. A framework for improvement in performance has been agreed and in each operational unit. Further work is being taken. Performance improved in July but has slipped back to 53% in August

NHS Highland stage 2 case overview

22 cases open (been longer than 20 days)	**84.9** Average time open (days)
432 cases closed (took longer than 20 days)	**52.4** Average time to close (days)
1 cases open (still less than 20 days)	**266** cases closed (in less than 20 days)
62% of cases were closed over working day target	**88%** cases received and opened within 3 working days

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



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

	Aug -21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Highland	25%	22%	26%	37%	26%	26%	27%	32%	34%	43%	57%	67%	53%
Argyll & Bute	17%	33%	38%	57%	25%	33%	29%	60%	25%	14%	0%	50%	50%
Acute	9%	12%	0%	30%	21%	29%	33%	21%	31%	61%	64%	72%	62%
HHSCP	21%	38%	50%	39%	42%	7%	14%	62%	41%	20%	56%	75%	36%

Clinical Governance September 2022

Adverse Event information – July 2022 to September 2022 (EXTRACT 07.10.22)

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

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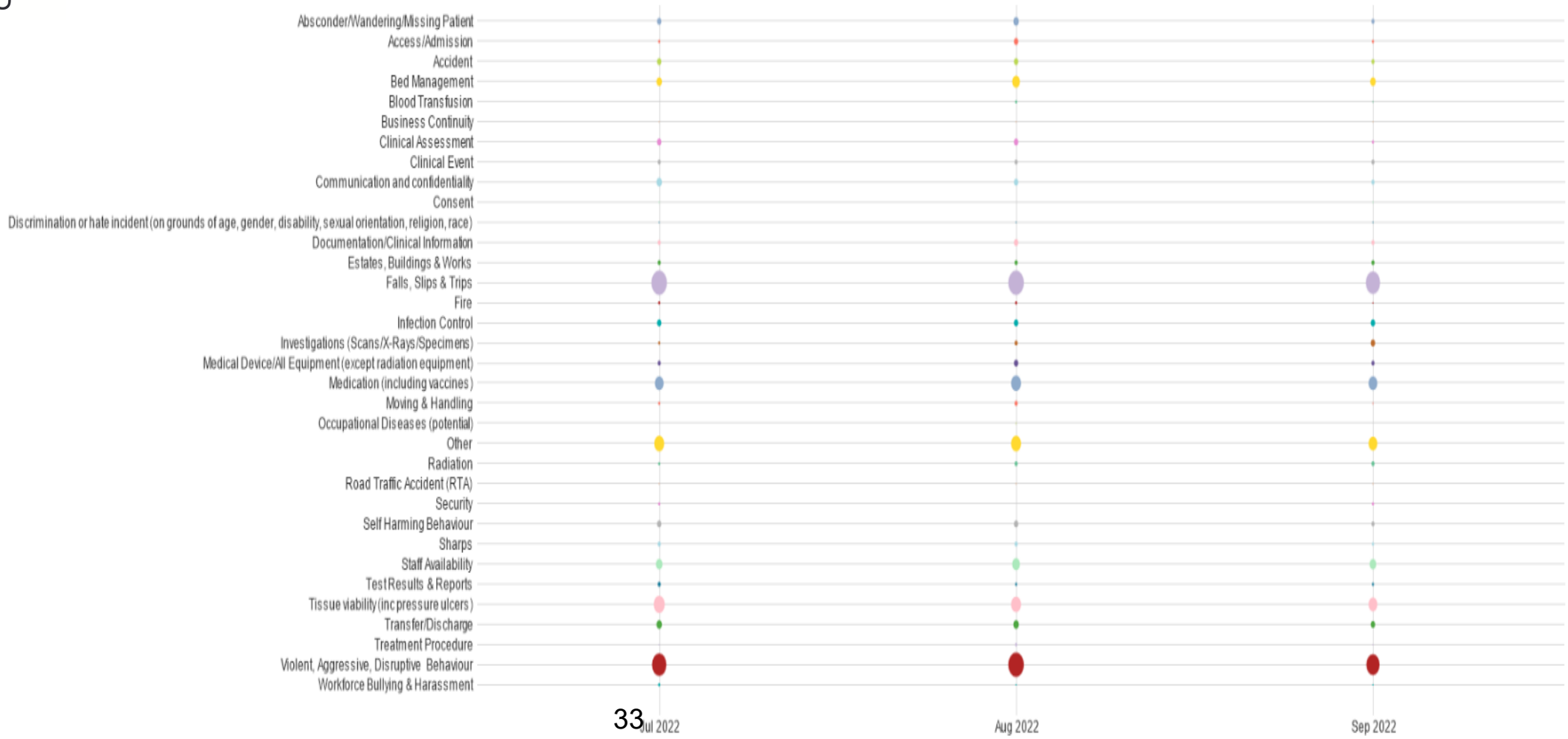


Context by Dr. Boyd Peters
Medical Director

Adverse Events:

The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories.

Grid chart | Relationship (bubble size) between Datix incident category and month | NHS Highland | Last 3 months (July 2022 – September 2022)

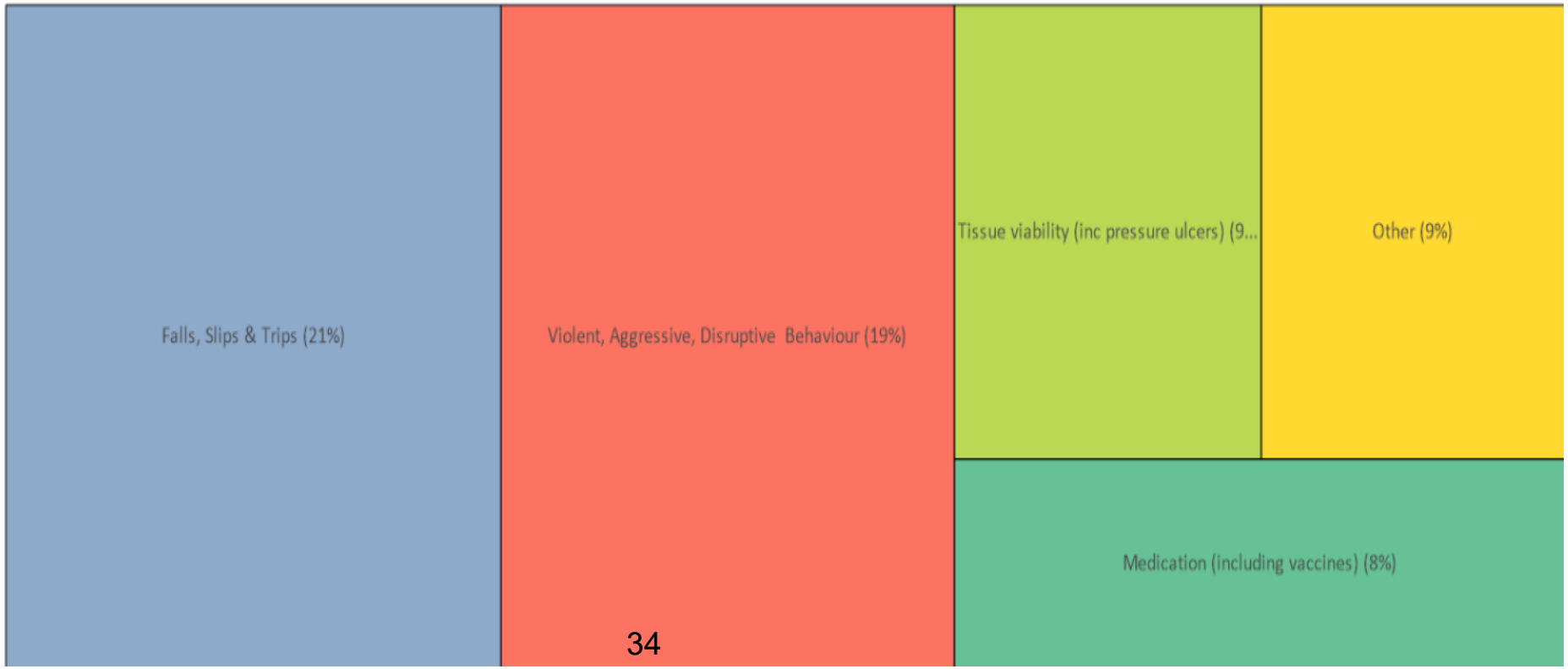


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Clinical Governance
September 2022

Adverse Event information – July 2022 to September 2022 (EXTRACT 07.10.22)

Top 5 adverse event categories recorded in NHS Highland last 3 months % (July 2022 – September 2022)



Clinical Governance
November 2022

Hospital inpatient falls – September 2021 to September 2022 (EXTRACT 07.10.22)

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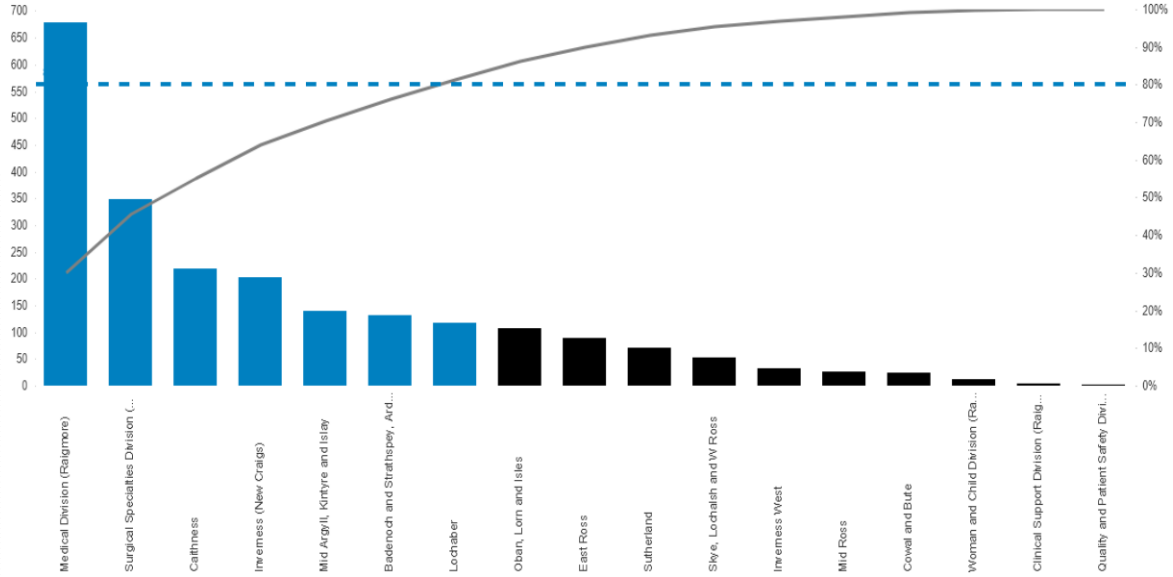
Context by Kate Patience-Quate
Interim Nurse Director

Taking a targeted approach to those areas with the highest incidence of falls and introducing daily care planning, with hourly care rounding has led to a significant improvement in the rate of total falls. Now this approach has been successfully tested, there will be planned roll out of this approach across areas of concern. Additional leadership capacity has been identified to support this work.

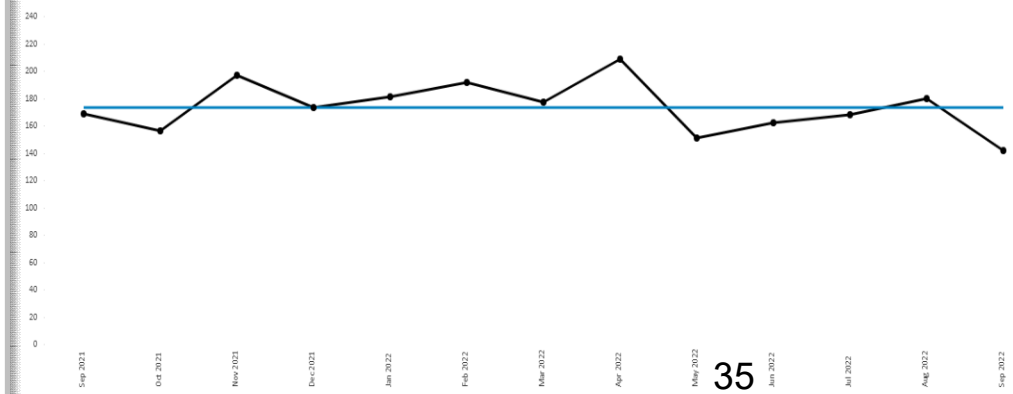
Falls with harm have fallen for 2 consecutive months and are at their lowest proportion of total falls, in the last 13 months.

There will be a staff and public awareness campaign to highlight the importance of strength training in the ward the environment along with a refresh of get up, get dressed, get moving through the winter months to minimise the risk and impact of falls.

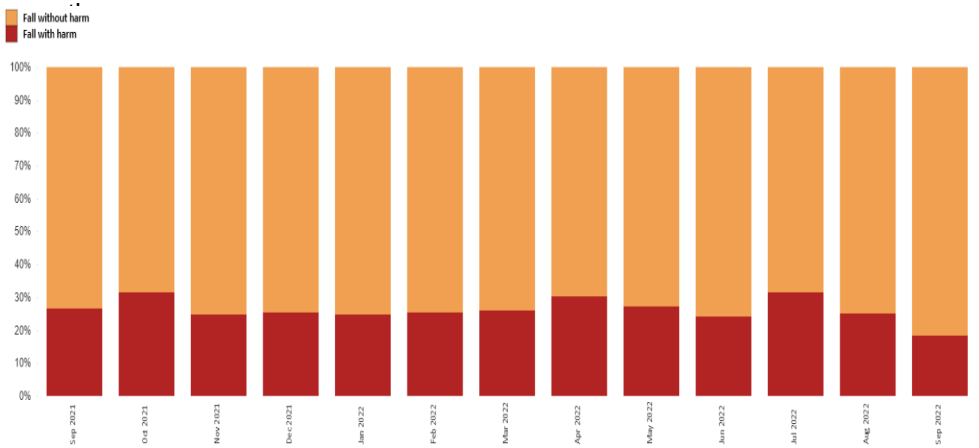
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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



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



	Risk	Mitigation
1	Staffing challenges remain a significant risk in the acute environment, with regular instances of staff working in unfamiliar areas colleagues and often with reduced staffing numbers and skill mix..	Key principles of a falls prevention are universally applied as part of essentials of safe care. Quality improvement work being undertaken to review falls risk assessment paperwork and will be rolled out across all acute work areas. Patients' mobility status and falls risk to be communicated as part of shift handover. Regular monitoring of staffing level and escalation of concerns.
2	The Increasing complexity and frailty of patients in our care facilities.	Regular review of staff support required to care for those with higher need. Support of the Dementia Nurse Consultant in relation to coping with dilirium and dementia in acute wards.

Clinical Governance
November 2022

Tissue Viability – September 2021 to September 2022 (EXTRACT 07.10.22)

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

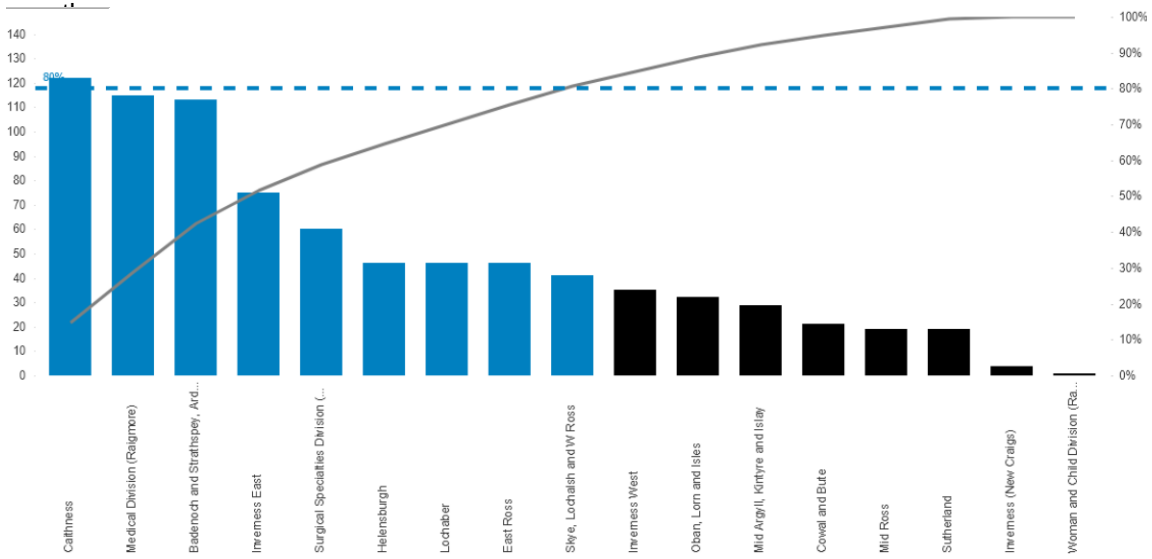
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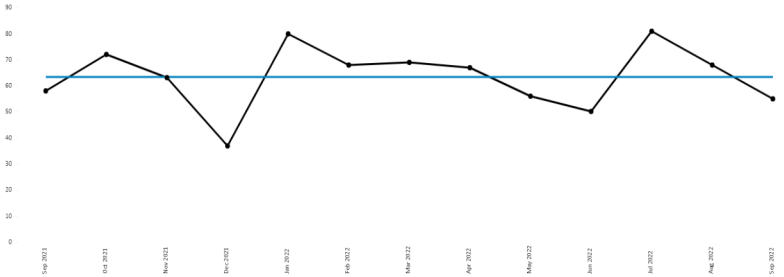
Context by Kate Patience-Quate, Interim Nurse Director

Healthcare Improvement Scotland, Scottish Patient Safety Programme have convened a national working group to refocus and launch the Pressure Ulcer Prevention Programme with targets to be agreed for hospitals and Care Homes in early 2023. NHSH has already initiated an innovative research project with Care Homes and Care @ Home in conjunction with NHS Lothian and Scottish Care , undertaking a census of pressure ulcers in the community with a plan to reduce incidence by providing targeted education, early identification and support for care staff from the Care Home liaison team , Community Nurse, Podiatrists and Tissue Viability Nurses.
Evidence based practice is supported by the ratification of a revised Wound Formulary now available on the TAM.

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



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



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



Developed_in_hospital	182
Discovered_on_admission	200
Developed_in_community	399
Known_pressure_ulcer	43

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Clinical Governance
November 2022

Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population (EXTRACT 07.10.22)



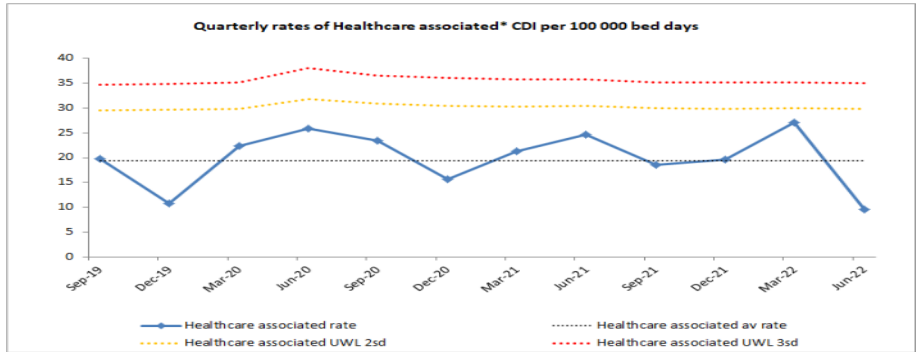
Context by Kate Patience-Quate
Interim Nurse Director

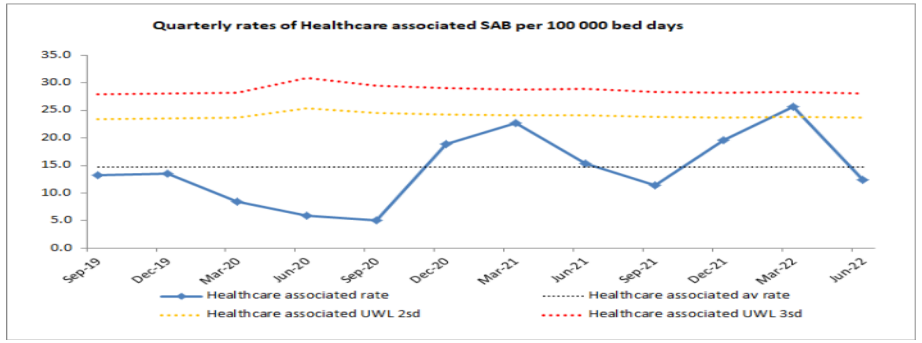
Published data from ARHAI (antimicrobial Resistance Healthcare associated infection) Scotland identifies NHS Highland is not above normal variation for healthcare or community associated CDI, EColi and SAB infections when analysing trends over the past three years. The quarter 2 Apr – June 2022 saw a decline in the rate across all healthcare associated infections. Overall, we are not above the expected range, despite the rise in figures at the beginning of the year. This indicates that the rise in cases in Jan-March were down to statistical variation.

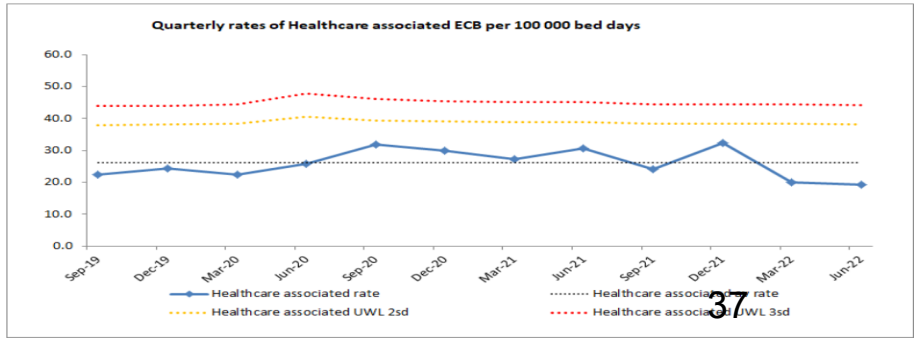
The Infection Prevention and Control team actively monitor each patient with a reported episode of infection, for learning points and to prevent future occurrences.

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

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







	Risk	Mitigation
1	Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus, Bacteraemia, Clostridium difficile and E coli infections	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the operational units. Where present themes are addressed through specific action plans.
2	Sustained, increased pressures on Infection Prevention and Control specialists due to COVID –19 outbreaks	Additional capacity provided to enhance IPC clinical and administrative resource with non- recurring SG funding and Business case under review following workforce review

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

Period	Apr-Jun Q1		Jul-Sep Q2		Oct-Dec Q3		Jan-Mar Q4	
SAB	HAI	CAI	HAI	CAI	HAI	CAI	HAI	CAI
NHS HIGHLAND	12.4	12.4	n/a	n/a	n/a	n/a	n/a	n/a
SCOTLAND	17.3	10.2	n/a	n/a	n/a	n/a	n/a	n/a
C. DIFF								
NHS HIGHLAND	9.6	7.4	n/a	n/a	n/a	n/a	n/a	n/a
SCOTLAND	14.3	4.8	n/a	n/a	n/a	n/a	n/a	n/a
E.COLI								
NHS HIGHLAND	19.2	30.9	n/a	n/a	n/a	n/a	n/a	n/a
SCOTLAND	34.8	38.7	n/a	n/a	n/a	n/a	n/a	n/a

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Objective 3 Our People

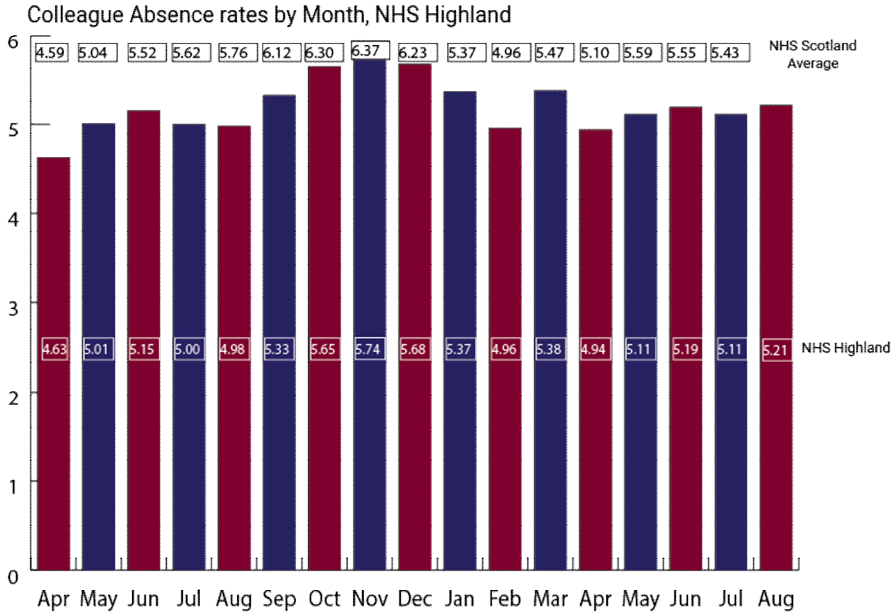


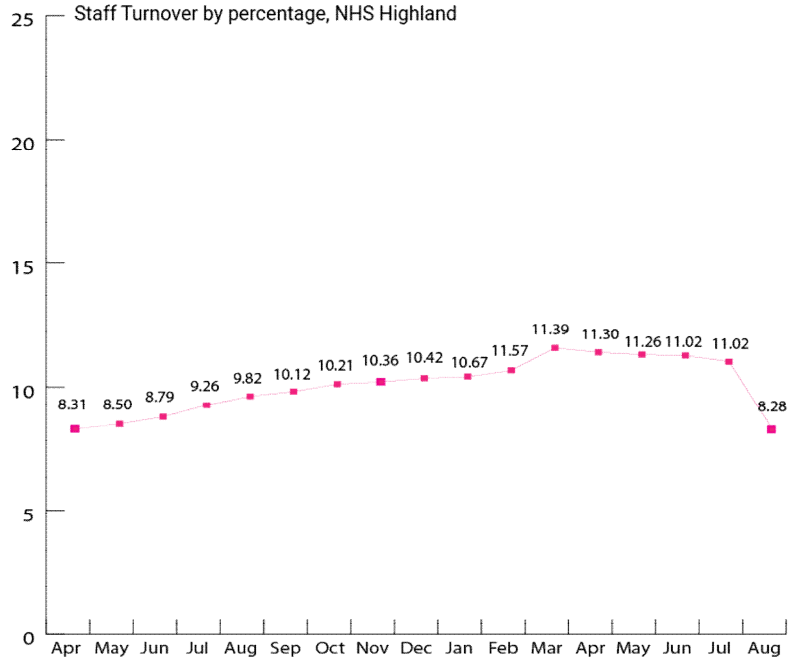
Fiona Hogg
Director of People & Culture

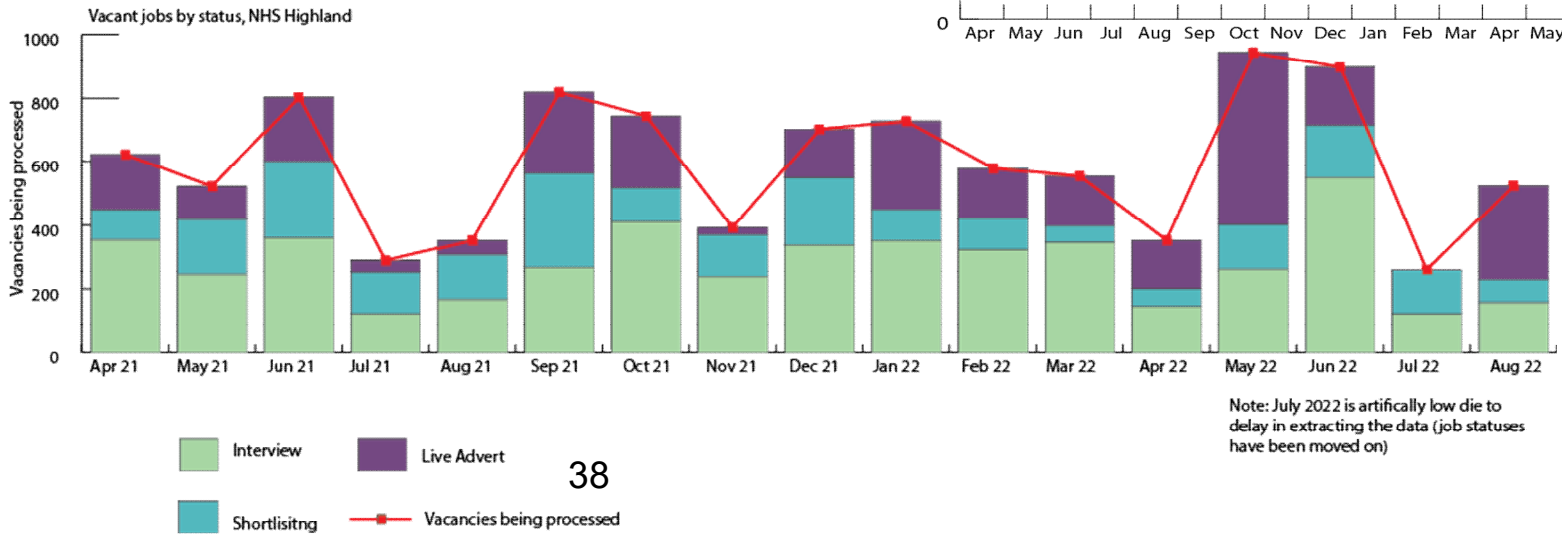
We are testing enhancements to our data with Staff Governance Committee in November, with a view to changes in the January cycle.

Our absence rates continue to be slightly below NHS Scotland, although above the national target. Absence this year is slightly above last year at the same point and has increased in August 22 where it fell slightly last year. Ongoing support is being targeted to manage and support absence and return.
Turnover has been steadily decreasing since a high in March 22, although it is still higher than we would like.

Whilst Vacancies being processed in August was around 600, a fall from May and June, that is still significantly more than August the previous year and work is underway to prioritise recruitment and take a campaign approach to key roles.







Agenda Item 7

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**29 November 2022**
Title:	**Finance Report – Month 7 2022/2023**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- 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 7 2022/2023 (October 2022).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a

Cost Improvement Programme of £26.000m proposed. No funding source was identified to close the residual gap of £16.272m. This report summarises the position at Month 7 and provides a forecast through to the end of the financial year.

2.3 Assessment

For the period to end October 2022 (Month 7) an overspend of £22.548m is reported. This overspend is forecast to increase to £42.981m by the end of the financial year. The YTD position includes slippage against the savings plan of £10.050m with slippage of £16.527m forecast at financial year end.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Equality and Diversity, including health inequalities

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

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

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

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

3.8 Route to the Meeting

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

- EDG

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Capital Expenditure at Month 7
- Appendix No 2 – Recovery Plan – Mitigating Actions

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**29 November 2022**
Title:	**Finance Report – Month 7 2022/2023**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Financial Plan

1.1 NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26.000m proposed. At the time of submission no funding source was identified to close the residual gap of £16.272m. It is now anticipated that SG will provide financial support by way of repayable brokerage – up to £16.272m. This report summarises the position at Month7 and provides a forecast through to the end of the financial year.

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

2 Financial Position YTD & Forecast

2.1 For the seven months to the end of October 2022 NHS Highland has overspent against the year-to-date budget by £22.548m and is forecasting an overspend of £42.981m at financial year end.

2.2 The expectation of SG is that NHS Highland will deliver, as a minimum, a year end financial position in line with its financial plan submission. For NHS Highland this means no more than a £16.272m overspend. The forecast reported at the end of month 7 is £26.709m adrift, before playing in mitigating actions from the recovery plan, from the position presented in the financial plan.

2.3 The YTD position includes slippage against the CIP of £10.050m with slippage of £16.527m forecast through to financial year end.

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

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

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,086.854	**Total Funding**	594.539	594.539	-	1,086.854	-
	Expenditure					
404.151	HHSCP	236.509	242.468	(5.959)	416.726	(12.575)
245.298	Acute Services	145.822	161.403	(15.581)	273.053	(27.755)
204.304	Support Services	77.934	78.654	(0.720)	206.455	(2.151)
853.753	**Sub Total**	**460.266**	**482.525**	**(22.259)**	**896.234**	**(42.481)**
233.101	Argyll & Bute	134.273	134.563	(0.289)	233.601	(0.500)
1,086.854	**Total Expenditure**	**594.539**	**617.088**	**(22.548)**	**1,129.835**	**(42.981)**

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

Table 2 – Breakdown of YTD & Forecast

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m	Operational (Over)/ Under	Savings
1,086.854	Total Funding	594.539	594.539	-	1,086.854	-		
	Expenditure							
404.151	HHSCP	236.509	242.468	(5.959)	416.726	(12.575)	(6.037)	(6.538)
245.298	Acute Services	145.822	161.403	(15.581)	273.053	(27.755)	(22.255)	(5.500)
204.304	Support Services	77.934	78.654	(0.720)	206.455	(2.151)	0.853	(3.004)
853.753	Sub Total	460.266	482.525	(22.259)	896.234	(42.481)	(27.439)	(15.042)
233.101	Argyll & Bute	134.273	134.563	(0.289)	233.601	(0.500)	0.985	(1.485)
1,086.854	Total Expenditure	594.539	617.088	(22.548)	1,129.835	(42.981)	(26.454)	(16.527)
-	Surplus/(Deficit) Mth 7	(0.000)	22.549	(22.548)	42.981	(42.981)	(26.454)	(16.527)

3 Highland Health & Social Care Partnership

3.1 The HHSCP is reporting a YTD overspend of £5.959m with this forecast to increase to £12.575m by financial year end. Table 3 shows the breakdown across service areas and the split between Health & Social Care.

Table 3 – HHSCP Breakdown as at October 2022

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
222.987	NH Communities	130.263	135.302	(5.038)	232.857	(9.870)
44.776	Mental Health Services	26.515	27.099	(0.585)	46.695	(1.919)
140.446	Primary Care	81.549	81.416	0.133	140.523	(0.077)
(4.059)	ASC Other includes ASC Income	(1.818)	(1.350)	(0.468)	(3.349)	(0.709)
404.151	**Total HHSCP**	**236.509**	**242.468**	**(5.959)**	**416.726**	**(12.575)**
	HHSCP					
245.528	Health	143.128	147.580	(4.452)	253.733	(8.205)
158.622	Social Care	93.381	94.887	(1.507)	162.993	(4.371)
404.151	**Total HHSCP**	**236.509**	**242.468**	**(5.959)**	**416.726**	**(12.575)**

3.2 Within Health the forecast position reflects:

- £6.538m of unachieved savings
- £0.913m of service pressures in Enhanced Community Services & Palliative Care
- £0.705m relating to minor works undertaken at New Craigs – these works were required for operational reasons during the pandemic but were delayed.
- £0.544m relating to Chronic Pain service
- £0.225m relating to additional costs re Alness and Invergordon reverting to a 2c practice.

3.3 Forecast spend on supplementary staffing is £11.810m.

3.4 Adult Social Care is currently reporting an overspend of £1.507m which is forecast to increase to £4.371m by financial year end. This reflects additional placements and complex packages coming into place since budgets were agreed.

4 Acute Services

4.1 Acute Services are reporting a YTD overspend of £15.581m with this forecast to increase to £27.755m by financial year end. Table 4 provides more detail on this position.

Table 4 – Acute Services Breakdown as at October 2022

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
65.033	Medical Division	38.266	44.503	(6.237)	75.169	(10.136)
18.196	Cancer Services	10.649	11.419	(0.770)	19.036	(0.839)
62.766	Surgical Specialties	38.053	40.423	(2.369)	66.579	(3.813)
30.173	Woman and Child	17.810	17.945	(0.135)	30.426	(0.252)
41.989	Clinical Support Division	24.791	25.358	(0.567)	42.752	(0.763)
0.426	Raigmore Senior Mgt & Central Cost	(0.119)	3.670	(3.790)	9.318	(8.892)
1.903	NTC Highland	1.903	1.903	-	1.903	-
220.485	**Sub Total - Raigmore**	**131.353**	**145.222**	**(13.869)**	**245.182**	**(24.697)**
11.919	Belford	6.956	7.732	(0.775)	13.306	(1.387)
12.894	CGH	7.513	8.449	(0.937)	14.565	(1.671)
245.298	**Total for Acute**	**145.822**	**161.403**	**(15.581)**	**273.053**	**(27.755)**

4.2 £5.500m of unachieved savings is reflected in the forecast position.

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

- £12.556m of Supplementary staffing costs across all areas
- £1.000m in respect of Respiratory Testing Contract. (Significant reduction from earlier forecast)
- £3.212m of Acute Drugs. (Significant reduction from earlier forecast)
- Pressures resulting from lower than anticipated Scheduled Care allocation - £3.000m

5 Support Services

5.1 Support Services are reporting a YTD overspend of £0.720m with this forecast to increase to £2.151m by financial year end.

5.2 The forecast position includes £3.004m of unachieved savings.

5.3 Table 5 breaks this position down across service areas.

Table 5 – Support Services breakdown as at October 2022

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
85.522	Central Services	9.071	7.642	1.429	83.676	1.846
37.089	Corporate Services	21.520	22.014	(0.494)	38.722	(1.633)
44.904	Estates Facilities & Capital Planning	24.912	25.561	(0.648)	45.663	(0.758)
11.390	eHealth	7.615	7.948	(0.333)	12.004	(0.614)
25.399	Tertiary	14.816	15.489	(0.673)	26.390	(0.991)
204.304	**Total**	**77.934**	**78.654**	**(0.720)**	**206.455**	**(2.151)**

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

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

5.6 The overall position within Support Services has improved by £1.857m as a result of proposals within the recovery plan materialising.

6 Argyll & Bute

6.1 Argyll & Bute are currently reporting an overspend of £0.289m with this forecast to increase to £0.500m by financial year end.

6.2 The forecast position includes slippage on savings of £1.485m.

6.3 The position net of savings is an operational underspend of £0.985m largely generated through unfilled vacancies, over-recovery of income and sundry non-recurring slippage.

Table 6 – Argyll & Bute breakdown as at October 2022

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					
115.232	Hospital & Community Services	67.192	68.033	(0.841)	115.840	(0.608)
34.698	Acute & Complex Care	20.263	20.777	(0.514)	35.905	(1.207)
8.688	Children & Families	4.924	4.780	0.144	8.438	0.250
58.347	Primary Care, Prescribing & Dental inc GMS	33.477	33.488	(0.011)	58.455	(0.108)
9.019	Estates	5.193	5.389	(0.196)	9.241	(0.222)
4.945	Management Services	2.317	2.285	0.031	4.890	0.055
2.172	Central/Public health	0.908	(0.189)	1.096	0.832	1.340
233.101	**Total Argyll & Bute**	**134.273**	**134.563**	**(0.289)**	**233.601**	**(0.500)**

7 Financial Sustainability

7.1 The Financial Plan presented to the Board in May proposed a CIP of £26.000m. The YTD position includes slippage of £10.050m with £16.527m of savings forecast to be unachieved by the end of the financial year. Risk around delivery of the balance of the CIP (£2.557m) is medium risk.

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

Table 7 Savings at Month 7

	Target £000s	YTD Target £000s	Achieved YTD £000s	Variance £000s
Workstreams NH	16,871	9,841	1,502	(8,339)
Workstreams A&B	589	344	130	(214)
Housekeeping NH	5,071	2,959	2,476	(482)
Housekeeping Argyll & Bute	3,469	2,024	1,009	(1,014)
Total Savings M07	**26,000**	**15,167**	**5,117**	**(10,050)**
Achieved Future Months			**1,799**	
Total Savings Achieved			**6,916**	

8 Covid Related Expenditure

8.1 The financial plan submitted to Scottish Government included an estimate of Covid related costs of £31.514m.

8.2 Work has been ongoing to rebase these costs and the current forecast is £23.418m, broken down as detailed in Table 8.

Table 8 Covid Related Cost Estimate at Month 7

Covid Expenditure Category	Total NHS Higland	
	Actual to Date £m	Forecast Outturn £m
Public Health	0.015	0.092
Vaccinations	2.957	6.870
Workforce and Capacity	4.112	7.034
PPE, Equipment and IPC	0.430	0.864
Social Care and Community Capacity	2.871	3.939
Loss of Income	1.037	1.322
Primary Care	0.313	0.603
Other	0.276	0.463
Test and Protect	1.750	2.231
Total Covid Costs	**13.762**	**23.418**

8.3 Following on from the submission of Q1 FPRs and Q1 review meetings between SG Finance and Boards a letter from Richard McCallum has been received indicating that excess covid related funding sitting within IJB reserves will be reclaimed by SG for redistribution. Further details on the amount to be reclaimed and the redistribution process are awaited.

9 Financial Risk

9.1 The following risks have been identified:

- **Covid-19 costs**. There is uncertainty relating to the reclaim & redistribution of funds by SG. Further work is ongoing to finalise the vaccination delivery model and associated costs. Costs have reduced from earlier estimates and work continues to establish if further reduction is possible. Funding in respect of Test & Protect costs is currently being assumed (£2.231m) but there is a risk that this may not be available should the overall SG financial position deteriorate.
- **Delivery of cost improvement targets** – the target of £26.000m is significant and there is a risk associated with delivery. Slippage of £16.527m is currently being forecast. A risk rating has been applied to individual elements of the CIP as below:
    - £6.916m low
    - £2.557m medium
    - £16.527m high
- **Argyll & Bute's SLA with Greater Glasgow and Clyde** – whilst this issue was resolved for 2021/2022 the position will be kept under review as NHSGGC are developing a revised SLA model.
- **Adult Social Care funding** - a £3.000m savings programme and additional SG allocations was planned to bridge the gap in 2022/2023, however, an overspend of £4.371m is forecast this FY. With ongoing pressures, challenges within the Care Home and Care at Home sectors and recruitment challenges it is likely that a funding gap will re-emerge in 2023/2024.
- **Inflation** is currently running at a rate significantly higher than that assumed when the financial plan was submitted. There is potential for additional cost pressures – a rise of 1% would add £1.021m (part year effect) in those areas which are non-pay related. This is reviewed as part of routine monthly monitoring.
- **Agenda for Change Pay Award**. The budget allocation letter received in December 2021 noted "initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements will be revisited by the Scottish Government in line with the outcome of the pay negotiations". SG have confirmed that additional funding will be made available but there remains a risk around Adult Social Care pay costs which are outwith base line funding.
- No financial provision has been built into the plan to tackle increased waiting lists.
- **Recruitment Challenges –** difficulties recruiting to substantive posts both within NHS Highland and in independent sector providers is driving costs up due to an increasing reliance on agency and locum staff.

- **Care Home/ Care at Home Provision –** Ongoing challenges within the independent sector continue to have a financial impact for NHS Highland. In 2023/2024 additional costs of £1.000m will need budget cover as NHS Highland assume responsibility for services currently provided by the independent sector. There is potential for this to increase if ongoing challenges within the Care Home and Care at Home sector continue.

10 Revenue Summary

10.1 The forecast overspend of £42.981m is based on a number of assumptions in relation to both expenditure levels and funding and is considered to be the likely position should actions identified within the Recovery Plan submitted to SG at the end of September not materialise.

10.2 SG requested that a Recovery Plan was submitted detailing actions which would bring the forecast financial position in line with the financial plan submitted in March 2022. For NHS Highland this means delivery of a position that is no more than £16.272m overspent.

10.3 The plan submitted detailed £19.997m of potential mitigating actions which if delivered would bring the forecast position down to an overspend of £13.603m. £2.087m of these mitigating actions have been built into the forecast position at month 7. However, since submission of the plan there has been further slippage on the CIP and cost pressures have accelerated in some areas.

10.4 At the end of month 7 £16.994m of mitigating actions are still being pursued. Should these all materialise the forecast position at month 7 would reduce to £25.987m. This is £9.715m adrift from the position SG are expecting the Board to deliver – work continues to identify further efficiencies which could be delivered before financial year end. Details of the Recovery Plan are included at Appendix 2.

11 Capital

11.1 Total anticipated Capital Funding for NHS Highland for 2022/2023 is £42.444m.

12.2 Details of the expenditure position across all projects are set out in Appendix 1. To date expenditure of £10.278m has been incurred.

12.3 The main areas of investment to date include:

Project	Spend to end June 2022
National Treatment Centre – Highland	£4.710m
Home Farm Works	£0.738m
Laundry Water Filtration Equipment	£0.673m
Raigmore Lift Replacement	£0.545m

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

12 Recommendation

- NHS Highland Board members are invited to discuss the contents of the Month 7 Finance Report.

Appendix 1

Capital Expenditure at Month 7

Updated Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Capital Schemes		
912	-	Radiotherapy	34	878
12,900	-	National Treatment Centre (Highland)	4,710	8,190
-	-	NTC-(H) eHealth Capital Expenditure	485	(485)
2,500	-	Grantown Health Centre Refurbishment	54	2,446
2,820	-	Portree/Broadford HC Spoke Reconfiguration	-	2,820
-	-	New Skye Community Hospital	60	(60)
-	-	New Aviemore Community Hospital	24	(24)
1,250	-	Belford Hospital Replacement Fort William	60	1,190
1,250	-	Caithness Redesign	151	1,099
100	-	Raigmore Reconfiguration	-	100
700	-	Increased Maternity Capacity - Raigmore	155	545
200	-	Additional VIE	-	200
1,000	-	Raigmore Fire Compartmentation upgrade	4	996
1,200	-	Raigmore Lift Replacement	545	655
600	-	Home Farm works	738	(138)
2,200	-	Cowal Community Hospital GP relocation	83	2,117
250	-	Campbeltown Boiler Replacement	1	249
1,750	-	Raigmore Car Park Project	91	1,659
-	-	Wifi network Installation Project	67	(67)
620	-	Endoscopy Decontamination Washers	64	556
1,295	-	Laundry Water Filtration Equipment	673	622
2,560	-	BackLog Maintenance Additional Funding	-	2,560
1,173	-	National Infrastructure Equipment Funding (NIB)	-	1,173
170	-	Ultrasound - Dunoon & Mid Argyll	-	170
47	47	Digital Pathology switches	49	(2)
35,497	**47**		**8,047**	**27,450**
		Formula Allocation		
800	800	PFI Lifecycle Costs	488	312
2,350	2,350	Estates Backlog Maintenance	611	1,739
1,850	1,850	Equipment Purchase Advisory Group (EPAG)	737	1,113
1,000	1,000	eHealth Capital Allocation	483	517
500	500	Minor Capital Group	-	500
147	147	AMG Contingency	9	138
300	300	IFRS16 - New Capital Leases	-	300
-	-	Other	(97)	97
6,947	**6,947**		**2,231**	**4,716**
42,444	**6,994**	**Capital Expenditure**	**10,278**	**32,166**

Appendix 2

Recovery Plan – Mitigating Actions

	Month 5	Month 7	RAG Rating
Forecast Overspend	£33.600m	£42.981m	
Potential Technical Adjustments	£5.849m	£5.849m	
Potential Technical Adjustments	£1.587m	In Forecast	
NR Funding Slippage	£5.810m	£5.810m	
VAT Reclaim Exercise	£0.500m	In Forecast	
Support with ASC Overspend	£1.387m	£1.387m	
Increased Cost Control Measures	£3.205m	£2.289m	
In year benefit from NI funding	£1.659m	£1.659m	
TOTAL POTENTIAL MITIGATING ACTIONS	**£19.997m**	**£16.994m**	
BEST CASE SCENARIO	**£13.603m**	**£25.987m**	

Agenda Item 9

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 November 2022**
Title:	**Engagement Framework**
Responsible Executive:	**Fiona Hogg, Director of People and Culture**
Report Author:	**Ruth Fry, Head of Communications and Engagement**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

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

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Sturrock Report recommendations included a requirement for NHS Highland to develop a Communications and Engagement Strategy.

NHS Highland is now implementing the second year of its three-year Communications and Engagement Strategy, which sets the direction for the development of these functions in the Board, with annual action plans presenting the detailed activities required by the Communications and Engagement Team. Updates on this Strategy are reported to the Staff Governance Committee.

Argyll and Bute Health and Social Care Partnership already has an agreed Engagement Framework and reports to the IJB on this.

There remained a requirement, however, for a strategic-level blueprint to shape and guide engagement activity across all services. This Engagement Framework fulfils that function. We have referred to it as a 'framework' because it provides the guidance, procedures, templates and training for services to implement appropriately and proportionately. It is a set of tools for them to work with, and will be supported by advice from the Communications and Engagement Team.

The Board are being asked to approve the Framework.

2.2 Background

2.2.1 Developing the Framework

The Framework has been developed by a Short-Life Working Group (SLWG) which included NHS Highland colleagues with engagement experience, trusted partners such as Healthcare Improvement Scotland, and representatives of people who use our services and carers. We also invited representation from Argyll and Bute HSCP and have worked to ensure the NHS Highland Framework sits logically alongside theirs. We thank all of the participants for their time and commitment: the Framework is stronger and more representative because of their input.

The draft Framework was shared with groups representing communities of interest and of location for comment. A summary of feedback received is included at Appendix 3.

2.2.2 The content of the Framework

The SLWG agreed aims for the Framework, and set out what we mean by community engagement. The Framework is intended to support external engagement with people and groups affected by potential service changes: however, its ethos and much of its content can equally be applied to internal engagement with colleagues.

We have established Engagement Values, which have already been adopted by some services and partners to guide their work, and outlined a model Engagement Cycle, based upon the national Planning With People guidance.

Key Performance Indicators are included in the Framework and it is anticipated that these will be reported to Committees.

The Framework also lists the supporting 'tools' such as training, templates and guides, available, including some already completed and some yet to be developed. The SLWG was supportive of a policy for reimbursement of volunteers to be developed, to recognise the time commitment of those with lived experience who may be called upon to support engagement, and the Framework commits to take this work forward.

The SLWG felt strongly that the Framework should allow for 'two-way' engagement and provide a structure not only for NHS Highland to ask for input on proposed changes, but also for people who use our services to suggest areas where they would like to engage, with a focus on service improvement. The Framework therefore incorporates support for community-led engagement, and proposes an annual budget of £2,500 is allocated to support such projects, which should be put forward by the Advisory Group and agreed by the Oversight Group.

2.2.3 Proposed governance arrangements

The Framework proposes a governance structure with an Oversight Group reporting to the Highland Health and Social Care Committee (HHSCC) and Clinical Governance Committee (CGC). These committees have endorsed the framework.

The Oversight Group would be supported by an Engagement Advisory Group, which would reflect the views and input of communities, people who use our services, partners and staff. An additional annual budget of £2,500 is proposed

for the purposes of ensuring accessibility of these groups, to cover, for example, British Sign Language interpretation, or help enable carers and parents to participate, as well as to provide materials in different formats as needed.

Draft roles and remits for these groups have been influenced by the HHSCC and CGC, and are attached as Appendix 2a and 2b.

2.3 Assessment

The Engagement Framework has been co-produced with our communities and partners. Initial drafts have been well-received and several services have already begun implementing engagement supported by the values and tools encapsulated in the Framework.

We recommend the Board approves the Framework.

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

Engagement and consultation around the development of the Framework has been substantial, providing a high level of confidence that it meets the needs of our communities. The proposed governance arrangements must now ensure the Framework approach is embedded across the organisation.

3 Impact Analysis

3.1 Quality/ Patient Care

Best practice engagement promotes the health and wellbeing of staff, patients and the wider community.

3.2 Workforce

This paper supports the Staff Governance Standard, specifically

- Well informed
- Involved in decisions

3.3 Financial

Services are required to fund their engagement activities: while the corporate Communications and Engagement Team can offer advice and support, there is no central budget for engagement.

An annual revenue budget of £2,500 is requested to ensure equality of access to the Engagement Advisory Group.

An annual revenue budget of £2,500 is requested to support community-led engagement projects.

The Volunteer Reimbursement Policy may have a moderate impact on future costs.

3.4 Risk Assessment/Management

This report relates to EDG Strategic Risk Register risk number 877: “There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll and Bute, and damaging the performance and reputation of NHS Highland. The introduction of the Engagement Framework is a significant mitigating factor.

There remains a risk that services will not implement or utilise the Framework. This will be mitigated by ongoing training and awareness-raising, and reporting to Committees of services’ KPIs. A revised strategic risk, with appropriate actions and ownership is being developed.

3.5 Data Protection

Where individual projects may involve personal information, advice must be sought from the Data Protection Team to ensure the correct risks have been considered and documentation completed.

3.6 Equality and Diversity, including health inequalities

The development of an Engagement Framework is a key step towards ensuring we meet our duty to engage with people with protected characteristics.

3.7 Other impacts

n/a

3.8 Communication, involvement, engagement and consultation

This Framework 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.

- Highland Health and Social Care Committee, 2 November 2022
- Clinical Governance Committee, 3 November 2022

- Engagement Framework Short-Life Working Group
- Healthcare Improvement Scotland Community Engagement
- Argyll and Bute HSCP
- Highland Council Housing and Maintenance & other departments
- Public representatives
- Unpaid carer representatives
- The wider community including:
    a. Partner organisations
    b. Third sector and community groups
    c. Community Planning Partners
    d. Community Councils
    e. NHS Boards and HSCPs from other areas
    f. National organisations such as the Alliance and Scottish Recovery Network

4 Recommendation

- **Decision** – to approve the Framework

4.1 List of appendices

The following appendices are included with this report:

Appendix 1: NHS Highland Draft Engagement Framework
Appendix 2a: Role and Remit Community Engagement Oversight Group
Appendix 2b: Role and Remit Community Engagement Advisory Group
Appendix 3: Feedback received and incorporated



Engagement Framework

NHS Highland

Final draft Plan - 7th September 2022

To be reviewed April 2025



NHS Highland wants to have a consistent and meaningful approach to listening to and engaging with people who live, work and volunteer in the Highlands

We will do this by producing a framework that meets our statutory duties, moral responsibilities and core values

Our framework aims to:

- provide clear ways for managers and staff to engage with and empower people to inform plans, decisions, policy, practice and change
- foster partnership and values based approaches to engagement with our communities and partners
- provide assurance and accountability to communities, partners and our Board, that engagement is meaningful, leads to action and demonstrates the difference it has made

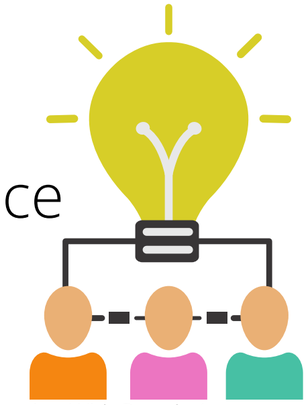
What we mean by Community and Engagement

Community refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.





Engagement covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging communities to share their views on how their needs are best met and influence how services should be delivered, to giving communities the power to inform decisions and even provide services.



Our Engagement Values

Friendly

engagement will be welcoming, and appealing for, individuals, communities, partners and our staff

we want people to feel safe to share their views

Inclusive

we will go to where people are and everyone will be able to engage with us in a way that best suits them

we will be open and sharing with information

Timely

early engagement and participation will take place during planning and service redesign

continuous conversations with communities will be the norm

Meaningful

lived experience and peoples views and ideas will be at the heart of our plans and decisions

feedback will be valued as a gift

Together

redesign will be needs led and co-design will be the main approach for developing plans and services

people will be true partners

Responsive

we will tell people how their contributions has informed plans and decisions

people will know the difference they have made

ENGAGEMENT FRAMEWORK

NHS Highland

How

- Develop engagement standards and processes based on guidance and good practice
- Provide training, engagement tools and templates to support staff to engage with communities
- Regularly evaluate engagement to, learn, share and improve practice
- Utilise Care Opinion to capture experience and feedback at the point of contact
- Set up governance arrangements, to make sure engagement is meaningful, follows good practice and informs decisions
- Link feedback and complaints to engagement processes & reporting

Why

- Duty to involve people in how services are planned, delivered and improved
- Plans for change should be based on experience of those most or disproportionately affected, as well as clinical and other important information
- Involving people early, leads to better decisions and quality services and helps to identify and address potential health inequalities - no one is left behind
- The benefits of change are recognised and supported by communities, staff and partners

What

- Develop different ways to communicate with individuals, groups and communities
- Build relationships with communities and trusted partners, working together on the areas that matter most to people
- Develop different ways to hear views and empower people with lived experience, to inform how we plan and deliver services
- Make sure the experience of vulnerable and disadvantaged groups and individuals are sought, valued and inform plans
- Make the most of every contact, collecting feedback and experience from people as they connect with services

Who

- Patients, carers, people who need the health and care services we provide
- Young people and people from protected, vulnerable, disadvantaged groups and communities of experience
- People who live in remote and rural and island communities
- Trusted partners who support people who need our services
- Staff, clinicians, managers and agencies who work along side us
- Everyone who lives and works in the North NHS Highland area (Argyll and Bute HSCP has its own similar Framework)

Governance

Engagement Oversight via group or committee

Part of NHS Highland Board and Health and Social Care Partnership agendas

What does this mean to me?

Why



The Framework will help NHS Highland staff and people who work with us to understand our responsibilities and commitments to involving people in decisions that affect them.

It should also help communities to understand their rights to be involved in decisions about their care, medical treatment and plans for current and future services.

Who



The Framework applies to all NHS Highland health and social care staff at all levels.

It also relates to everyone who lives, works and volunteers in the NHS Highland area.

It is designed to help ensure that communities of experience and vulnerable and protected groups are listened to and included within plans and important decisions.

What



The framework will enable true partnership working to be adopted.

NHS Highland staff, people who need our services and communities will work together to identify and create engagement approaches and opportunities.

People with lived experience will be valued and empowered to inform and influence plans and decisions.

How



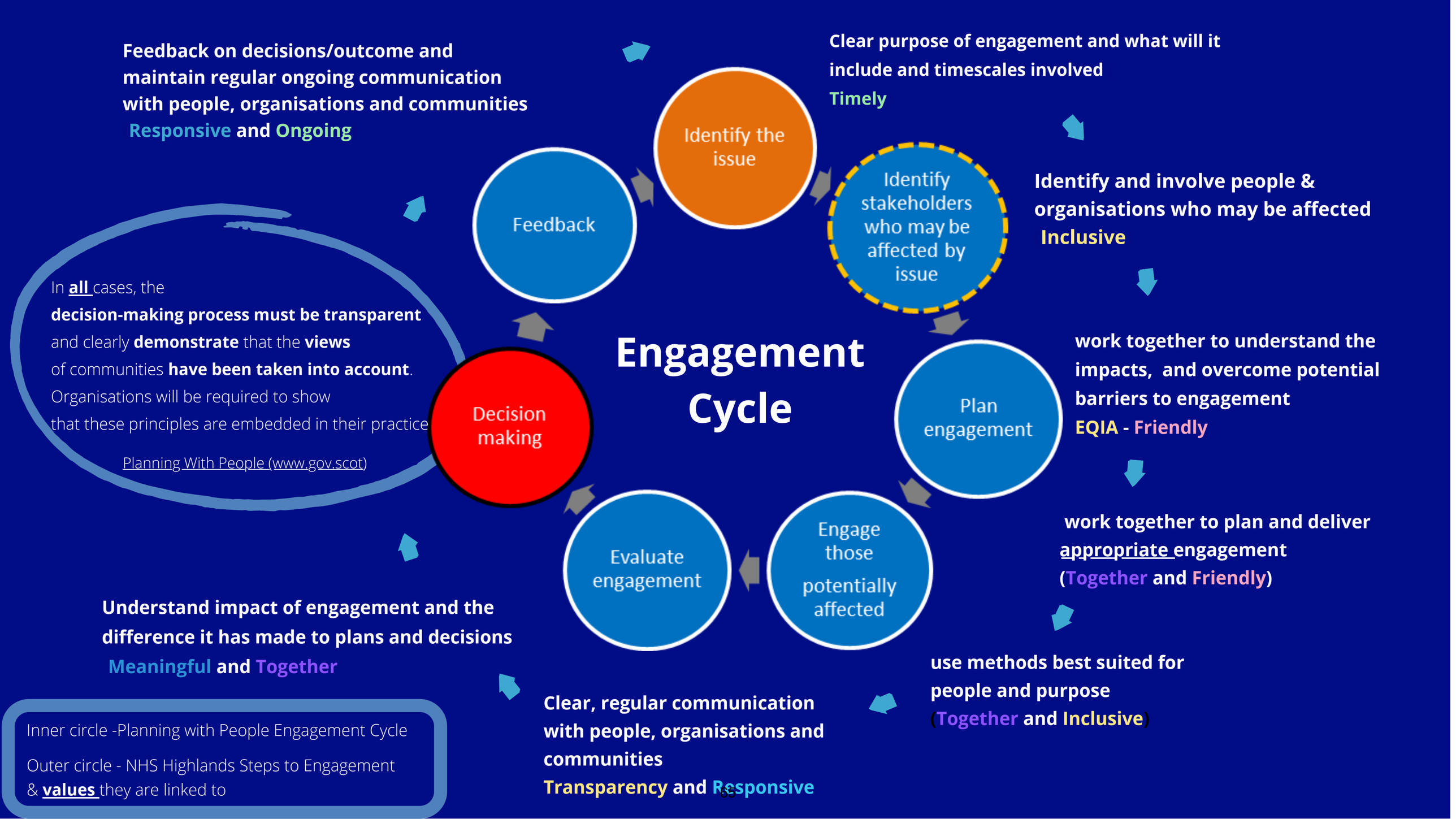
The Framework will act as a blueprint mapping different ways to meaningfully engage and involve individuals and communities in important decisions.

It will provide clear pathways and governance structures that ensure engagement is meaningful and considers relative impacts.

Training and support will be provided to all, at all levels, to make sure the framework works in practice for everyone.

Argyll and Bute Health and Social Care Partnership has its own own framework, that applies to staff who work in this area. The Argyll and Bute framework can be found at https://nhsh.scot/EngageArgyllandBute

Engagement Cycle



Clear purpose of engagement and what will it include and timescales involved
Timely

Identify and involve people & organisations who may be affected
Inclusive

work together to understand the impacts, and overcome potential barriers to engagement
EQIA - Friendly

work together to plan and deliver <u>appropriate</u> engagement
(**Together** and **Friendly**)

use methods best suited for people and purpose
(**Together** and **Inclusive**)

Clear, regular communication with people, organisations and communities
Transparency and **Responsive**

Understand impact of engagement and the difference it has made to plans and decisions
Meaningful and **Together**

Feedback on decisions/outcome and maintain regular ongoing communication with people, organisations and communities
Responsive and **Ongoing**

In **<u>all</u>** cases, the **decision-making process must be transparent** and clearly **demonstrate** that the **views** of communities **have been taken into account**. Organisations will be required to show that these principles are embedded in their practice

<u>Planning With People (www.gov.scot)</u>

Inner circle -Planning with People Engagement Cycle

Outer circle - NHS Highlands Steps to Engagement & **<u>values</u>** they are linked to

Levels of Engagement

NHS Highland

Inform

Consult

Involve

Shared decision making

Partnership working

Involvement

Influence

Partnership

Newspaper and social media releases

Online, paper or telephone surveys

Patient/carer representation on committees and groups

Public or patient involvement at the start of service redesign or project

Joint standing on working groups

public and partners co-creating service plans, options and strategies

Co-production, experience based co-design & Scottish Approach to Service Design

Public information stands and exhibitions

Seeking comments on plans and recommendations

Citizen panels or Assemblies

Community or Partner led intitatives

Newsletters and podcasts

Focus, discussion groups & conversation cafes'

Patient stories

Public and community representatives active partners in ongoing service improvements

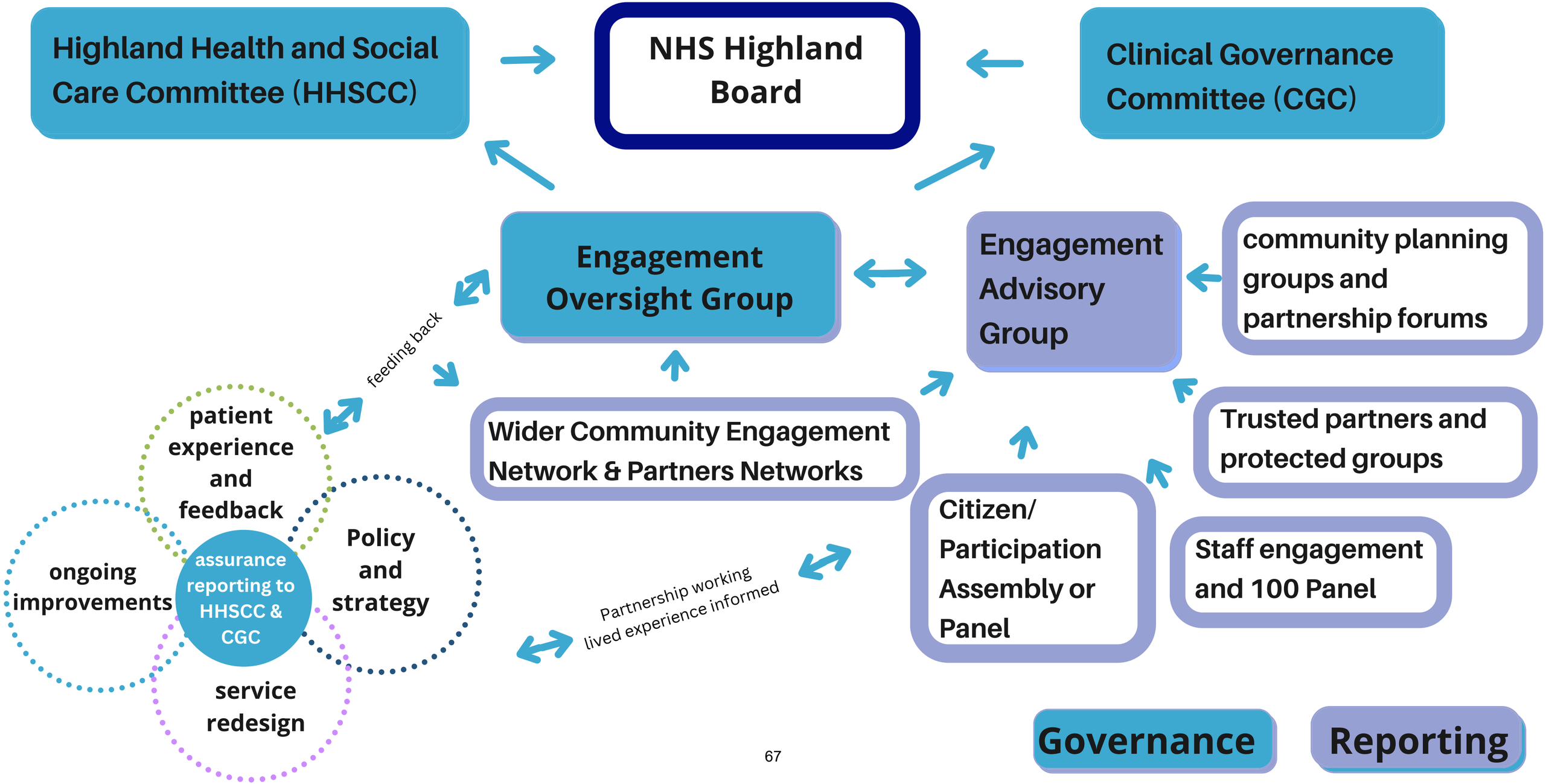




communication

Empowerment

Proposed Governance Structure



Suggested Functions

Engagement Advisory Group

Provides feedback and advice , shares good practice and Informs development of procedures, networks and training.

comments on draft engagement plans and road tests

public facing information and surveys

- Representatives of people who need services
- Carer representatives
- Communities of interests and experience
- Young people
- Trusted partners (like HIS-CE, THC,TSI)
- Staff and service representatives

meets bi-monthly via Teams with periodic face to face meetings



Engagement Oversight Group

Provides assurance that NHS Highland meets its statutory duties, the National Standards for Community Engagement and our core values to involving people in important decisions that may affect them, the people they care for or their community.

- Sets and oversees Key Performance Indicators
- Ensures proportionate, meaningful engagement informs decision making in key projects and service redesigns, considering impacts and vulnerable/protected groups
- Ensures appropriate evaluation of engagement
- Shares engagement metrics with services for improvement purposes

meets quarterly with exception reporting, as needed

Citizen's Panels or Assembly & Staff Engagement & Panels

Population & staff representative panels to provide feedback and suggestions on key topics and themes, to support strategic planning and understanding of what is important to our population and workforce.

Digital and face to face periodic engagement, with identified members

Community Engagement and Partner Networks

An honest, transparent, two-way space, between our communities, population and our partners. Various engagement opportunities to support different interests, projects and preferred methods for engagement will exist, in partnership with others, where possible.

variety of ways and frequencies for engagement

People and groups will share and select topics of interest for exploration and improvement, that will be community led, and supported by us.
Periodic communications and 'gatherings' will take place to provide updates and sense checking that people are being heard and accurately understood.



Key performance indicators

How will we know we are getting it right?



Strategic level

- Services feel more confident they are engaging well
- People who need services will report an improvement and say they feel their input made a difference
- Services receive a regular stream of feedback from people who access services from a range of sources
- We can show that feedback and lived experience has been used to inform strategy at the highest level

Service redesign level

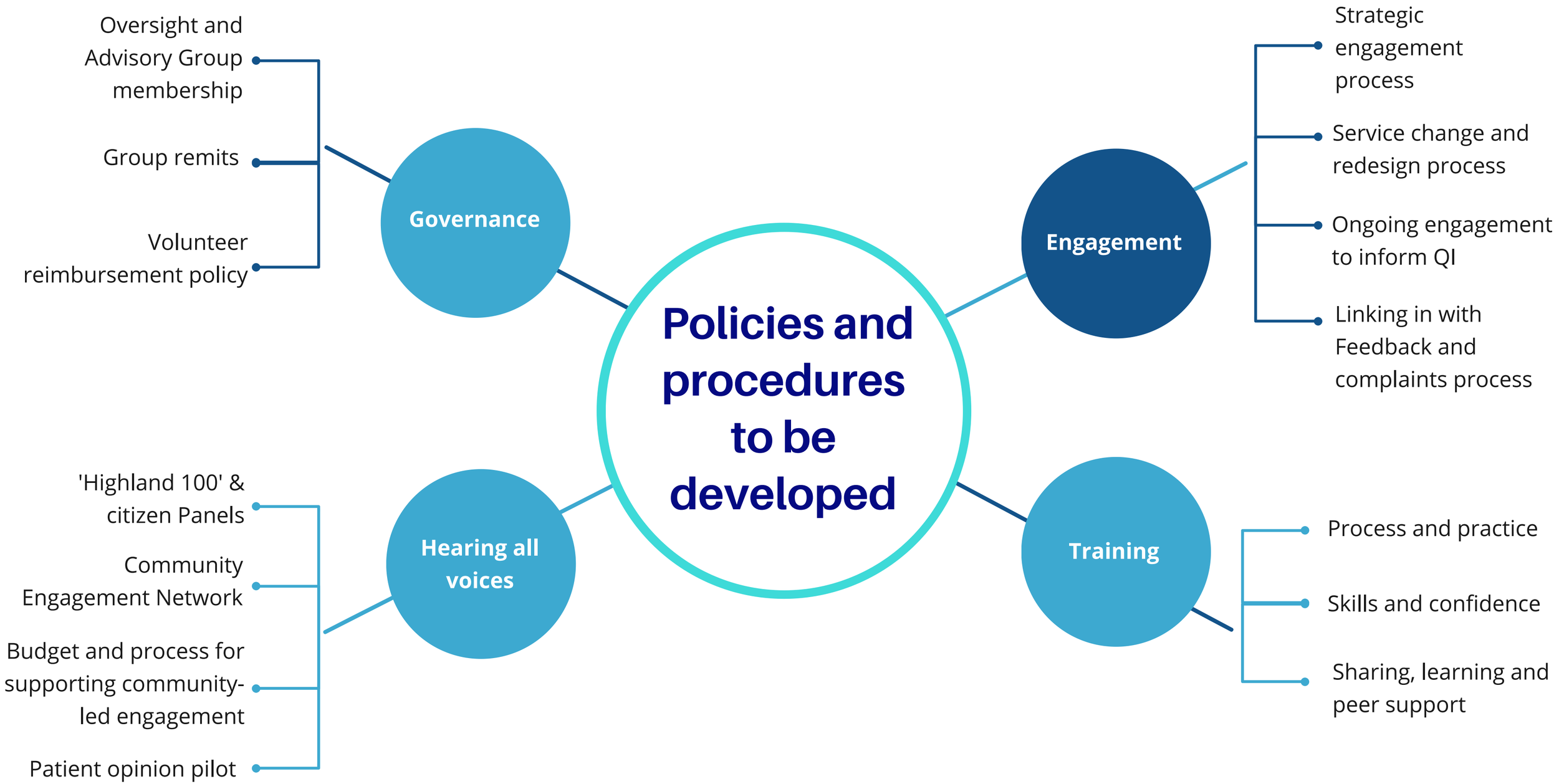
- Service redesign programmes are using the Engagement Framework and process, including required timeframes and sufficient notice, and have an appropriate, dedicated budget for engagement
- We can show that early, timely and ongoing engagement with everyone impacted by these programmes
- We can show that protected and vulnerable groups have been appropriately included *(to include numbers of people involved and support provided to enable meaningful participation)*
- We can show that feedback and lived experience has had an impact on redesign outcomes

Service improvement level

- Service improvement projects are using the Engagement Framework and process, including appropriate timeframes and sufficient notice, and have a budget for engagement
- Impact assessments will inform engagement plans and activity
- We can show that engagement, based on each project's bespoke objectives, has listened to feedback from appropriate audiences
- We can show that feedback and lived experience has had an impact on service improvement and changes made

Operational level

- Training and awareness sessions are well received, and templates and support materials well used
- Relationships with stakeholders improve and new relationships are forged
- People will be supported and empowered to share their lived experience and feedback in a range of ways
- People will be empowered and supported to identify and lead on improvement areas important to them
- Improvements are informed by ongoing, regular conversations with people, communities & partners


Policies and procedures to be developed
Governance
Oversight and Advisory Group membership
Group remits
Volunteer reimbursement policy
Engagement
Strategic engagement process
Service change and redesign process
Ongoing engagement to inform QI
Linking in with Feedback and complaints process
Hearing all voices
'Highland 100' & citizen Panels
Community Engagement Network
Budget and process for supporting community-led engagement
Patient opinion pilot
Training
Process and practice
Skills and confidence
Sharing, learning and peer support

Implementation

A three stage plan

2021- 2022
Foundations

- Start developing networks
- Start developing connections & joint working opportunities
- Establish working groups
- Agree success criteria and measurement plan
- Establish channels for regular updates
- Start developing engagement processes
- Agree governance and oversight process
- Agree central engagement channels
- Identify potential test sites

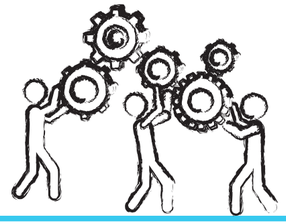
2022 -2023
Building

- Develop guidance, SOPs and mentoring approach to support tests
- Set up and test governance and reporting structures
- Test engagement processes & protocols
- Set up and test central engagement channels
- Evaluate test areas and make relevant changes
- Draft awareness raising and training materials - focusing on test examples
- Draft implementation plan
- Draft ongoing evaluation tools

2023 - 2024
Living

- Start awareness and training sessions in a tiered approach, *including; NHS Highland Board, Health & Social Care Partnerships (HSCPs), governance committees, senior managers and operational and clinical leads and project teams*
- Governance and reporting structures go live
- Process and protocols go live
- Engagement channels are in place
- Supportive structures are in place
- Ongoing evaluation and feedback mechanisms are in place

Progress so far



RESOURCES & SUPPORT

Additional staff resource

- 1x FT Engagement Manager
- 1x PT Engagement Coordinator
- 1x FT Administrator (fixed term March 23)
- 1x FT Web Manager (developing new website)

Providing ongoing & adhoc advice & support to staff (like RNI & Ruthven Ward Refurbishment)

Specialist engagement advice and support for;

- Skye, Lochaber and Maternity Redesigns
- NHSH wide Strategies (like Together We Care)
- Delivering on Anchor Well action(s) within ADP

External resources, training and support, available, like Care Opinion, Healthcare Improvement Scotland-Community Engagement (HIS-CE), Scottish Recovery Network, The Alliance & others

TRAINING & AWARENESS

- 3x engagement & EQIA in redesign (recorded)
- 2x digital inclusion (recorded)
- 1x planning with people for lay reps
- Voices training for lay reps planning for late 2022
- Sign posting to external training and resources

TEMPLATES AVAILABLE

- existing EQIA material
- engagement strategy & action plans
- Canva infographics explaining change, processes and timelines
- Sway newsletters internal & community facing
- survey templates for patients & communities
- Argyll and Bute engagement spec template

PROCESS

- established people for short life working group to help progress elements within the framework
- gained learning and examples from successful examples
- connected with THC, TSI & Police Scotland about joint engagement opportunities
- working up and trying out engagement processes for Skye redesign and Mental Health & Learning Disability Strategy
- Collecting examples of practice and 'how to' type information to support practice
- drafting roles and remits for groups within governance process & overarching engagement network functions
- exploring how Argyll and Bute HSCP & NHS Highlands processes can align

NETWORKS & CONTACTS

Building connections with

- key partners, including; HIS-CE, The Highland Council (THC), Third Sector Interface (TSI), University of the Highlands & Islands (UHI)
- vulnerable and protected groups
- internal networks
- localities to support redesign work
- developing an overarching network

Starting conversations with key contacts about approaches and ways we can work together - effectively communicate and meaningfully engage

Produced by NHS Highland September 2022

Draft for approval 29.11.2022

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If you do any of the above, you must acknowledge the source of the information.

NHS Highland would like to thank the everyone involved in creating this document and the frameworks within. We would particulalry like to thank the individuals, groups, communities, partners and members of staff, who took the time to share their feedback and suggestions on the draft version, as part of our initial consultation.

Credit and reference goes to, Argyll and Bute HSCP, The Highland Council, NHS Greater Glasgow and Clyde, NHS Lothian, NHS Borders, Fife HSCP, East Renfrewshire HSCP, NHS Wigan, Healthcare Improvement Scotland - Community Engagement, The Scottish Recovery Network, The Alliance, and Cope Scotland, whose shared practice, learning and advice form part of our approaches and governance structures.

Special thanks goes to our short life working group members, that include Non-Executive Board members, NHS Highland staff, managers, local partners and public representatives, who helped to coproduce this framework and the suggested models within.



Community Engagement Oversight Group

Purpose

To provide assurance that NHS Highland meets its statutory duties, the National Standards for Community Engagement and our core values to involving people in important decisions that may affect them, the people they care for or their community.

Setting and overseeing Key Performance Indicators relating to meaningful engagement, in line with current legislation, Scottish Government Guidance and recognised good practice to ensure;

- we meet our statutory responsibilities relating to engagement and involving people in decisions that affect them
- the Engagement Framework is an integral part of NHS Highlands strategic, redesign and everyday work

Membership

To ensure sufficient analysis and assurance is provided, group membership will include;

- 2 Board Non-Executive Director members,
- Senior Managers/Programme leads Health and Social Care
- 2 members of the Advisory Group (individuals representing community and lived experience)
- Unpaid carer representative
- Communications and Engagement Manager/Head of
- Equality Officer or lead
- Information officer/lead
- Third Sector
- Key partners (including HIS-CE, University of Highlands and Islands, The Highland Council)

Meetings

Quarterly meetings will take place, to oversee live and planned processes to ensure priority projects are scrutinised promptly. An agreed set of key performance indicators will be used to measure criteria for meaningful engagement and successful sign off before projects can move to the next stage in the governance and/or redesign process.

Exception reporting could be arranged if needed.

Quorum

For a meeting to progress a quorum is needed, for this group a quorum is defined as at least six members. Including one representative from

- Non-Executive
- Public (individuals representing communities, lived experience or carers)
- Communications and Engagement
- Senior Manager
- Public sector partner organisation
- Third Sector organisation

Remit

The group will oversee engagement processes, to check that proportionate, meaningful engagement informs decision making in key projects, strategy developments and service redesigns, considering;

- potential impacts and if an EQIA (Equality Impact Assessment) has been completed, in line with Equality Act 2010, Fairer Scotland Duty and Islands (Scotland) Act 2018,
- scale and status of change – note, major service change requires external assurance from Healthcare Improvement Scotland - Community Engagement
- transparency, accessibility, availability and frequency of information and communications with those affected, partners and local communities
- appropriate and proportionate stakeholder involvement, considering vulnerable, protected and less heard from individuals, groups and communities
- opportunities for people most affected to inform and influence plans and key decisions in decision making process
- opportunities for Co-production , co-design, and innovative practice in partnership with others
- evaluation of and learning from engagement processes and activities

Shares engagement metrics and findings with services for improvement purposes

Authority

The engagement model and values have been coproduced with a short life working group, consisting of NHS Highland staff, managers, Non-Executive Board members, public and carer representatives and key partners and has been approved at Health and Social Care Partnership and NHS Board level.

Reporting arrangements

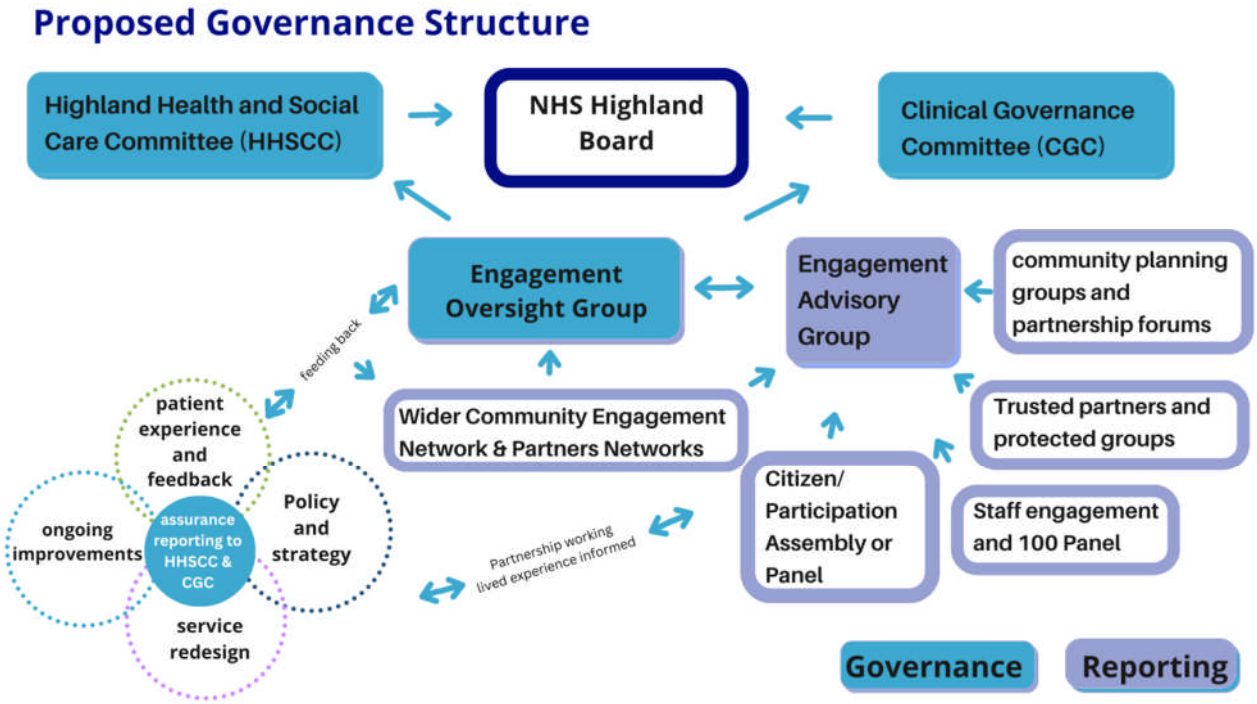
The diagram below shows the suggested governance and assurance structures.

Larger projects or major redesigns will be required to include details within their assurance reports to the Health and Social Care Committees and Clinical Governance Committee, describing;

- how they have followed the engagement framework
- partnership working opportunities and approaches
- how and where lived experience and views have informed plans in line with good practice and national guidance

The Oversight group will have a key role in supporting the development of an annual report, detailing progress with the implementation and delivery of the Engagement Framework.

The report will be presented to the Governing Committees and NHS Board and will provide an honest appraisal of how the Framework is working in practice, in relation to the Key Performance Indicators, as well as to identify areas of good practice and improvement.



Community Engagement Advisory Group

Purpose
A group of mixed stakeholders from different backgrounds and experiences, to provide feedback, advice and share good practice to inform the development of inclusive and thorough engagement plans and procedures, on key projects within NHS Highland.

The group will support the development of networks and engagement related training, to help embed the Engagement Framework as part of our everyday practice and procedures.

The group will also act as one of our 'expert sources' to;

- provide comment, advice and identify potential gaps and appropriate approaches on draft public facing information, surveys, and engagement methods
- and, to reach and hear experiences from protected, vulnerable and less heard from voices within our communities

Membership
Group membership will include two members, where possible, from each of the following groups or roles;

- Members of the public and communities
- Communities of interest and/or experience
- Carers (including unpaid carers who are not employees of NHS Highland)
- Young people
- Groups representing people who are vulnerable or have protected characteristics
- Expert bodies, including Healthcare Improvement Scotland
- Equality Officer or lead
- Deaf Services & See Hear Highland Education & Learning Services [SHHELS] and Speech and Language
- Third Sector and Private and Statutory partners
- NHS Highland employees
- Communications and Engagement Manager or Co-ordinator
- Service and project leads (as needed)

Meetings
Bi-monthly meetings will take place, to provide advice and support to live and planned processes, to ensure priority projects undertake early and meaningful engagement with affected individuals and communities. Documents and supporting information for agenda items will be emailed out to group members one week in advance, where possible, to allow time for people to read and prepare advice or questions in advance of meetings. Documents can be printed and posted out to members on request, or provided in an alternative format, for example large print, easy read or a different language.

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Quorum
For a meeting to take place a quorum is needed. For this group this is defined as at least 7 members, plus project or service leads requesting advice.

This should include at least one representative from:

- The public or community networks
- Vulnerable or protected groups
- Trusted partners
- Communications and Engagement team
- Unpaid carers
- Third Sector
- NHS Highland staff or clinicians

Remit
The group will provide advice and support to inform engagement processes, to help ensure that they are inclusive, proportionate and will lead to meaningful engagement to inform decision making in key projects, strategy developments and service redesigns. Considering;

- If the people most affected have been identified in plans – this information should be part of an Equality Impact Assessment on engagement plans, considering vulnerable, protected and marginalised groups identified in Equality Act 2010, Fairer Scotland Duty and Islands (Scotland) Act 2018,
- advice about accessible information and communications and best ways to share this with representative groups/communities
- advice relating to best ways to engage and involve vulnerable, protected and less heard from individuals, groups and communities – methods and connections and links to groups/communities, advice about support needed and available
- share ideas, approaches, methods and best practice for developing plans and options in partnership with others when designing plans and future services
- share examples and experience of Co-production , co-design, and innovative practice
- act as a source of advice and testing for major service change plans and approaches (note major service changes are externally assured by Healthcare Improvement Scotland - Community Engagement)
- support evaluation of and share ways to capture learning from participants to inform future engagement processes and activities

Reporting arrangements

The diagram below shows the suggested governance and assurance structures.

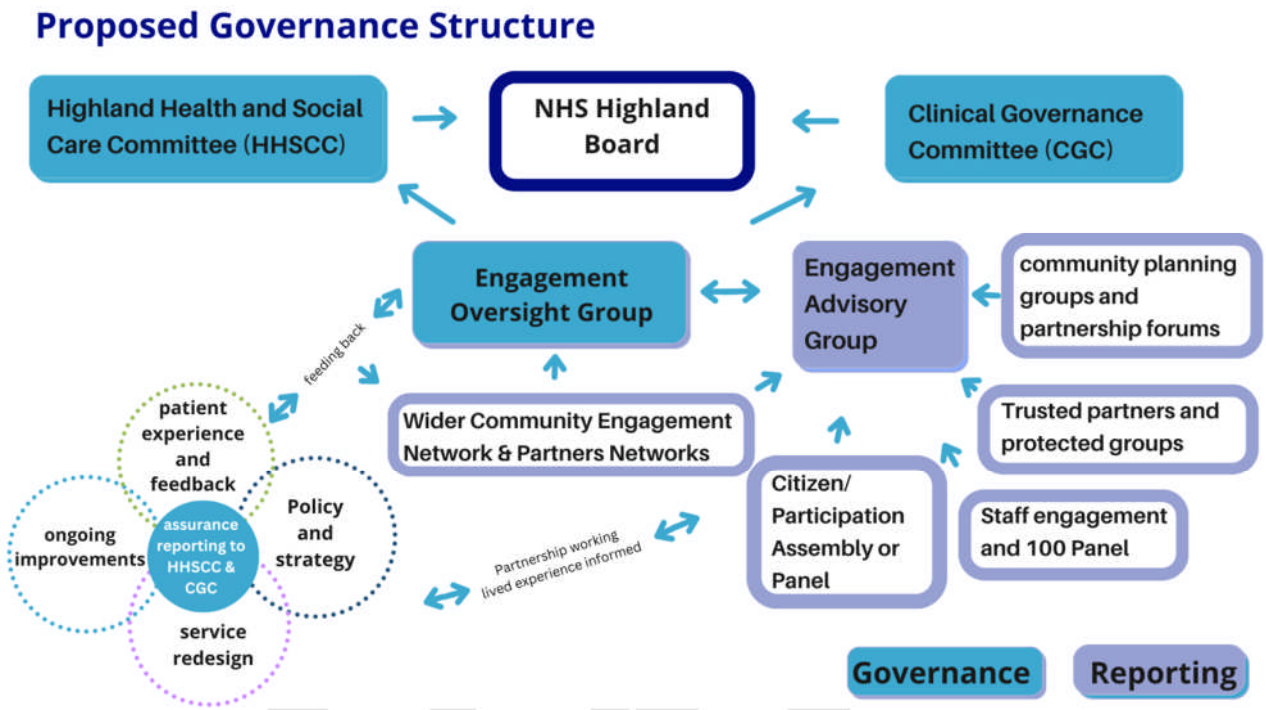
Larger projects or major redesigns will be required to include details within their assurance reports to the Health and Social Care Committees and Clinical Governance Committee, describing;

- how they have followed the engagement framework
- partnership working opportunities and approaches
- how and where lived experience and views have informed plans in line with good practice and national guidance

DRAFT

The Advisory group will have a role in supporting the development of an annual report, detailing progress with the implementation and delivery of the Engagement Framework.

The report will be presented to the Governing Committees and NHS Board and will provide an honest appraisal of how the Framework is working in practice, in relation to the Key Performance Indicators, as well as to identify areas of good practice and improvement.



DRAFT

NHS Highland Engagement Framework Summarised Feedback and linked Changes

The NHS Highland Engagement Framework has been created organically, through conversations, meetings, discussions and shared learning with many individuals, groups, organisations, including examples of already established processes and resources from other areas.

During July 2022, NHS Highland also shared a draft of the Engagement Framework with staff, communities and partners for comment, as part of the frameworks final development phase.

Feedback was captured and shared via email, one to one phone or teams and group meetings, Board Development meeting and Short Life Working Group meeting. Approximately 20 items of feedback were received from a range of sources, including, members of the public, community groups, community councils, partner organisations, third sector organisations, staff, managers and NHS Highland Board members.

Below shows a table noting the changes that have been made due to the feedback we received.

Changes made	Summarised linked feedback	Further actions
Indicators added to reflect lived experience	Verbal feedback received from partner organisation relating to indicators and adding lived experience as part of measurements	Indicators to be reviewed by Oversight group once in place
Complaints and feedback linked into the framework and the processes within	Verbal feedback from various sources relating to how framework connects and links in with NHSH established feedback and complaints process	Further thought and development of processes and procedures to enable stronger and clearer links to be made
Care Opinion trial is currently being planned and progressed by engagement team to capture and share learning. Care Opinion provides different routes to enable people to give feedback. This includes written or drawn, online via their website, on the phone	Verbal feedback from community member relating to making feedback easier for people to give	Learning from trial shared and soft roll out of Care Opinion planned and supported Developing training, tools and resources to support a wide range of ways to capture feedback from people in accessible and preferred ways
Argyll and Bute are currently conducting a review of their strategy. Updated and used	Verbal feedback from multiply sources, querying if the Framework includes Argyll and	Continue to support the review of Argyll and Bute engagement strategy and

existing Argyll and Bute planning and flow chart templates to support implementation of North Highland Framework and create consistency. Included explanation and a link to Argyll and Bute's Strategy in North Highland Framework for clarity.	Bute Health and Social Care Partnership, and if not to clarify the relationship between the two engagement strategies	explore opportunities to combine or dovetail processes, procedures and support.
No changes made	Query from staff member regarding plans to introduce portals for patients to access results and reports, similar to NHS England	Consider if this fits within the engagement framework portfolio or if it belongs a different directorate
Sources of reference and examples used added and links provided throughout document and at the end of the document Page name also changed to 'Levels of Engagement' to provide clarity	Written feedback from partner organisation about 'Our Engagement Model page 7' consultation version of the Framework – asked if a blended model from a number of sources and to provide references to any models used	None
Document written in plain language, acronyms have been removed or explained where possible. Tools and resources with clear guidance and links to policy, and resources relating to accessible information and communication, have been developed and are being tested within test sites.	Written and verbal feedback from various sources, need to improve our patient communication in general and to keep abbreviations/acronyms to a minimum, using terms in full where possible or explaining them where not	Continue to develop ways to communicate with people using methods that suit differing needs and preferences Develop training, guidance and links to existing resources, examples and requirements for accessible communication and information
Reference was linked to Voices training (Chest Heart and Stroke Scotland), link to website explanation now included	Written feedback from partner organisation, relating to the Training and Awareness box on page 13 – query if referring to the VOiCE online engagement tool or Voices Scotland training for lay representatives?	
Remote and rural added and recognised in the framework slide as 'lived experience'	Verbal feedback from a community member that living in a remote and rural area is a lived experience.	

None - lived experience is referenced and incorporated as an essential element throughout the Framework and is at the very heart of informing all of the supporting features in a variety of ways.	Verbal feedback community member, raising that internal governance slide does not mention lived experience – is this is a potential gap for decision making	
Framework updated to include more Standard Operating Procedures (SOPs) and policies to support the implementation of the framework EQIA is highlighted and noted as an essential element both within the Engagement Cycle Slide and supportive resources that have been created for staff and managers.	Verbal feedback community member suggesting Equality Impact Assessments should look at the needs of disabled people, as well as other protected groups. Making sure that the needs of people with physical, learning and neuro diverse disabilities are equally recognised and considered. Also to involve disabled people in designing engagement processes and for more policies to guide staff which will lead to better practice	Develop relevant SOP's and policies – suggest list be reviewed and updated periodically following a partnership approach EQIA training and awareness to be refreshed as part of training and awareness package, working with key partners to ensure it is sufficiently inclusive and robust
Initial training and links with Ability Net, Deaf Services & See Hear Highland Education & Learning Services [SHHELS], and British Deaf Association have been established.	Verbal feedback community, suggestion for disabled people to participate and share experience as part of staff training and awareness sessions.	To be explored in greater detail with relevant partners, as part of the next phase of developing training
Framework supportive tools have been created to support holistic views of patients, following a value based and what matters to you, approach. These have been approved by the SLWG and are currently being tested by a small number of live projects.	Verbal feedback community, engagement should capture the holistic views of patients, unpaid carers and their situations.	Approaches to be further developed in partnership, as implementation plans progress and skills, practice and contributions grow. Continue to support the formation and development of the carers union and to work with partners to ensure views of carers are heard and incorporated.
The two governance slides have been combined into one and an additional functions slide created, to describe functions and the makeup of groups within the governance structure.	Written and verbal feedback received from various sources about the clarity and functions of the groups within the proposed governance structure.	Reporting arrangements and related timescales to be agreed with HHSCC and Clinical Governance Committees and approved by NHSH Board during November 2022.

Draft role and remit documents have been created for both the Advisory and Oversight Groups.		
What does it mean to me slide, states that it applies to all NHS Highland health and social care staff at all levels.	Written feedback from staff member, querying if the term NHS staff includes primary care	Further development of processes for some areas of primary care are required, in partnership with GP practices and other affiliated practitioners and commissioned services
Resources and tools have and will continue to be developed to support staff to implement the engagement framework into their everyday and improvement or redesign work.	Written query from staff member regarding how local teams will put the framework into action and how they would select the groups and sectors in the community to engage with.	Continue to develop tools, training and resources in partnership, testing via identified test areas. Arrange training, awareness and peer support sessions to support transition to this way of working.
Training, tools and resources are being drafted to support staffs skills, understanding and practice regarding effective and meaningful engagement. The Advisory and Oversight group remits have been developed and will provide an additional source of advice and support and will be able to identify gaps and people or groups who are missing from engagement. Community Led Engagement idea was created through feedback received and will provide a way for groups and communities to identify and resource engagement meaningful to them. The governance structure has been strengthened in order to provide an additional layer of assurance that	Written and verbal feedback from various sources relating to effective, meaningful engagement not being 'easy', and can become "tick the box" by solely focusing on 'usual suspects' and those already engaged, like active/visible representative groups or organisations. Need to include vulnerable and protected groups and 'overlooked' sections of communities, as well as those who provide informal support to these groups and people. Need to also ensure investment in public/patient representatives/user led organisation and for the right staff to be there to support this to happen.	Continue; - to develop and adapt training, resources and support - Establish governance structures and groups - develop and grow networks and relationships with trusted partners and communities - develop process and means to support community lead engagement process

engagement has been meaningful and that the people who are most affected have been proportionally involved in decisions.		
Number of test sites are currently following the framework using different approaches – these will be written up as examples and used in the next phase to demonstrate different approaches in practice and sharing learning and techniques	Written feedback from partner, would be meaningful to have a slide which showed particular examples of new types of engagement working well on different projects to really demonstrate the framework in practice	Continue to develop approaches and capture learning to share. Emphasis for all is values based engagement of lived experience and partnership working, with everyone affected or involved.
Transparency, engagement informing decision-making and feedback are main features of the engagement framework. Added slide to clearly demonstrate the planning with people engagement cycle that explains decision-making and highlights feedback as a part of the process.	Written feedback from partner, not clear how people will really know that their input has made a different. How will participants get feedback (where/when will updates be circulated and in what format)? How will the public know what has changed as a result of community engagement – lessons learned or actions taken?	The establishment of communication and engagement channels to support this way of working are part of the next phase of the Frameworks development. Including - developing ways to receive and provide feedback - establishing and linking with existing networks - developing stakeholder panels and community led engagement as described within engagement framework
Engagement Cycle and NHSH steps added to create clearer process for continual engagement and conversational approach	Feedback from various sources, move to continual engagement and conversation, rather than peaks and troughs	This theme to be a reoccurring and key theme for training and support materials
NHS Highland has an established reimbursement policy and process	Feedback from various sources relating to volunteering expenses and payments and the need to ensure that people are supported and the time and contributions they give are recognised and fully valued.	To explore expenses and payments ideas and options with key partners and update or create polices and processes as appropriate.
Engagement Cycle and process flowchart has been developed to demonstrate where engagement sits within decision making	Written feedback from community member, community consultation should not become overly removed from the processes of	Development of training and awareness resources, materials and training to support understanding, skills and practice.

process.	decision making, otherwise there is a danger that some people can come to feel these processes are tokenistic.	Governance structure should also ensure engagement is meaningful and not tokenistic.
The Engagement Cycle slide and supportive resources have been created to make sure that engagement is inclusive and considers everyone who may be affected or involved.	Written feedback from community member relating to importance of any community consultation group to include people with a local voice who genuinely represent the variety of community views.	Awareness raising, training and peer support will form part of implementation. Governance and supportive structures should also help to ensure plans and processes are genuinely inclusive.
The framework aims to improve local networks and how we connect or work with local groups. Guidance and resources have been created to support local teams to move to this way of working and will be rolled out as part of implementation of the Framework.	Written feedback from community group we rarely hear proactively and directly from anyone in the NHS and would welcome that changing - whether this be through a network or us being associated with this framework.	As above
The framework aims to address inconsistency with how we involve people in important decisions and improve relationships and trust by working with people, in a partnership approach. Engagement processes have been created, and training, tools and resources are being developed to make sure and support meaningful engagement, that informs important decisions, takes place at all levels within NHS Highland.	Feedback from community member, “at present I am utterly shocked by the way our services have deteriorated over the years and feel that the voice of the community is completely ignored. I’m sorry that my response is so negative but I feel that I must be honest in my response.”	
No change but welcome sharing our ideas, practice and learning with others.	Feedback from Partner organisation, overall we feel this is an excellent document - it is well presented, easy to read and there is	Continue to develop local, national and wider peer networks to inform and improve practice.

Current guidance and good practice is at the heart of the framework. A review date for 2025 has been suggested to ensure that the framework continues to evolve, reflecting learning, emerging practice and changes. within guidance, legislation and duties.	good use of visuals to aid understanding. We are often asked to share examples of engagement frameworks and once this NHS Highland Framework is finalised we are keen to use as an example. It is clearly laid out and straightforward to follow It clearly describes and demonstrates NHS Highland's commitment to community engagement and involving people It makes useful reference to up to date Scottish Government engagement e.g. 'Planning with People' which is useful context for people reading the document	

12th October 2022

Agenda Item 10

NHS Highland

Meeting: NHS Highland Board

Meeting date: 29th November 2022

Title: National Treatment Centre Highland Update

Responsible Executive/Non-Executive: Deborah Jones, Director of Strategic Commissioning Planning and Performance

Report Author: Deborah Jones

1 Purpose

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

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Annual Operation Plan
- National Policy

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

- Safe
- Effective
- Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

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

The building is scheduled to be substantially complete on the 9th December 2022. Some residual commissioning activity and snagging will be undertaken through to 24th January 2023. Operational commissioning will take place between 9th December 2022 and 2nd April 2023. (16 week period)

As at the time of writing this paper 57.5% of the total number of staff (120 of 208.22 WTE) have been recruited with an expectation that this will increase to approximately 70% at the end of November 2022. There remains a challenge with recruiting to peri operative staffing posts and physical constraints within Raigmore outpatients prevents early recruitment to all the outpatient staff required for the NTC-H.

A detailed transfer and mobilisation plan has been developed to ensure that all equipping, staff orientation and staff training can be undertaken within the timescale required prior to opening in April 2023

As part of the post COVID recovery across Scotland, National Treatment Centre activity will be considered a national resource as part of an NHS Scotland approach to clearing the national backlog in care. A regional approach to activity allocation has been identified to minimise patient flow (and administrative requirements) between boards, reduce patient travel time, and support treatment as close to home as possible.

At a local level this builds on the collaborative approach to delivering clinical services with partner organisations aimed at maximising patient care across the North of Scotland.

At this stage, the national commissioning activity applies only to primary arthroplasty.

2.2 Background

Planning for the National Treatment Centre Highland (NTC-H) commenced in 2014 and was based on a strategic needs assessment, which confirmed that NHS Highland would be continuously challenged with meeting the national Treatment Time Guarantee (TTG) without additional recurrent capacity being identified.

The full business case (FBC) submitted and accepted by the Scottish Government was predicated on assumptions that a facility comprising 24 beds (3 flexible use for ophthalmic patients) 5 operating Theatres 13 consulting rooms (Inc 2 teach & treat and 4 virtual consulting rooms) and a full range of ophthalmic diagnostic and treatment services would allow NHS Highland to meet the TTG.

Given the location for the NTC-H and its off-site proximity to Raigmore Hospital, it was agreed from a clinical safety perspective, that only the least complex surgery should be delivered in the new facility. This meant that anesthetic risk category (ASA[1]) 1&2 patients could be treated within this new facility.

The FBC assumed that 85% of the total activity to be delivered would be primarily Highland patients with 15% coming from Grampian and the Island Boards.

3 Assessment

Construction

Construction works are advanced in all areas with substantial completion scheduled for 9th December 2022. Internal fit out progressing with flooring, whiterock, IPS & cubicles, fixed furniture & equipment, joinery, decorations and sanitaryware installation throughout the building.

Mechanical & Electrical works are well progressed to all areas. Final fixtures e.g., sockets, switches and light fittings are now being installed. Building services commissioning is in progress. Electrical power to the building is now live.

External works are progressing with pavements, fencing and landscape finishes being installed.

It is anticipated that there will be some limited work undertaken after substantial completion on 9th December 2022, but this will not impact on the transfer and mobilization plans, equipping or staff orientation.

Staffing and Recruitment

The NTC-H workforce plan identifies the requirement for an additional 208.22 staff across a range of clinical and operational roles to support the delivery of the new service.

As at the 3rd November 2022:

- 57.5% of the additional workforce required to support the NTCH have been recruited
- Recruitment is live and ongoing.

What this means for the Ward:

- We can currently open 19 out of 24 beds but we still require a small number of band 4 and 5 nurses/ practitioners.

[1] The ASA Physical Status Classification System uses a scale from I to VI, with I being a healthy patient with minimal risks

- We can provide a seven day Occupational and Physiotherapy Service but require 1.4 wte AHP healthcare support workers

What this means for Orthopaedic Theatres:

- We can open 1 Theatre, however, to open all 2.4 orthopaedic theatres we still require:
    - 4wte Band 5 Operating Department Practitioners/ Anaesthetic Assistants and 2.8 Band 5 Recovery Practitioners
    - 3.5wte Anaesthetic Consultants

What this means for Ophthalmology Theatres:

- We can open 1 Ophthalmology Theatre, however, to open all 2.6 Ophthalmology Theatres we still require a further 8 wte across all nursing / practitioner bandings

Recruitment has completed for decontamination services, the NTCH leadership team and Out of Hours Medical cover.

Interviews are planned for most of the support service roles equating to 36.17 wte (porter/security; catering and domestic services) during the week beginning 14th November 2022.

A further 6% of the roles which have yet to be advertised relate to both ophthalmology outpatient and administrative roles and have been staggered to reflect the additional space that the NTC-H will provide to enable staff to be appropriately deployed.

The main recruitment risks and mitigations are highlighted in the table 1.:

Table1: Recruitment risks and mitigations

MAIN RECRUITMENT RISKS	MITIGATIONS/ CURRENT STATE Exploratory Discussions with NHSG
Anaesthetic Consultants	Advertising for fixed-term posts Re-advertising for Substantive posts early 2023 Short-term Locum use within Raigmore to release substantive capacity
Band 5 Ophthalmology Theatre Nursing roles	Rolling recruitment Programme; Media campaign. AfPP Maildrop Development posts
Band 5 Operating Department Practitioner	Rolling recruitment Programme; Media campaign Increased Training places
Pharmacy (NHSH- wide)	Role appointed to but candidate then accepted position elsewhere
Re-alignment of NTC-H Contracted staff may de-stabilise Raigmore	Weekly Task & Finish Group established to provide oversight of Raigmore vacancies and to formulate mitigation plan for Raigmore. Vacancies within Ward 3C and Raigmore visibility through established NTC Recruitment Huddle with Recruitment Team
Recruitment Team Capacity	Pilot of "Always on" Targeted Adverts for all NTC Rolling Recruitment.

Transfer and Mobilisation

A detailed transfer and mobilisation plan has been established to ensure that once handed over, the building, services and people will be ready for the delivery of care from 3rd April 2023.

Network and communications implementation will be completed by the end of February 2023.

Equipping staff training and orientation will be ongoing from handover.

Clinical services are expected to continue with some changes expected but aiming to minimise disruption to patients.

- **Ophthalmology**

There will be some inevitable reduction of clinic availability as equipment is transferred to the New Eye Care Centre within the NTC-H.

It is expected that from week commencing 24th March 2023 there will be limited ophthalmic operating, but the eye day care unit will be open for emergencies,

From the week commencing 27th March 2023 there will be daily

  - injection clinics
  - casualty clinics
  - urgent consultant appointments

- **Orthopaedics**

Orthopaedic operating is expected to continue as planned up until Friday 31st March 2023.

- **Staffing**

From the 1st January, all NTC-H contracted staff are required to re-align to the NTC-H to ensure that the transition and mobilisation phase of the Programme can successfully conclude. Planning for this has highlighted existing workforce gaps within Raigmore.

To support the re-alignment process, a weekly task and finish group was established with the aim of providing oversight of Raigmore vacancies in both Ward 3C and the main theatre suite and to formulate a mitigation plan for both areas. This is being progressed by the Raigmore Management Team

Service Delivery Model

The Demand Capacity Activity and Queue (DCAQ) modelling has been completed and used to inform consultant job planning for both orthopaedics and ophthalmology services. In addition, this work has informed the ophthalmology outpatient schedule, the theatre schedules and activity information to agree the services that will remain on

the Raigmore campus (e.g., emergency pathways, pediatrics and the complex ASA3&4s).

A Data Readiness Working Group has been established to deliver the technical and operational requirements across NHS Highland to ensure that the NTC-H can book and schedule patients from the 3rd April 2023. This work will be completed by the 13th February 2023 to allow the communication to be sent to patients in accordance with our Local Patient Access Policy.

Several NHSH patient booking office staff have transferred with effect from 7th November 2022 joining existing administrative staff within the NTC. These staff are required to support patient booking services. There is ongoing work to finalize this activity in advance of opening next April.

A major redesign process has been undertaken for ophthalmology outpatient services to identify the DCAQ by patient pathway and to align this with consultant and other practitioner job plans. This has resulted in a revised outpatient clinic timetable that ensures level loading of activity across the morning and afternoon sessions across the working week. This will maximize resources improving efficiency and productivity.

The waiting list for orthopaedic patients is being reviewed and validated to ensure that clinically suitable patients can be given clear communication as to when and where they need to come for their treatment.

National Activity Commissioning and Performance

NCT-H is part of a national network of treatment centres, aimed at increasing capacity across a range of diagnostic and treatment areas to improve patient access to care and to reduce the impact of long waiting lists and extended waiting times across Scotland.

Therefore, the NTC-H will be considered a national asset hosted within Highland. As part of the National Treatment Centre Programme a short life working group was established to support the development of the principles and methodology to enable the Scottish Government in agreeing activity allocations for National Treatment Centres (NTCs) opening over the next year.

A range of Performance Measures have been agreed by the Scottish Government Health Department (SGHD) for all National Treatment Centres and these have been used to calculate the projected capacity of the NTC-H.

The SGHD have based the allocations of capacity at the NTCs on the length of waiting lists by individual Health Boards. In an allocation letter received by NHSH on the 30th September 2022, it was confirmed that for 2023/24 the NTC-H should plan to see 434 long-waiting patients from NHS Grampian and that this number would be reviewed in March 2023 and on a 6 monthly basis thereafter.

The SGHD will undertake monthly performance meetings to monitor the effective operation of the NTC-H and ensure maximal use of the additional capacity. This will also include monitoring relationships with NTC partner boards (NHS Grampian in the case of NHS Highland) to ensure the efficient flow of patients. A monthly data

collection mechanism to monitor performance against these allocations will be established and confirmation of this will be announced in December 2022.

At this stage the SGHD have given no indication of a need to commission ophthalmology activity. There will be an opportunity to open discussion about what additional capacity could be offered out beyond NHS Highland once recruitment to all vacant ophthalmology posts has been completed.

A national Short Life Working Group has been set up by the Centre for Sustainable Delivery to agree a national Pre-operative and Assessment Model for NTCs and this has formed the basis of early discussions with NHS Grampian.

To support this a local working group has been established to agree both the clinical and technical pathways to support the safe and sustainable delivery of care in the NTC-H for Grampian patients. The collaborative approach is being led by the NTC-H Clinical Director supported by the NTC Project Team.

Early indications suggest a clinical appetite to maximize the opportunity the NTC Highland brings to the North of Scotland with positive and productive discussions aimed at delivery of clinically safe and effective care to patients.

It is anticipated that this work will complete by the end of December with the required service level agreement ready for sign off in the New Year.

Table 2 – Demand vs Capacity for NTC-H Patients

	NHS Highland			Commissioned Activity	
Procedure	**Projected Demand NTC**	**Annual Capacity NTC**	**Variance**		**Comments**
Primary Hips & Knees	1155	1072	83	434	41.8% of planned capacity in 2023/24 for NHS Grampian
Hands	202	159	43	To be confirmed	Plans to increase the Process for Scheduling Theatres being developed to bring this into balance
Foot & Ankle	130	175	-45	To be confirmed	Day Cases only for 2023/24

Notes:

- Assumes all Primary Hips and Knees (ASA1s and 2s) for NHSH will be undertaken at the NTC-H and that the remaining capacity is utilized at Raigmore for Revision Joints and ASA3s and ASA4s
- Assumes no change to the morbidity on the waiting list since 2019

The numbers in table 2 reflect the following assumptions,

Primary Joint Capacity in 2023

- 100% Capacity - Assumes 2 Theatres are fully staffed from 3rd April and would allow 38 arthroplasties per week with 4 joints per day Mon to Thurs and 3 joints per day on a Friday (training list)
- 1550 joints per annum over a 48 week operating year with theatre efficiency at 85% in the year

Activity

A phasing approach to delivering activity has been agreed with the clinical team and modelled as follows

- April to June 75% = 315 Joints
- July to March 85% = 1070 Joints
- Total activity in 2023-24 = 1385 Joints if 2 arthroplasty theatres fully operational from 3rd April
- Total activity in 2023-24 if only 1.5 arthroplasty theatres are operational = 1038

The percentage of the capacity available to NHS Grampian changes to reflect the assumptions on theatre availability and are as follows,

- Allocated Activity 434 or 31% assuming 2 theatres are fully operational
- Allocated Activity 434 or 41.8% assuming 1.5 are operational

4. Conclusion

The National Treatment Centre Highland will be substantially complete on 9th December 2022 with some residual on site contractor presence during the commissioning period.

The transfer and mobilisation of equipment and staff will commence from 9th December 2022 towards the opening of NTC-H on Monday 3rd April 2023.

Recruitment is ongoing with several clinical posts remaining unfilled impacting on how many beds and theatres can be open. Further effort will be made to seek to fill these posts between now and opening in April 2023.

The development and opening of the National Treatment Centre Highland in April 2023, provides and an exciting and dynamic opportunity to deliver world class care for the population of Highland and the North of Scotland. The national approach to capacity allocation will a focus on people rather than postcode maximising the scope of delivery

at local and regional level consistent with the expectations set out in the Full Business Case

Ongoing collaborative working with NHS Grampian will enable the delivery of a seamless service for patients across the A96 corridor.

4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

5 Impact Analysis

5.1 Quality/ Patient Care

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

5.2 Workforce

The NTC-H is looking to recruit an additional 208 staff. The People Plan developed through extensive staff engagement encapsulates the aspirations of staff to deliver world class service and outcomes for patients

5.3 Financial

The NTC-H is being funded through Scottish Government investment with a capital budget of £45.3m . The revenue budget is expected to be in the region of £16.5m per annum. Work is underway to finalise the non-pay element of the revenue budget

5.4 Risk Assessment/Management

The key risks to the project are as follows,

- If the NTC-H recruitment programme fails to secure all the staff required to open all of the operating theatres and beds a phased opening will need to be undertaken in line with recruitment activity.

5.5 Data Protection

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

5.6 Equality and Diversity, including health inequalities

Equality diversity policies and process are being followed

5.7 Other impacts

N/A

5.8 Communication, involvement, engagement, and consultation

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

An increased presence through social media is included in the communication plan.

Patient representatives are including in the Project Board membership.

The NTC-H microsite provides regular updates and information for staff, members of the public etc.

6 Recommendation

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

Board members are asked to note that the NTC-H will be considered a national asset by the Scottish Government hosted by NHS Highland and that a ‘People not postcode’ approach will be taken in the allocation of activity within all National Treatment Centres.

Agenda Item 11

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 November 2022**
Title:	**Whistleblowing Standards Reports**
Responsible Executive/Non-Executive:	**Fiona Hogg, Director of People and Culture**
Report Author:	**Fiona Hogg, Director of People and Culture**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Attached is the Whistleblowing Standards Quarter 2 report covering the period July - September 2022.

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

2.2 Background

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

As part of these requirements, a report is required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports.

2.3 Assessment

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

Bert Donald, our Whistleblowing Non-Executive Director has carried out another series of visits across Argyll & Bute in October 2022 to promote the Whistleblowing Standards and encourage speaking up and has a further visit to the Inverness area later this year. These visits are well received and give useful feedback on colleague experiences and awareness of the Standards.

We know we have more to do to ensure widespread knowledge of the Standards across our vast board area and how to raise concerns. We will be continuing to focus on this across the coming year. We've got upskilling for managers that we rolled out to the Executive Directors and Deputies in August 2022 and which is planned to be rolled out further with leadership teams and other groups. Our Corporate Induction events launching in January 2023 will be another opportunity to raise awareness with new colleagues as they join the organisation.

This has been helped by our activities from 3 - 7 October 2022.during Speak Up week. Our Guardians, who act as our Whistleblowing Confidential Contacts, travelled extensively across the Board area promoting Speaking Up and the Whistleblowing Standards. Our INWO liaison held daily sessions and recorded these on key topics such as Speaking Up, Praising and Positive feedback, Listening and Responding to concerns, Quality, Care and Safety concerns and a round up of all the weeks key messages and activity. There was also a series of local and national resources, press releases and social media postings shared.

We had been working on our own internal Whistleblowing policy guidance, as part of the final audit action, but as we are now involved in developing national toolkit to support colleagues, managers and other teams who may have involvement in Whistleblowing cases. Fiona Hogg is part of that small national working group led by the INWO office, so we have paused our local activity to ensure that there is no duplication. The guidance will be ready in April 2023.

Our Whistleblowing Standards Implementation group continues to meet monthly to drive the final actions still outstanding in the action plan around ensuring awareness with partners, contractors and other in scope organisations and individuals and will then oversight will be picked up via the People & Culture Programme board. The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

In the Q2 Whistleblowing report for the period 1 August 2022 to 31 October 2022 we have seen new cases raised and a number of cases concluded, but we continue to focus on improving our timescales to resolve cases and ensuring the 20 day updates are complied with.

We continue to receive and progress cases and are now considering how we can start to add learnings and trends to the reports now we have had a few more cases to report on and will include this in the Q3 report. We are also looking at further breakdowns of the categories we use, to give more insight to the concerns being raised.

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

Quarter	**Period covered**	**Staff Governance Committee**	**NHS Highland Board**	**Argyll & Bute IJB**
Q3 22-23	1 October - 31 December 2022	8 March 2023	28 March 2023	29 March 2023
Q4 22-23	1 January - 31 March 2023	10 May 2023	30 May 2023	May 2023
Annual Report 22-23	1 April 2022 - 31 March 2023	28 June 2023	26 July 2023	July 2023
Q1 23-24	1 April - 30 June 2023	6 September 2023	27 September 2023	September 2023

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

This report proposes moderate assurance is taken, with the refinement of our processes making good progress. Our outstanding cases are substantial and complex but are being taken seriously.

It is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training which began in August 2022, as well as enhanced reporting now we have more data and to continue progress made to ensure cases are progressed in a timely manner and we are targeting giving substantial assurance with the next report in March 2023.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

The report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No specific impacts.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

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

- Area Partnership Forum on 28 October 2022
- Staff Governance Committee on 9 November 2022
- Argyll & Bute Integrated Joint Board on 23 November 2022

4 Recommendation

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

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1- Quarterly WB report July - September 2022





Whistleblowing Report
Quarter 2 - 1st July 2022 to 30th September 2022

Guardians / Confidential Contacts
Julie McAndrew and Derek McIlroy

INWO Liaison and Lead Executive
Fiona Hogg

Whistleblowing Champion
Albert Donald

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1. Introduction

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

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

Reports are produced quarterly; this is Quarter 2 (Q2) report. The Quarter 1 report of 2021 provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 of 2021 report also provides information on the role of the Confidential Contact.

2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards and we have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 2021 report.

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

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

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

3. Governance, Decisions and Oversight

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

The Director of People and Culture is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 2021 report) contact the Director of People & Culture who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of People and Culture coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards Definitions: What is whistleblowing? | INWO (spso.org.uk). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing, this is drafted by the Director of People and Culture and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted. This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns. During Q2 in 2021, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

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

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

4. Raising a Whistleblowing Concerns in NHS Highland

Managers and employees can raise a concern:

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

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

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

5. The Role of the Guardian Service

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

The Guardian Service will ensure:

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

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

6. KPI Table

The KPI data is taken as of 30th September 2022 for Quarter 2 2022/3.

KPI	Qtr. 2		YTD	TOTAL
Concerns Received	2	100%	4	18
Concerns confirmed as WB concerns	2	100%	3	9
OPEN Concerns under investigation	1	100%	5	5
Stage 1 concerns closed in full within 5 working days	0		0	1
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days	0		0	0
Stage 2 concerns closed later than 20 working days	1		1	3
Stage 2 concerns still open from prior reports	3		3	3
% of closed calls upheld Stage 1				
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				1
% of closed calls upheld Stage 2				1
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2	1	50%		2
% of closed calls not WB			1	9
% of closed calls where Whistleblower chose not to pursue.				2
% of closed calls which were for another Board to pursue			1	2

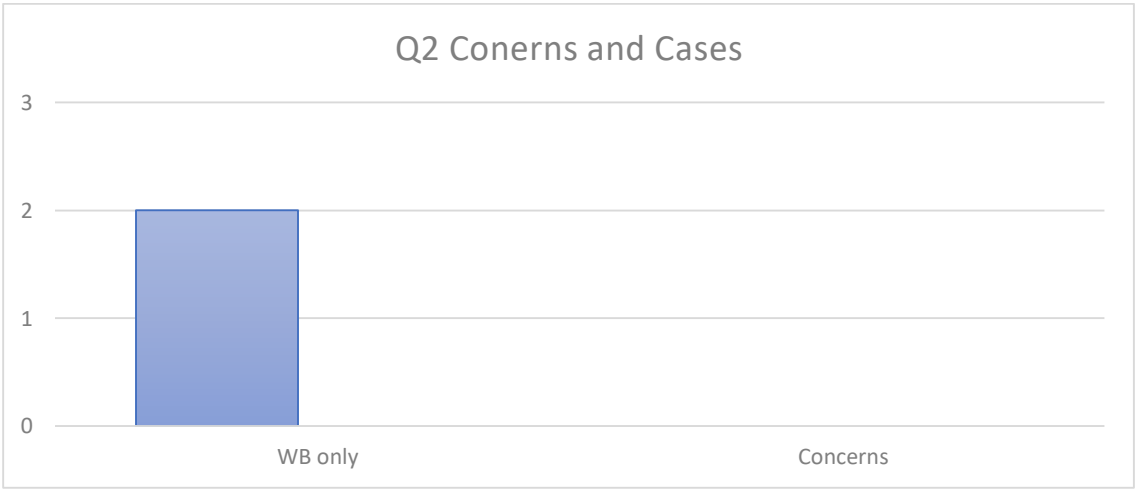
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	0		0	
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.	1	100%	2	7
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		0	1

7. Statistical Graphs

The following graphs relate to the Quarter 2 reporting period 1st July 2022 to 30th September 2022.

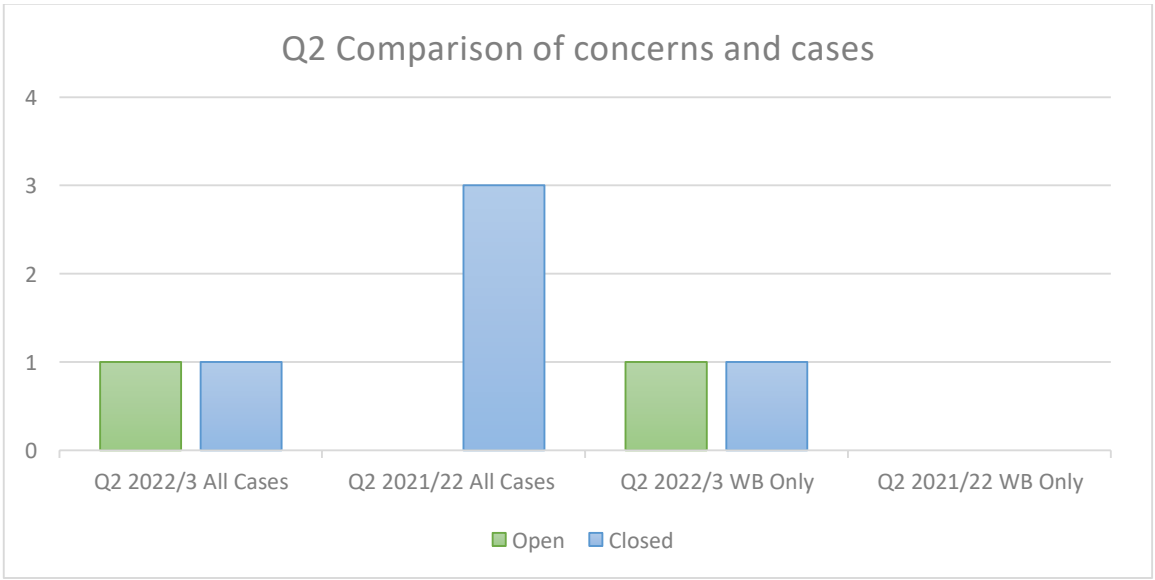
Data has been presented in such a way to ensure that confidentiality is preserved.

Graph 1

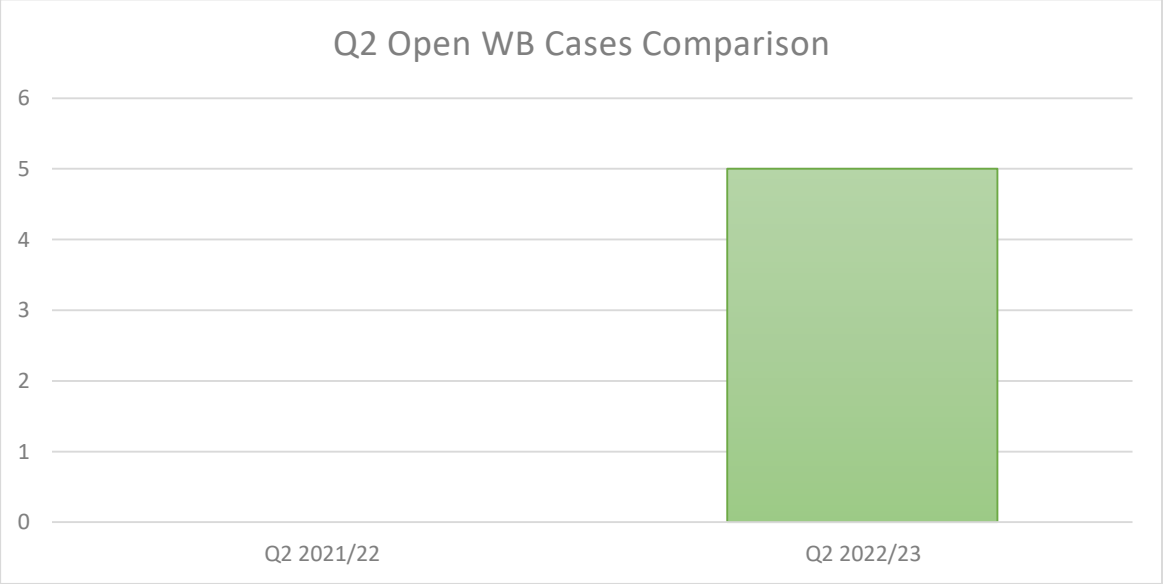


There were 2 concerns raised in Q2, both were investigated under stage 2 of the whistleblowing standards, 1 remains open and 1 was closed within the reporting period.

Graph 2

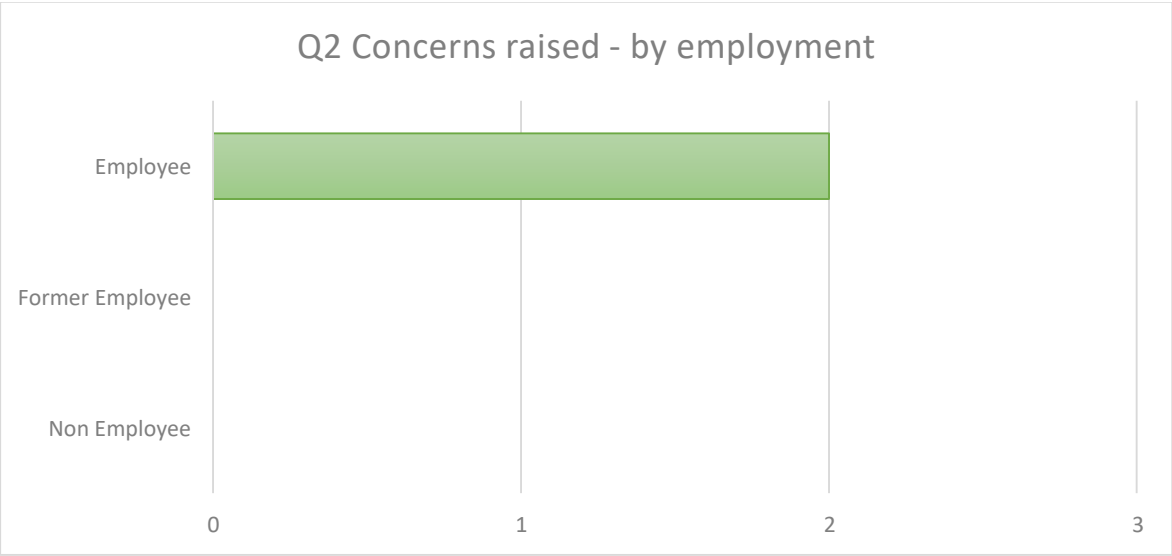


Graph 3



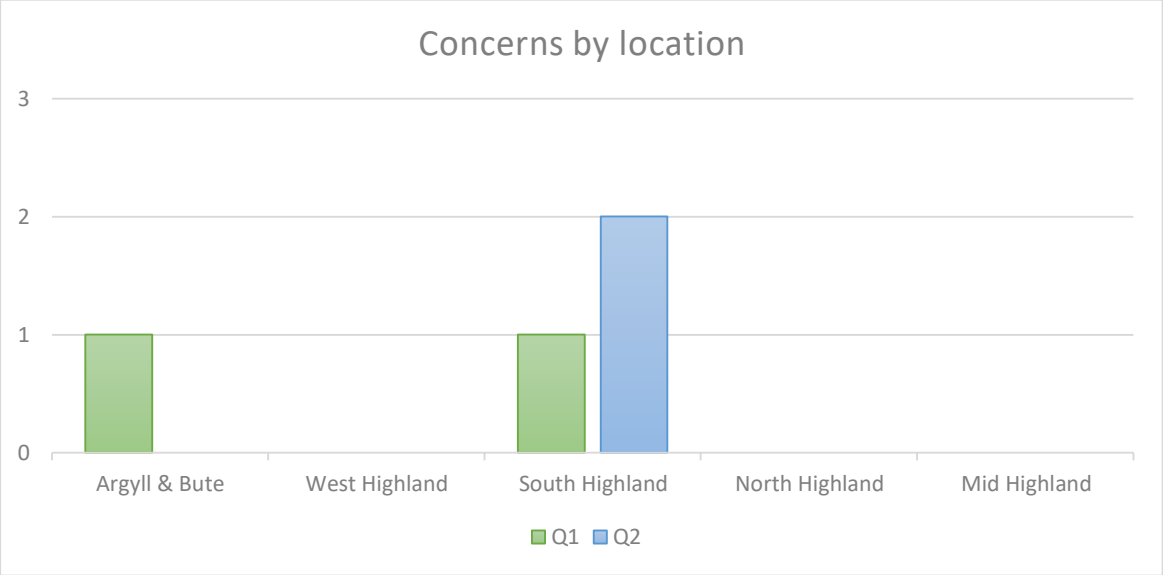
At the end of Q2 there were 5 open cases actively under investigation in accordance with stage 2 of the procedures, including the monitored referral which is a reopened case. All cases have appropriate extensions in place for investigation.

Graph 4

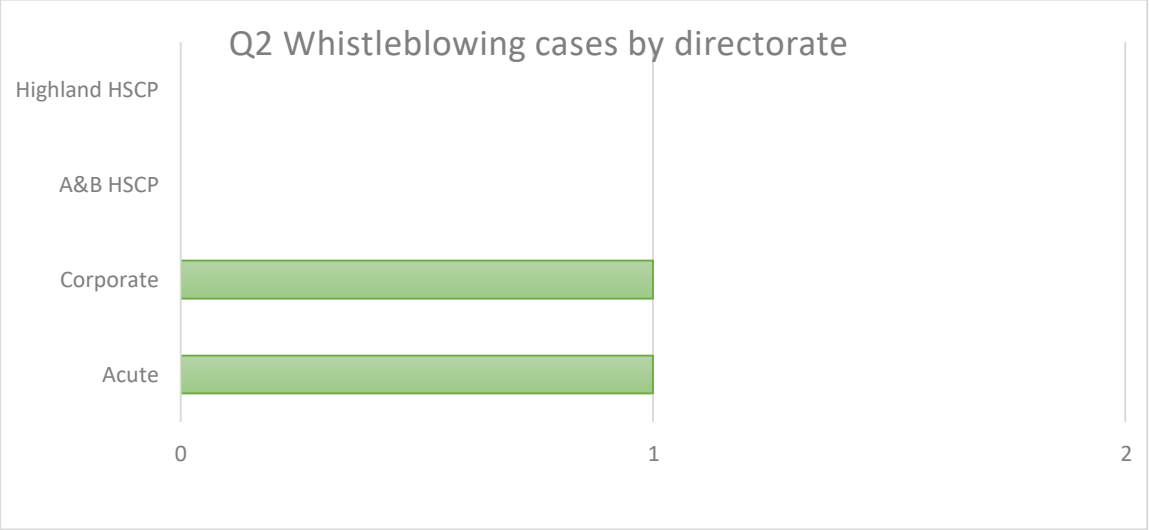


Both concerns were raised by NHS Highland employees.

Graph 5

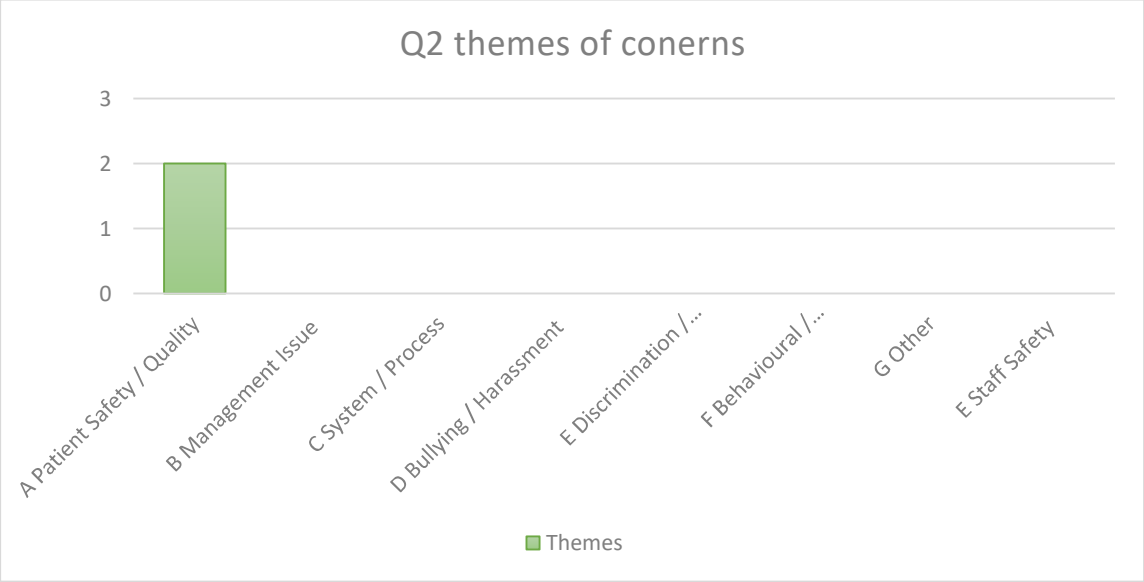


Graph 6

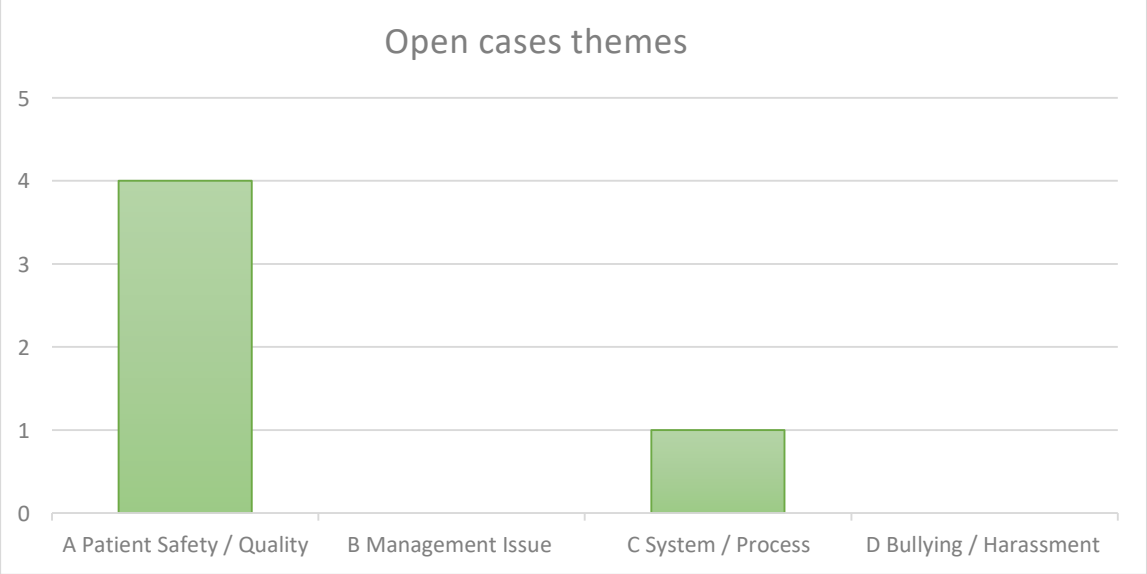


Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern. All concerns received in Q2 were WB concerns.

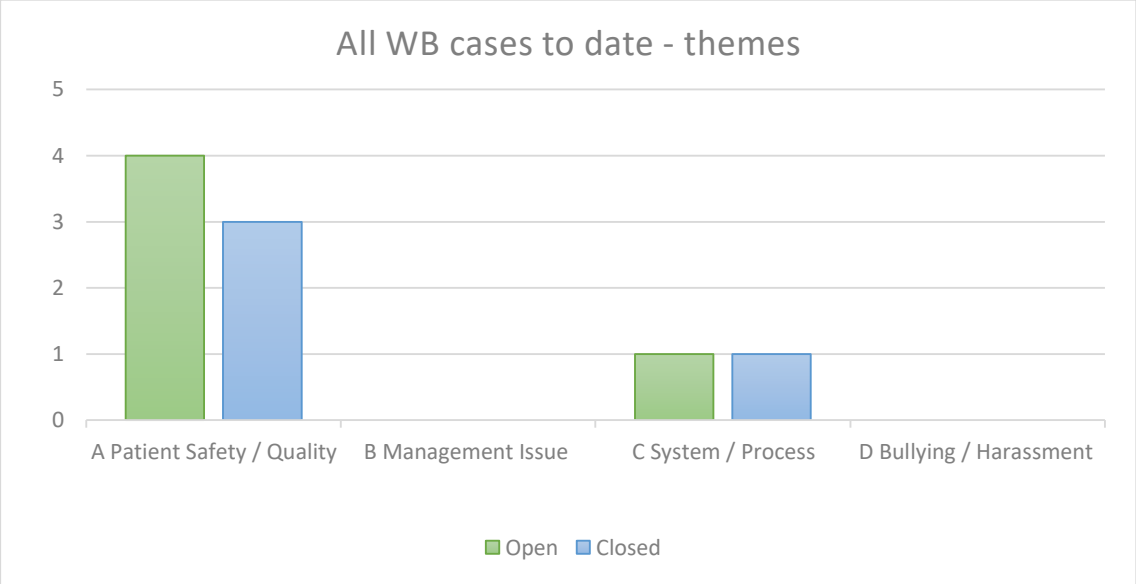
Graph 7



Graph 8



Graph 9



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

8. Detriment as a result of raising a concern.

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

9. Concerns Received - Average time for a full response

The Whistleblowing concerns in Q2 were received in July and September. The July concern was closed at the end of September. The September concern is still open and full investigations are still underway. Further data on timescales will be provided in future reports.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report. Further improvements or changes to service will be considered as cases conclude and additional data gathered.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary colleague survey were approved at the implementation group and a draft version of the survey is still under review. The Confidential Contacts will make contact with all individuals who have completed the WB process and offer to meet with them to talk about their

experience. Once approved the survey will also go out to all individuals who have raised concerns through this process including WB. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on staff experiences for the next reporting quarter.

12. Colleague awareness and training

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

A non-employed partner survey was carried out in December and January which included questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards. This showed that awareness was good amongst respondents, and the details are in the Annual Report.

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

The National Speak Up Week took place from 3rd - 7th October 2022 and a programme of visits by the Guardian Service was completed successfully and a range of webinars and online events about Speaking Up and responding to concerns also took place. Q3 report will have further detail on whether or not speak up week had an impact on the number of concerns raised.

13. Audit of Whistleblowing Standards Implementation

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

The recommendations are summarised below.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making - Completed Q1 final report
3. Feedback on assurance reporting implemented - Completed Q1 final report
4. Development of Whistleblowing Process document - to be completed by end November 2022
5. Contact details for WB Champion - Completed January 2022
6. Ongoing refinement of Quarterly reporting format and content - Completed Q3 final report.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland was presented to the Board on 26 September 2022 and can be accessed here.
https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/September%202022/Item%2012%20Annual%20Report%202021%202022%20Final%20for%20board.pdf

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

Summary of Whistleblowing Cases

Quarter 1 Cases

Case 15 CLOSED
This was a case that was raised not with NHS Highland but with NHS Education for Scotland (NES) as the Board responsible for education and employment of medical trainees. Therefore, it is not being dealt with as a Whistleblowing case in NHS Highland, although the matters are being addressed. It is an anonymous concern so we cannot respond to the complainant, but an action plan is in place and changes have been made, overseen by the Director of Medical Education and Chief Officer for A&B HSCP and NES have been kept fully updated and will report back directly to the complainant about the actions taken to address the concerns.

Case 16 OPEN
This is a stage 2 WB concern raised in June 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it kept aware of the investigation process. The complaint refers to the clinical practice and management of an AHP service in an acute hospital. This is being overseen by Tracey Gervais, Head of Operations Women and Children's Directorate and Jo McBain Director of Allied Health Professionals and an investigation has taken place. The final report is expected in October. Regular updates are being provided to the complainant.

Quarter 2 Cases

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

Case 18 OPEN
This is a stage 2 WB concern raised in September 2022 and is actively under investigation. The complaint relates to the clinical practices and management of processes within the Occupational Health department in NHS Highland. This is being overseen by Diane Fraser, V&A Prevention Manager. An Occupational Health Nurse Lead from another health board is also providing external OH advice to the investigation. Regular updates are being provided to the complainant and the case will require an extension to the 20-day stage 2 period in Q3.

Cases ongoing from 2021-2022

Case 12 REOPENED - Systems / Processes
This is a monitored referral from the INWO, who asked that we review our decision that the original complaint was not in scope. We agreed to review the case and a manager is now investigating the 3rd party cleaning arrangements and training specifically in relation to a dental facility, as a Level 2 concern. The case was extended beyond 20 days and regular updates provided.

Case 13 OPEN - Patient Safety

This is a stage 2 WB concern opened in October 2021 where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance, and relationship concerns, with a final close down of the WB complaint expected soon, although there is ongoing service redesign activity. Regular updates are being provided.

Case 14 OPEN – Patient Safety

This is a stage 2 WB concern opened in February 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it is kept aware of the investigation process. The complaint relates to the impact of poor patient flow on cardiac patient care in an acute hospital. The concerns focused on the lack of available beds resulting in limited access to early specialist care for high-risk cardiac patients. This is being overseen by Dr Robert Cargill, Deputy Medical Director and Kate Patience-Quate, Deputy Nursing Director. Interviews have been completed and a report is being prepared and is expected by early October. Regular updates are being provided.

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 September 2022**
Title:	**People & Culture Strategic Risk Review**
Responsible Executive:	**Fiona Hogg, Director of People & Culture**
Report Author:	**Fiona Hogg, Director of People & Culture**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

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

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

2 Report summary

2.1 Situation

NHS Highland regularly reviews and updates its Strategic Risk Register. Each committee is responsible for reviewing the relevant risks and agreeing what level of assurance has been received and providing an update to the Board.

At a recent meeting of the Staff Governance Committee, it was proposed that updates are made to the existing 4 Strategic Risks and that an additional risk be proposed for inclusion relating to the risks which the ongoing Socio-Economic climate presents to our workforce and therefore our service delivery.

The proposed revisions to these risks, their ratings and their mitigating actions are being presented to the Board for review and approval to be updated within the Board Strategic Risk register.

2.2 Background

The Staff Governance Committee reviews the Strategic Risks linked to People and Culture at each meeting, along with regular reviews of the related Level 2 risk registers, to gain assurance that the risks are being managed and mitigated and are appropriately rated.

Given time constraints in the main Committee meeting, a development session was held on 2 November 2022 to review our risks and discuss possible amendments as well as discussing how we review the risks going forward.

Following the discussion, the attached updates to each of the risks along with an additional risk for inclusion were made and they were approved for submission to the Board at the Staff Governance Committee of 9 November 2022.

2.3 Assessment

Strategic Risks

The proposed revisions to the existing four strategic risks are attached in Appendices 1 to 4 for review and approval. Details of the actions reflect where these are being managed or delivered as part of the Annual Delivery Plan (ADP) and Workforce Plans where relevant to avoid duplication.

Risk 632 - Culture - Updating of wording to reflect progress made and the areas of ongoing focus as well as link to the Strategy and ADP.

Risk 706 - Workforce - Increase in risk rating to Very High - 200 and updating of wording to reflect increased challenges of workforce availability as well as link to the Strategy, ADP and workforce plans.

Risk 877 - Engagement and Service Delivery - Reduction to risk rating to 120 - High from 160 - High and proposal that this risk is not a Staff Governance Risk and needs to move owner, committee and restate the description of the risk to reflect the launch of the strategy.

Risk 1056 - Statutory and Mandatory Training Compliance - updating of risk mitigation and oversight to reflect this being delivered as part of the ADP and Strategy as well as noting some progress made.

New Strategic Risk Proposed

It was noted that Argyll & Bute HSCP have a strategic risk relating to the current socio- economic situation and it was felt that a risk of this nature should be added to the NHS Highland Strategic Risk Register specifically in relation to the impact on our workforce, with appropriate mitigating actions in place and monitored.

Appendix 5 sets out the proposed risk wording and rating of Very High for this risk. If approved, this will be cascaded to the Executive Directors for consideration in their Level 2 registers going forward.

Staff Governance Committee approach

The Staff Governance Committee also has a regular review of the associated Level 2 Risks which are held by the directorates across NHS Highland and by the Argyll and Bute IJB.

The Committee is clear that these risks are owned and managed by the Executive Directors and their teams, but the Committee must be able to be assured that the organisational Strategic Risks are translated into appropriately rated operational risks and there are plans in place to mitigate these as well as to see that progress is made on these action plans. The Committee would provide feedback on any areas of concern as a Committee to the relevant Director, or in the case of Argyll & Bute, to the IJB.

It was agreed at Staff Governance Committee on 9 November 2022 that all Level 2 risks along with the Argyll & Bute IJB Strategic Risks which relate to People and Culture are reviewed on an annual cycle, including each of the Corporate Directorate Level 2 registers. A schedule is proposed for this and will be shared with the Executive Directors

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

It is proposed that **Moderate assurance** be taken in regard of our People and Culture Strategic Risks and how they are being managed. This reflects our review and update our Strategic Risks in line with the Strategy and associated workplans and governance but that the detailed action plans for some of the risks are not fully underway.

It is also clear that further focus is needed on the review, mitigation and updating of the Level 2 Operational Risks is required, to ensure they reflect the current situation and that there is some consistency in risk ratings or explanation of why they are different. Particular attention is needed to regularly reviewing and updating the risks, mitigations and actions and ensuring these are specific, measurable and timed and the Executive Directors will work on this and provide further updates to the Staff Governance Committee and the Board.

3 Impact Analysis

3.1 Quality/ Patient Care

Managing our workforce risks will help us to deliver enhanced patient care and services.

3.2 Workforce

Having good risk management in place will ensure our workforce are supported to deliver our priorities.

3.3 Financial

A well managed risk profile contributes towards delivering efficient, value f or money services and support

3.4 Risk Assessment/Management

We continue to review these risks on a ongoing basis, through management forums as well as the committee oversight

3.5 Data Protection

There is no personally identifiable data involved.

.

3.6 Equality and Diversity, including health inequalities

Effectively managing our risks will support and foster a culture of diversity and inclusion.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

Our Strategic People & Culture Risks have been regularly discussed at Risk Management Steering Group, Executive Directors Group as well as the Staff Governance Committee as well as with the People & Culture Leadership Team and those working to deliver the mitigation actions, which includes staffside engagement.

3.9 Route to the Meeting

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

- Staff Governance Committee Development Session, 2 November 2022
- Staff Governance Committee, 9 November 2022

4 Recommendation

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

The Board is asked to take moderate assurance from the review of the People & Culture related Risks and the approach by Executive Directors and the Staff Governance Committee to the ongoing oversight of these risks, as set out in the SBAR and Appendices.

- **Decision** – Reaching a conclusion after the consideration of options.

The Board is also asked to make a decision to approve the updates to risks 632, 706 and 1056, as set out in Appendices 1,2 and 4 and to approve the new risk related to the impact of the ongoing Socio Economic situation as set out in Appendix 5 for inclusion to the Strategic Risk Register.

In respect of Risk 877, the Board is asked to approve the interim updates to the this risk as set out in Appendix 3 and to agree which Committee is best placed to have oversight moving forward. It is recognised that the nominated Committee and relevant Executive Lead will then wish to review and update the risk appropriately.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No.1 , Updated Risk 632
- Appendix No.2 Update Risk 706
- Appendix No.3 Updated Risk 877
- Appendix No.4 Update Risk 1056
- Appendix No.5 Proposed New Socio Economic Risk

Risk Register Update Form

Descriptor	**Culture - Risk 632**
Operational Area/Directorate	Strategic Risk Register - Board
Oversight Committee	Staff Governance Committee
Risk Owner (Executive Lead or appropriate senior manager)	Fiona Hogg, Director of People and Culture
Risk Description Must be in the format of: There is a risk of 'x', because of 'y', resulting in 'z'.	There remains a risk of negative colleague and patient experience, poor performance and retention issues within NHS Highland as a result of a poor culture in some areas, resulting in some people still not feeling valued, respected or listened to, despite ongoing improvements and recent de-escalation to Level 2 on the SG framework. This is a long term and ongoing piece of work.
Risk Category (See Note 1)	Strategic / Reputational
Current Mitigation These are the control systems and processes that are already in place to address this risk	Long term, sustained and wide reaching Culture change is at the heart of our People Objective to Be a Great Place to Work in the 5-year NHSH strategic plan Together We Care and also as an enabler of the 3 year A&B HSCP strategic plan. This is embedded across the outcomes of Plan Well, Nurture Well, Listen Well and Grow Well and will be delivered and monitored as part of our Annual Delivery Programme (ADP) and will be overseen by the People and Culture Programme Board, as well as by our Staff Governance Committee and Area Partnership Forum.
Current Likelihood (See Note 2, Table 1)	3 - Possible

Current Consequence/Impact (See Note 2, Table 2)	4 - Major
Current Risk Score Likelihood x Impact = Risk Rating (see Note 2, Table 3)	120 - High
Further Action Required Also state: Action Owner and expected implementation date	Establish the People and Culture Programme Board and it's enabling structures to continue to oversee the progress against these outcomes of the Annual Delivery Plan. Action Owner: Fiona Hogg Implementation Date 31 December 2022 Provide further ADP update to the Staff Governance Committee setting out progress to date and status of the key deliverables. Action Owner: Fiona Hogg Implementation Date: 11 January 2023, 10 May 2023 Carry out follow up Listening and Learning Survey and wider culture metrics dashboard to monitor progress made in changing culture in key areas. Action Owner: Fiona Hogg Implementation Date: 31 March 2023
Target Likelihood (See Note 2, Table 1)	3 - Possible
Target Consequence/Impact (See Note 2, Table 2)	3 - Moderate
Target Risk Score Likelihood x Impact = Risk Rating (See Note 2, Table 3)	90 - Medium

Note 1

Table 1 - Categories

Risk Category	Quality Objectives
Strategic/Reputational	(1) Implementing our vision and strategy (2)Improving population health and reducing inequalities (10)Delivering our targets
Clinical	(3)Creating a caring, person-centred experience (4)Providing safe and effective care
People	(7)Engaging our people
Innovation and Transformation	(5)Transforming our services (6)Designing integrated care (8)Promoting creativity, innovation and research
Finance and Sustainability	(9)Ensuring value and sustainability

Note 2

Table 1 - Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

Note 2 Continued

Table 2 - Impact descriptions

Score	Description
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Table 3 – Risk Score

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	MEDIUM	**HIGH**	**HIGH**	**VERY HIGH**	**VERY HIGH**
Likely	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**
Possible	**LOW**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**
Unlikely	**LOW**	**MEDIUM**	**MEDIUM**	**MEDIUM**	**HIGH**
Rare	**LOW**	**LOW**	**LOW**	**MEDIUM**	**MEDIUM**



Risk Register Update Form

Descriptor	**Workforce Capacity - Risk 706**
Operational Area/Directorate	Strategic Risk Register - Board
Oversight Committee	Staff Governance Committee
Risk Owner (Executive Lead or appropriate senior manager)	Fiona Hogg, Director of People and Culture
Risk Description Must be in the format of: There is a risk of 'x', because of 'y', resulting in 'z'.	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.
Risk Category (See Note 1)	Strategic / Reputational
Current Mitigation These are the control systems and processes that are already in place to address this risk	Ensuring we have a sustainable pipeline of talent which is effectively and efficiently deployed to areas of most needed, and a positive colleague experience are core elements of our Together We Care Strategy and are also set out in our Workforce Plans and Annual Delivery plans for 2022-5 for NHSH and A&B HSCP Progress on these elements will be overseen by the People and Culture Programme Board, as well as by our Staff Governance Committee and Area Partnership Forum. We are utilising international and newly qualified recruitment, wide reaching recruitment advertising campaigns and the support offered by regional and national collaborations already and will build on this moving forward, but the increasing age of the workforce, national shortages in trained colleagues and local housing challenges all contribute to make this a very difficult position.

Current Likelihood (See Note 2, Table 1)	5 - Almost certain (to be increased from 4 - Likely)
Current Consequence/Impact (See Note 2, Table 2)	4 - Major
Current Risk Score Likelihood x Impact = Risk Rating (see Note 2, Table 3)	200 - Very High, increased from 160 - High
Further Action Required Also state: Action Owner and expected implementation date	Establish the People and Culture Programme Board and it's enabling structures to continue to oversee the progress against these outcomes of the Annual Delivery Plan and also the 2022 - 2025 Workforce Plans for NHSH and A&B HSCP. Action Owner: Fiona Hogg Implementation Date 31 December 2022 Provide further ADP update to the Staff Governance Committee setting out progress to date and status of the key deliverables in workforce capacity and capability. Action Owner: Fiona Hogg Implementation Date: 11 January 2023, 10 May 2023 Structured reviews by each Executive of their workforce risks, opportunities and challenges and create their own SLT action plan to mitigate key risks, maximise existing workforce and deliver long term financial targets. Action Owner: Fiona Hogg Implementation Date: 31 December 2022
Target Likelihood (See Note 2, Table 1)	3 - Possible
Target Consequence/Impact (See Note 2, Table 2)	3 - Moderate
Target Risk Score Likelihood x Impact = Risk Rating (See Note 2, Table 3)	90 - Medium

Note 1

Table 1 - Categories

Risk Category	Quality Objectives
Strategic/Reputational	(1) Implementing our vision and strategy (2)Improving population health and reducing inequalities (10)Delivering our targets
Clinical	(3)Creating a caring, person-centred experience (4)Providing safe and effective care
People	(7)Engaging our people
Innovation and Transformation	(5)Transforming our services (6)Designing integrated care (8)Promoting creativity, innovation and research
Finance and Sustainability	(9)Ensuring value and sustainability

Note 2

Table 1 - Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

Note 2 Continued

Table 2 - Impact descriptions

Score	Description
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Table 3 – Risk Score

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	**HIGH**	**HIGH**	**VERY HIGH**	**VERY HIGH**
Likely	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**
Possible	**LOW**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**
Unlikely	**LOW**	**MEDIUM**	**MEDIUM**	**MEDIUM**	**HIGH**
Rare	**LOW**	**LOW**	**LOW**	**MEDIUM**	**MEDIUM**

Risk Register Update Form

Descriptor	**877 - Engagement and Service Design**
Operational Area/Directorate	Strategic Risk Register - Board
Oversight Committee	Currently Staff Governance Committee Should move to Clinical Governance Committee or Highland HSC Committee
Risk Owner (Executive Lead or appropriate senior manager)	Currently Fiona Hogg, Director of People and Culture Should be Tim Allison, Director of Public Health OR Chief Officer, Highland HSCP
Risk Description Must be in the format of: There is a risk of 'x', because of 'y', resulting in 'z'.	There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll & Bute, and damaging the performance and reputation of NHS Highland.
Risk Category (See Note 1)	Strategic / Reputational
Current Mitigation These are the control systems and processes that are already in place to address this risk	Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3-year strategic plan. It is proposed that this is not actually a staff governance risk, and that the risk should be revised and updated and adopted by the relevant committee, to include the approval and rollout of the Engagement Framework and also the relevant outcomes for people as the strategy and ADPs are delivered and the effectiveness of our ongoing partnership working with our communities and stakeholders.

Current Likelihood (See Note 2, Table 1)	3 - Possible (to be reduced from 4 - Likely)
Current Consequence/Impact (See Note 2, Table 2)	4 - Major
Current Risk Score Likelihood x Impact = Risk Rating (see Note 2, Table 3)	120 - High reduced from 160 - High
Further Action Required Also state: Action Owner and expected implementation date	Agree ownership of risk going forward. Action: Fiona Hogg Implementation date: 30 November 2022
Target Likelihood (See Note 2, Table 1)	3 - Possible
Target Consequence/Impact (See Note 2, Table 2)	3 - Moderate
Target Risk Score Likelihood x Impact = Risk Rating (See Note 2, Table 3)	90 - Medium

Note 1

Table 1 - Categories

Risk Category	Quality Objectives
Strategic/Reputational	(1) Implementing our vision and strategy (2)Improving population health and reducing inequalities (10)Delivering our targets
Clinical	(3)Creating a caring, person-centred experience (4)Providing safe and effective care
People	(7)Engaging our people
Innovation and Transformation	(5)Transforming our services (6)Designing integrated care (8)Promoting creativity, innovation and research
Finance and Sustainability	(9)Ensuring value and sustainability

Note 2

Table 1 - Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

Note 2 Continued

Table 2 - Impact descriptions

Score	Description
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Table 3 – Risk Score

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

Risk Register Update Form

Descriptor	**1056 - Statutory and Mandatory Training Compliance**
Operational Area/Directorate	Strategic Risk Register
Oversight Committee	Staff Governance Committee
Risk Owner (Executive Lead or appropriate senior manager)	Pam Dudek - Chief Executive
Risk Description Must be in the format of: There is a risk of 'x', because of 'y', resulting in 'z'.	There is a risk of harm to colleagues and patients because of poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.
Risk Category (See Note 1)	Strategic / Reputational
Current Mitigation These are the control systems and processes that are already in place to address this risk	An internal audit presented in May 2022 identified an initial action plan to mitigate this risk, requiring colleague, manager, professional and organisational activity over a sustained time period to effect a change. A progress update was shared with a board development session in September 2022. This element has been pulled into the Together We Care Strategy and ADP, under Grow Well, 5c to improve our safety culture, and the key deliverables address poor statutory and mandatory training compliance through structured improvement programme, as well as ongoing H&S management and leadership training and will be tracked under the ADP reporting process.

	Ongoing communication and leadership cascades to drive up performance are in place and our People Partners are working with their senior leadership teams to enable immediate local focus and improvement actions. A video was created and shared with all colleagues to help them understand why training was needed and how to do this, and regular sessions to train colleagues and managers on the system continue to be held.
Current Likelihood (See Note 2, Table 1)	5 - Almost Certain
Current Consequence/Impact (See Note 2, Table 2)	4 - Major
Current Risk Score Likelihood x Impact = Risk Rating (see Note 2, Table 3)	Very High - 200
Further Action Required Also state: Action Owner and expected implementation date	Establish the People and Culture Programme Board and it's enabling structures to continue to oversee the progress against this outcome of the Annual Delivery Plan including the creation and delivery of a structure improvement plan. Action Owner: Fiona Hogg Implementation Date 31 December 2022 Provide further ADP updates on this specific risk to the Staff Governance Committee, Health and Safety Committee and Area Partnership Forum setting out progress to date and status of the key deliverables across safety culture. Action Owner: Fiona Hogg Implementation Date: 11 January 2023, 10 May 2023 Ensure Statutory and Mandatory training compliance and improvement is an ongoing focus for the local partnership and health and safety forums, as well as the SLTs and individuals and improvements are demonstrated. Action Owner: Pam Dudek Implementation Date: 31 March 2023.

Target Likelihood (See Note 2, Table 1)	Possible
Target Consequence/Impact (See Note 2, Table 2)	Major
Target Risk Score Likelihood x Impact = Risk Rating (See Note 2, Table 3)	120

Note 1

Table 1 - Categories

Risk Category	Quality Objectives
Strategic/Reputational	(1) Implementing our vision and strategy (2)Improving population health and reducing inequalities (10)Delivering our targets
Clinical	(3)Creating a caring, person-centred experience (4)Providing safe and effective care
People	(7)Engaging our people
Innovation and Transformation	(5)Transforming our services (6)Designing integrated care (8)Promoting creativity, innovation and research
Finance and Sustainability	(9)Ensuring value and sustainability

Note 2

Table 1 - Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
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3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

Note 2 Continued

Table 2 - Impact descriptions

Score	Description
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Table 3 – Risk Score

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	**HIGH**	**HIGH**	**VERY HIGH**	**VERY HIGH**
Likely	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**
Possible	**LOW**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**
Unlikely	**LOW**	**MEDIUM**	**MEDIUM**	**MEDIUM**	**HIGH**
Rare	**LOW**	**LOW**	**LOW**	**MEDIUM**	**MEDIUM**

Risk Register Update Form

Descriptor	**TBC - Impact of current Socio-Economic Situation**
Operational Area/Directorate	Strategic Risk Register
Oversight Committee	Staff Governance Committee
Risk Owner (Executive Lead or appropriate senior manager)	Pam Dudek - Chief Executive
Risk Description Must be in the format of: There is a risk of 'x', because of 'y', resulting in 'z'.	There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures of pay uplifts, impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home over winter. Demand for services will also increase creating further pressure on resources.
Risk Category (See Note 1)	Strategic / Reputational
Current Mitigation These are the control systems and processes that are already in place to address this risk	Ongoing national, regional and local discussions to support winter pressures and emergency planning. Resilience and contingency planning efforts, , involvement in discussions in respect of strike exemptions and consideration of prioritisation of services and resources more widely. Support for colleagues provided via Employee Assistance Programme (including financial advice), Guardian Service, Occupational health and our Wellbeing and support services

Current Likelihood (See Note 2, Table 1)	5 - Almost Certain
Current Consequence/Impact (See Note 2, Table 2)	4 - Major
Current Risk Score Likelihood x Impact = Risk Rating (see Note 2, Table 3)	Very High - 200
Further Action Required Also state: Action Owner and expected implementation date	Submission of Winter Plans and checklists Action Owner: Pam Dudek Implementation Date 30 November 2022 Contingency workforce planning for strike action Action Owner: Gaye Boyd / Kate Cochrane Implementation date: 30 November 2022
Target Likelihood (See Note 2, Table 1)	Possible
Target Consequence/Impact (See Note 2, Table 2)	Moderate
Target Risk Score Likelihood x Impact = Risk Rating (See Note 2, Table 3)	90

Note 1

Table 1 - Categories

Risk Category	Quality Objectives
Strategic/Reputational	(1) Implementing our vision and strategy (2)Improving population health and reducing inequalities (10)Delivering our targets
Clinical	(3)Creating a caring, person-centred experience (4)Providing safe and effective care
People	(7)Engaging our people
Innovation and Transformation	(5)Transforming our services (6)Designing integrated care (8)Promoting creativity, innovation and research
Finance and Sustainability	(9)Ensuring value and sustainability

Note 2

Table 1 - Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

Note 2 Continued

Table 2 - Impact descriptions

Score	Description

1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Table 3 – Risk Score

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	**CONSEQUENCES / IMPACT**				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	MEDIUM	**HIGH**	**HIGH**	**VERY HIGH**	**VERY HIGH**
Likely	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**
Possible	**LOW**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**
Unlikely	**LOW**	**MEDIUM**	**MEDIUM**	**MEDIUM**	**HIGH**
Rare	**LOW**	**LOW**	**LOW**	**MEDIUM**	**MEDIUM**

NHS Highland



Together We Care
with you, for you

Annual Performance Report
2021-22
October 2022 Final Draft

APR

Annual Performance Review 2021-22

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Introduction from Chief Officers, NHS Highland and The Highland Council

We welcome the opportunity to share our Annual Report setting out much of what we have achieved in 2021-22. The report provides us with a chance to share our achievements as well as our challenges, reflecting on the continued impact of Covid-19 and to consider our future direction.

We have been actively working with our communities to achieve good health and social outcomes for people. We are committed to ensure people's voices are heard and their needs are understood and effectively met in collaboration with partners. Everyone using our services, their families and carers, all staff and stakeholders are working hard together to improve the health and wellbeing of our local population.

Within the report you will see examples of specific services which demonstrate positive change at a local level and improved outcomes for the population. Through the year we have also been working to strengthen the partnership within the agreed Integration Agreement and the Joint Project Management Board is now well established.

We are proud of the continued commitment of our colleagues and the services they provide whilst acknowledging the ongoing challenges for our communities and the need for ongoing service redesign and development.

Providing effective support for carers is central for those being cared for and our local communities and 2021-22 saw work commencing on the co-production of a carers strategy. This will reflect the needs and priorities of our unpaid carers.

Financially, the HHSCP position at month 12 showed a year end overspend of £0.791m of which £2.355m relates to Adult Social Care (ASC) and the balance being Health expenditure.

This position includes Scottish Government funding which was provided in response to Covid-19 pressures.

Building on our developments and learning there are many opportunities for the future, not without challenge, but surmountable due to the excellent partnership approach of the communities of our local populations and service teams.

We would like to thank all of our colleagues and communities for their help and support over the past year. With strong leadership, community participation and the support of our Partnership Board, we are confident that we will continue to strengthen our partnership governance to enable continued high quality service delivery as we move into the next stage of the pandemic and consider the way ahead.

Fiona Duncan, Executive Chief Officer, Health and Social Care, Highland Council

Louise Bussell, Chief Officer Highland Health and Social Care Partnership

Introduction

This annual report for 2021-22 confirms our commitment to the health, care and overall wellbeing of our community. We aim to give every child and young person in Highland the best possible start in life; enjoy being young; and are supported to develop confidence, capability and resilience, to fully maximise their potential, ensuring our children are safe, healthy, achieving, nurtured, active, respected & responsible and included. We aim to provide the right level of service provision, support and information to our adult population to ensure they have optimum opportunities to live well working in partnership across the statutory, third sector, voluntary and independent organisations.

As a partnership, we are committed to developing our services. We have some very complex and testing decisions to make around what services will look like in the future, with development of the National Care Service plans. In response to this we commenced work on an NHS Highland 5 year *Together We Care* Strategy, looking at all ambitions of Health and Care services across our community.

We continued to make progress across many areas with a number of largely positive comparisons against National performance. The challenge for the future is to focus on delivering care in a post Covid-19 environment, to enable self support, better support carers, developing and extending home based care options and working with Highland communities to develop more local, community based provision and support.

Successes

This year has been challenging because of the reach of Covid-19 pressures, but we worked hard to continue to provide excellent health and social care services for our people, especially in Primary, Community, Mental Health, Acute Care and Adult Social Care. There are areas where performance has been positive and innovative which we aim to maintain. In those areas where there is work still to be done we are planning our next steps.

- We are focused on improving health and wellbeing as well as delivering high quality care for the people of Highland
- Moving to deliver as many of our normal services as possible, as safely as possible
- We have applied resource to specific areas for improvement and change and these initiatives, to support the national health and wellbeing outcomes by which we are measured.
- The engagement of all staff, volunteers and partners has been vital to the planning, developing and implementing of our service developments and we work hard to maintain positive relationships.
- We have listened to our partners and communities in the development of the NHS Highland strategy so we have a framework for the next 5 years.

Much redesign and development activity has been around community based services to build community capacity and further develop an anticipatory and preventative approach to care with further work planned for 2022-23. This development has included the opening of two new hospitals in Badenoch and Strathspey and Skye and the redesign of services as part of this with work progressing well in Caithness and Lochaber redesigns.

During 2021-22 the successful Covid Response Team has moved to being a sustainable service under the new title of Community Response Team This innovative model of care is established across Highland area, and are continuing to provide primary care support to a broad range of people needing care.

It is likely to be a number of years before we see the full impact of these changes. The development of the integrated children's service plan has caught the testimony and voice of children young people and their families and has supported the development of priorities for the next two years. Our initial engagement with our Community as part of the *Together We Care* NHS Highland strategy is also capturing the desire for a holistic health and social care service over the next 5 years.

Challenges and Opportunities

This year, the continued impact of Covid brought about sustained challenges and high pace of change. How to deliver services as normally as possible and ensuring we have the capacity to deal with the continuing presence of Covid were major challenges in our partnership. Recovery and redesign of services were key challenges that were regularly reported to the Scottish Government. These challenges however were balanced by our focus on remobilize, refresh and redesign with good relationships, to enable positive change. Within this report you will see evidence of this alongside forward planning work. The commitment of staff and communities is unquestionable which resulted in an many successes, albeit with work still to be done.

We thank all for the continued enormous contributions made by the people dedicated to providing care, including NHS and Council staff, Independent and Voluntary organisation staff, as well as individual volunteers and carers.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the publishing of the Annual Performance Report, assessing the performance and carrying out the integration functions for which Integrated Joint Boards in Scotland and Integration Authorities (in Highland's case) are responsible.
The Annual Performance Report 2021-22 therefore encompasses:

- Assessing Performance in relation to the National Health Wellbeing Outcomes
- Financial Performance and Best value
- Reporting on Localities and the work of Locality Planning groups and Community Stakeholders
- Inspection of services, including details of any inspections carried out in 2021-22 relating to the functions delegated to the Partnership, by scrutiny bodies
- The 9 National Health and Wellbeing Outcomes describe what people can expect from the HSCP. Performance against each outcome is analysed in the performance assessment sections, with illustrative practice examples demonstrating how local services are working to achieve the outcomes.

This report identifies the progress achieved and the work that is ongoing within our Localities, recognising the continued and unprecedented impact, challenges and opportunities of the pandemic. It also demonstrates some of the challenges for the Health and Social Care Partnership (HSCP) and highlights the significant changes that will take place to shape services that respond to future need, via our Together We Care strategic intents, when published in autumn 2022.

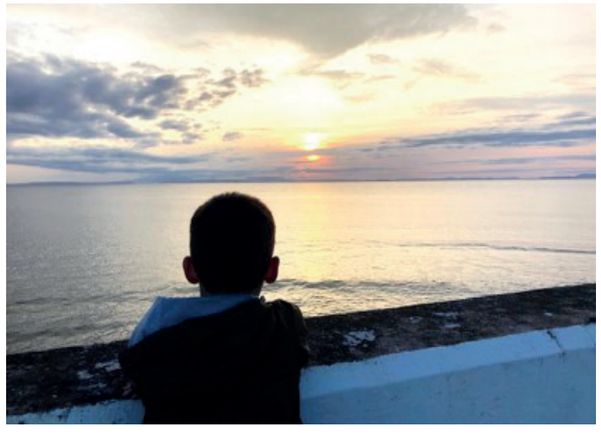
In Highland in 2021-22 our main aim during the pandemic was to maintain and deliver our wide range of health and social care services for our population, with investment made to either continue or commence development of service improvements. Additionally our aim has been to strengthen our governance arrangements within the Partnership through review of the Integration Agreement.

For NHS staff, a key aim was to develop and implement our action plan for our Culture Fit for the Future, making Highland a great place to work and to improve sustainable and resilient services.

Financially, our drive was to recover our financial position. Financially, the HHSCP position at month 12 showed a year end overspend of £0.791m of which £2.355m relates to ASC and the balance being Health expenditure. Going forward, work will continue to improve services whilst focusing on the financial position.

All of these components co-exist and as we move forward we will seek to continue to build on this good work, evolving through the identification of local needs with the aim of building sustainable high quality services.

This is a review of what we faced in 2021-22, and what we learned.



Strategic Background

Strategic Context

In 2012, The Highland Council and NHS Highland Board used existing legislation (the Community Care and Health (Scotland) Act 2002) to take forward the integration of health and social care through a lead agency Partnership Agreement. The Council would act as lead agency for delegated functions relating to children and families, whilst the NHS would undertake functions relating to adults.

"Our aim is: "Making it better for people in the Highlands".

Progress is measured through tracking work and improvement plans using key measures. This report sets out a number of important measures of progress. It also describes some of the main areas we have been working on and the difference this has made.

The Annual Performance Report is an opportunity to reflect on 2021-22 and the resilience of our workforce and partners in delivering services during the pandemic. It is also a chance to reflect on the key learning and ways we can develop, and to appreciate the presented opportunities.

Highland Health and Social Care Partnership

The Highland Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which covers a third of Scotland, including the most remote and sparsely populated parts. We have the 7th highest population of the 32 authorities in Scotland at around 234,000, with a slightly higher percentage of children, and higher proportions in all of the age groups above 45 years.

This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outside Inverness and the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the south west and Portree in the west. These towns act as local service centres for the extensive rural hinterland which makes up the majority of the region.

There are four coterminous managerial areas for NHS Highland and Highland Council children's services, and nine local Community Planning Partnerships.

Adult Social Care is commissioned by Highland Council from NHS Highland. Delivery of Adult Social Care is reported to Committees of both the Highland Council and the NHS Board and the governance of the partnership is managed by the Joint Monitoring Committee. With similar reporting arrangements, Children's Services are delivered with the Highland Council acting as lead agency. The Strategic Plan for Children and Young People, 'The Highland Integrated Children's Service Plan 2021 – 2023' is governed by The Integrated Children's Services Planning Board through to The Highland Community Planning Partnership Board (HCPPB). In addition to the formal reporting through the HCPPR regular updates on the progress in meeting the aspirations and oucomes of this plan are provided to The Highland Council's Health, Social Care and Wellbeing Committee, the JMC and the HHSCP.

Highland Council and NHS Highland have formal arrangements for engaging with Third Sector and Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

In 2021-22 work continued in implementing the Integration Agreement and also in considering the impact of the developing National Care Service. Within children's services we have renewed our commitment to:

Tackling Inequalities
Reducing the gap in outcomes between the most and least deprived children and young people in Highland by working to reduce child poverty within our communities and keep our children and young people safe from harm.

Love and Support for our Care Experienced Young People
Ensuring children and young people who are care experienced are loved and supported to improve their life experiences and life chances.

Good Health and Wellbeing including Mental Health
Ensuring all children and young people are supported to achieve and maintain good physical and mental health and wellbeing.

Promoting Children's Rights and Participation
Work to ensure we are delivering on the provisions of the United Nations Conventions on the Rights of the Child (UNCRC) as incorporated into Scots Law. These could affect our service delivery and also in how we report our performance in the future.

Improvement Programmes currently underway in Highland include:

- Modernisation of Primary Care
- Redesigning Mental Health
- Redesigning Unscheduled Care
- Investing in Acute and Community Care Hospitals e.g. National Treatment Centre Highland (due to open April 2023), Badenoch & Strathspey and Broadford Hospitals (opened in 2022)
- Transforming Adult Social Care
- Review of Children's' services in line with UN Rights of a Child

All of these components co-exist and as we move forward we will seek to build on this good work, evolving through the identification of local needs with the aim of building high class sustainable services. Initial engagement on the NHS Highland 5 year *Together We Care* strategy commenced with our Community in the latter half of 2021-22.

Highland tends to have a health profile that is qualitatively higher than the Scottish national average overall , although there is variation across localities:

- Above average educational attainment, employment, income
- Below average crime, homelessness, alcohol-related mortality and hospital admissions
- Average smoking rates
- Health condition prevalence rates that are similar to, and often lower than, the national average; some emergency hospital admission rates that are higher than elsewhere in Scotland?
- Geographical challenges in providing equal access to services: Low wage rates, high fuel poverty, higher numbers of older people, recruitment challenges.

Delivering on the commitments and priorities outlined in the integrated children's services plan. https://www.forhighlandschildren.org/index_70_464745328.pdf



Delivery of Adult Social Care during 2021-22

All of these components co-exist and as we move forward we will seek to continue to build on this good work, evolving our approach through the identification of local needs with the aim of building sustainable high quality services.

This is a review of what we faced in 2021-22, and what we learned.

Challenges

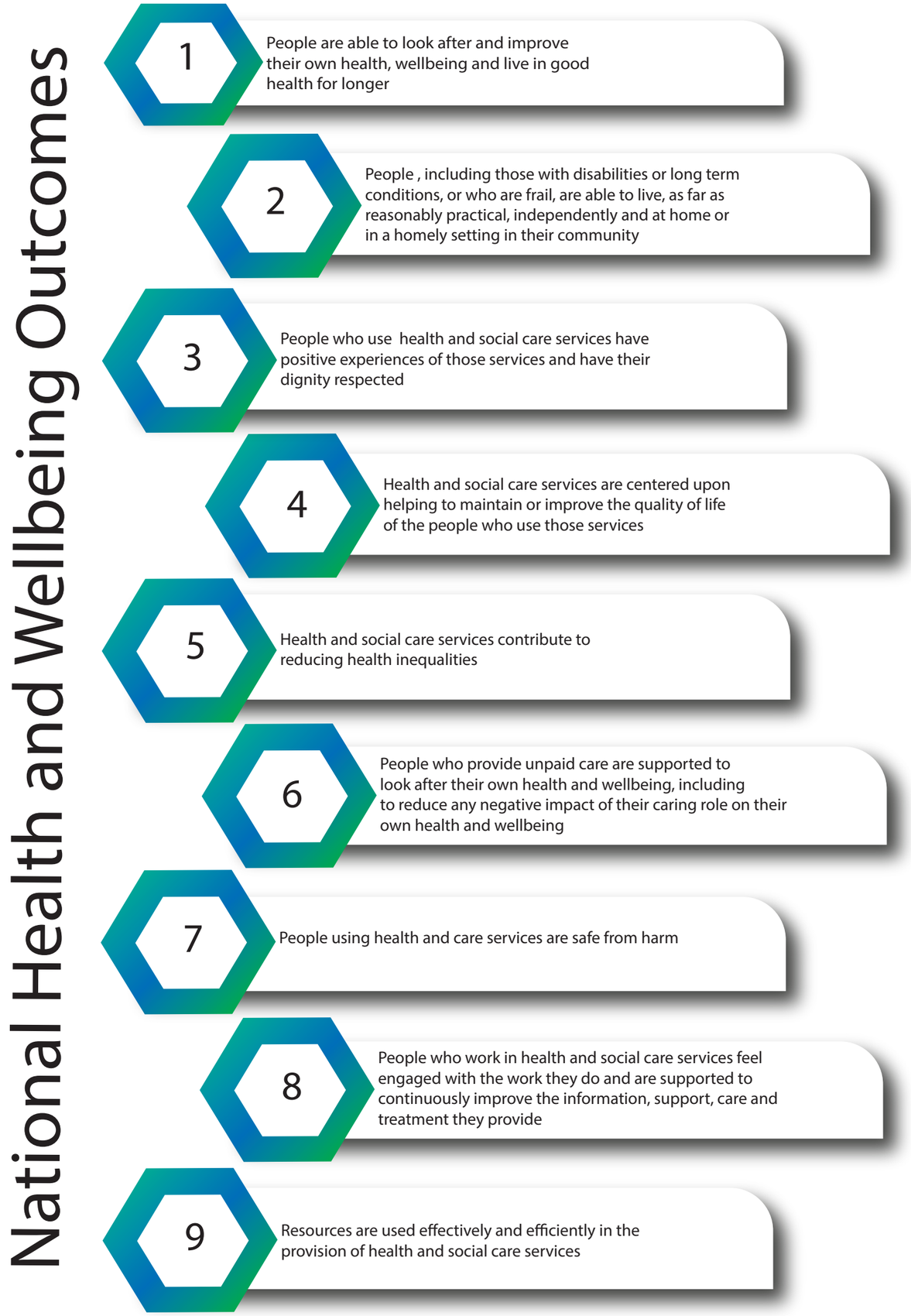
- Understanding and reacting to risk situations: i.e. respective risks being very difficult to calibrate
- Managing Services in highly dynamic policy and practice environments
- Seeking to support adult mental health in new ways – and coping with the impact on relationship based practice of social distancing and use of Personal Protective Equipment (PPE)
- Seeking to support carers with many respite services during lockdown periods
- Ongoing and increasing impact on the health and well-being of adults with mental illness
- Care Homes: maintaining warm, homely environs and maintaining Infection Prevention Control
- Maintaining good communication with dispersed workforce
- Supplying PPE and Testing routes for staff
- Working with partners in new and ways with unprecedented risk situations.
- Workforce and care facilities susceptible to Covid absences

What went well

- Staff, service users and carers working flexibly to promote welfare at almost every level: including taking on greater workloads etc.
- Increased flexibility and choice for people who access self directed support services under SDS Options 1 and 2
- Light touch monitoring of budgets under Options 1 and 2; no monies withheld although aware of some changes to PAs
- Staff (across all disciplines) continue to be cohesive and focused on a common goal
- New organisational links have been made
- Staff demonstrated bravery and commitment to provide services in spite of risks
- Streamlined processes used to expedite valued outcomes: e.g. processes fast-tracked to facilitate discharges from Hospital
- Enormous effort maintained in supporting logistical routes for PPE and Testing.
- Remote working and virtual meetings maintained
- Work with voluntary sector and ongoing strengthened community spirit

Opportunities for Development

- Traditional service models have to change; this provides us with an opportunity to reconsider our services and how we make best use of resources
- The use of technology to maintain links with service users, carers and professionals needs to be both consolidated and accelerated to improve service provision
- Delivering personal outcomes in a wider variety of ways, already required as part of our demographic challenge
- A consensus regarding the need to prioritise 'Services to Carers' to enable fast-tracking new responses to meet demand



The National Health and Wellbeing Outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. These outcomes provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using these services, carers and their families.

The following pages provide an assessment of our performance against these outcomes; and against agreed core national integration indicators linked to these outcomes. The core integration indicators provide an indication of progress towards the outcomes that can be compared across Partnerships and described at a national level over the longer term.

Performance against the National Health and Wellbeing Outcomes

Performance against each of the National Health and Wellbeing Outcomes and associated National Performance Indicators is detailed in the following pages. Where relevant, performance against associated Local Performance Indicators is also provided. The extent to which implementation of the Plan is contributing towards meeting the National Health and Wellbeing Outcomes is noted below with each associated action cross referenced within the footnotes. Comparison is also made with the initial 2015-16 baseline figure.

National Health and Wellbeing Indicators

An associated core suite of 23 National Performance Indicators has been developed, drawing together measures that were felt to evidence the 9 National Health and Wellbeing Outcomes. In addition, there are 2 Childrens Outcomes. Of the 23 indicators, 14 evidence the operational performance of Highland Health and Social Care - with the data provided by the NHS Information Services Division (ISD). The data for the remaining 9 indicators is taken from responses from the Scottish Government's biennial Scottish Health and Care Experience Survey. These tables are at the end of the document.

Currently there is a national and local review of the performance management framework and outcomes.

NHS Highland's 5 year Strategy, Together We Care, with you for you maintains a strong emphasis on self managed care which underpins all of the responses in this document.

Together We Care
with you, for you

Outcome 1

People are able to look after and improve their own health, wellbeing and live in good health for longer.

This indicator is intended to determine the extent to which people in Highland feel they can look after their health. It is recognised that this may be more difficult for people with long term conditions and these performance indicators provide a measure of that.

The 2021-22 Biennial Survey results showed NHS North Highland slightly higher than the national average in a number of areas with an overall client satisfaction rating higher than the national average. This is an improvement since the last Survey in 2019-20. We remain committed to working with our services and partner organisations, to achieve sustainable improvement in client and patient satisfaction.

To support our strategic outcome 'more people will live well in their communities', and the initial engagement with our community as part of the Together We Care strategy, we are committed to growing community capacity that focuses on early intervention and a preventative approach.

Within services for children, the partnership has committed to delivering on 'The Promise' which clearly identified the need to significantly upscale family support services and identified whole family support as a priority in Plan 21-24. We have developed plans to ensure children and families are able to access preventative, needs-based support when they need it, for as long as they need it. The focus of this work is to holistic support that addresses the needs of children and adults in a family, at the time of need rather than at crisis point, aims to support families to flourish and reduce the chances of family breakdown and of children entering the care system. The same preventive interventions should also support adults in a family's ability to engage with other support that helps them access the labour market, pursue qualifications, or progress in employment, thereby enabling them to improve their financial situation.

To support our strategic outcome 'more people will live well in their communities', and the inital engagement with our community as part of the Together We Care strategy, we are committed to growing community capacity that focuses on early intervention and a preventative approach. Our approach is to provide care, based on co-production principles, developing new community driven models of care, and to help people maintain their independence wherever possible.

Our relationship with the Third Sector will support us to continue the development of a Highland based third sector network focused on health and wellbeing in our communities.



Outcome 2

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

This indicator reflects whether people who need support feel that it helps them keep their independence as much as possible. This outcome is supported by national survey every 3 years and information gathered locally.

Overall, the picture is one of improving previous performance. There was a continual increase in the numbers of clients referred for, and provided with, telecare to enable them to remain at home. However, the number of days' people spend in hospital when they are ready to be discharged, per 1,000 population (75+) increased and was significantly above the national average. This most likely reflects the increased acuity and complexity of admitted patients, who perhaps were not seen during lockdown.

A key indicator in this group is the number of delayed discharges which is well above the Scottish average. Delayed discharge continues to be a challenge. A key part of the national Redesign of Urgent Care Programme 2021-22 is to improve the delayed discharge position.

The four options of Self Directed Support (SDS) are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team.

A personal, outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine eligibility for assistance with care and support needs. Depending on the individual's circumstances, a financial assessment might also be undertaken. Assessments will normally be reviewed on an annual basis.

In adult services substantial growth in Self-Directed Support and in particular Options 1 and 2, has been seen over the last five years. Throughout North Highland, as we develop services following the pandemic, the measures as described above have led to greater involvement of supported people and their family/networks in the assessment and decision making processes and increased flexibility, choice and control in relation to meeting desired outcomes.

Addressing unscheduled care was a key driver of the national Redesign of Unscheduled Care programme for 2021-22. Through the year, we continued to develop the reach of the Flow Navigation Centre which helps to triage emergency calls and provide the most appropriate emergency care and sometimes reduces the impact on A&E. This is run in partnership with NHS24 and other national bodies.

The percentage ofadults aged 65 or over supported at home who agreed that they are supported to live as independently as possible increased to 87%, significantly above the national average of 79%.

The readmission to Hospital within 28 days (per 1,000 discharges) showed a small decrease from 2020-21 to 113, in line with the national average of 110.

Care at Home Services can be delivered via all 4 SDS options. For Option 3, service delivery is broken into three component parts. In-house enablement care, in house mainstream care and independent sector care. The independent sector makes up 69% of the total Care at Home delivery in Highland.

Care at home services have experienced a challenging period, particularly around staff recruitment and retention, and delivery of capacity required to meet current needs.

There has been significant dialogue with the sector collectively regarding plans and intentions regarding commissioned care at home services, in order to achieve first and foremost, sector stability, with a view to thereafter:

- building resilience;
- growing and releasing capacity; and
- improving efficiency / processes

A priority area is the need to identify, release and deliver additional care at home capacity is critical to addressing flow issues within the wider system.

Across North Highland, unmet need is still a real issue and the sector is finding further growth more difficult due to severe recruitment challenges that are currently facing all providers. This current issue is not unique to North Highland and is consistent with the picture at a national level but does need to be balanced against the significant additional growth seen during the pandemic. It is a multi- faceted changing situation, and Highland will continue to seek to engage collaboratively with providers as we work to build sustainable care at home services.

In terms of immediate actions to attract and retain staff, additional Scottish Government funding for care at home capacity has enabled Highland to implement, ahead of schedule, commitment of £10.50 per hour minimum wage, which was welcomed by the sector. It is noted that staff are fatigued and there is an increase in staff sickness, alongside vacancies is compounding the challenges.

There has been work in house and with care at home partners to seek to address the following identified key issues:

- Staffing crisis situations arising from significant
- recruitment / retention issues
- Increased attrition and unsuccessful recruitment
- Acute staffing availability and wellbeing issues
- Specific geographic challenges in rural / remote
- delivery
- Escalations / contingencies already deployed and service instability already experienced or anticipated

Due to significant stressors in this sector and despite the sustained efforts of both NHS Highland and our care-at-home partners as detailed above, there have been a reduction in commissioned hours per week over 2021-22 and, increasing package returns with a reduction in excess of 1,300 external hours across the whole region.

It is important to set this scheduled hour reduction in context with the many challenges described in the report as there has been an increase in the number of paid relative carers reflecting individual preferences in keeping with Scottish Government direction on self-directed support and the requirement to meet identified needs in a more flexible way, reflecting individual choice.

In addition to the early implementation of the Scottish Government's £10.50 commitment; there is implementation of block contracts for commissioned services and joint working to come together to focus on care as a career with several initiatives underway.

This sector has experienced a challenging 2 years but there is ambition about what can be achieved with and alongside the sector. There is a commitment to ensuring that care at home services have a clear and positive identity and are widely regarded as important and valued by Highland communities and that the models of care available embrace and maximise digital innovation and reflect the diversity and geography of Highland. To achieve this next steps include ongoing joint work with the sector, contract and commissioning redesign and workforce planning.

In house care at home services mirror many of the challenges faced by the external sector. This service and in house care home services work to a cycle of continual improvement. We have an updated and ratified registered services learning framework which reflects national and local priorities and reinforces statutory /mandatory learning. This is being further developed to ensure the impact of the learning is sustained and appropriate by enhancing supervision and appraisal sessions to include a noted reflection of this. The NHS Highland SSSC policy has also been updated to clearly outline the responsibilities of employer and employee in relation to achieving and maintaining registration.

Looking ahead, we are in the early stages of working with partners in exploring the possibility of a more widespread and consistent approach to modern apprenticeships. A series of bite size training resources are being developed to support staff to have the skill set required to safely undertake roles. Quality assurance processes, outcomes focussed care planning, and the new Care inspection frameworks are all priority areas.

Care at Home (CAH)

The pandemic placed significant pressure on all parts of the care sector, including care at home. The stressors for both In-House and commissioned providers of maintaining standards while addressing supply and flow issues around PPE, fluid and fast changing guidance, reporting requirements and testing, were challenging. Nevertheless, there was remarkable commitment, contribution and care provided, by all, in this extremely challenging environment.

All care at home services quickly responded to the pandemic and adapted their contingency plans to reflect current and projected needs. By identifying high priority situations the service was able to maintain a consistent support to those most vulnerable or at risk in the community.

Initial challenges in relation to PPE were addressed and teams were given extra input in relation to infection prevention control. Care at home staff displayed flexibility and professionalism and this approach assisted to keep the people they support and staff safe.

There is a need to have sustainable and available care at home capacity to assist with the discharge flow from hospital to home, and to prevent unnecessary hospital and care home admissions. Care at home capacity is sometimes only available where providers have additional capacity; this is not always at the volume or locations required across an urban, rural and remote dispersed geographical area such as Highland.

CAH Commissioned Services

It is clear that the previous commissioning approach has not delivered the necessary capacity improvements anticipated. In remote and rural areas there has been very little expansion from independent sector providers into remote/ rural areas whereas there has been significant growth in urban and some rural areas.

In order to have sustainable care at home services available, there is still a need to commission the necessary capacity in the locations required and

there is a requirement on the part of NHS Highland to encourage a range of providers to areas where additional capacity is still required. NHS Highland continues to commission high volumes of care at home from the independent sector; In house services remain in many areas, including North and West Highland.

Specialist services have been set up in Inverness such as the Enhanced Responder Service (ERS) and Overnight Service (SOS) to assist with flow from hospital and work is progressing in the North Area (Caithness and Sutherland) around service redesign for in house services. A number of block purchase commitments have been made to continue to support service certainty and improve flow.

The care at home sector adapted well to the challenges of the pandemic and continued to deliver services without significant disruption. This is testament to the commitment of our valued partners in delivering care. Several care providers have expanded their operations quickly and efficiently with demonstrable growth seen alongside the support of discharge and flow from hospitals during the pandemic.

The current contract with our external care providers was extended for a year in March 21 and there is an opportunity to review our approach, take learning from Covid and also of experiences of services such as the Enhanced Responder Services (ERS) and Overnight Service (SOS).

CAH In-House Services

Recruitment to care at home teams remain challenging within remote and rural areas and this is reflected in redesign proposals where job roles allow and encourage flexibility across services.

As with many services, the ability for staff to attend face to face training was significantly affected and this has resulted in the need for extra focus in this area. A recent training needs analysis identified priority areas and plans are in place to address the shortfalls.

The teams have demonstrated further how critical their role is in supporting communities to remain safe within their home environment. Their dedication to continue to provide a high standard of support for everyone is notable.

CAH Business Process Payment Improvement

We transitioned to our new payment arrangements which were warmly welcomed by our partners during December 2020.

Before Covid, we paid all care at home providers in arrears. Now we pay in advance which has sustained short term cash flow, introduced flexibility within our system, secured a level of payment for care delivery and an agreed known and understood payment timetable for all providers. This enabling step is intended to assist providers but it does not resolve the need for service level certainty and to have available capacity when required.

Through the period we worked in improving patient flow by reducing delayed hospital discharges and through additional surge capacity provision and ensuring continuity of social and community care.
Our staff were committed in supporting people to remain at home.

Carers

Support services to carers were increasingly important due to the ongoing impact of Covid-19. This was manifest in the suspension of many Day and Respite Services which has significantly reduced the short-breaks available to carers to support them in their role.

The Highland Carers Improvement Group agreed that interim services for carers should be sought which could demonstrate that they can provide a significant impact in one, or more, of the following areas:

- Provide highly reactive supports to help carers at times of particular stress
- Link carers to their local communities and the sources of support they contain
- Prevent carer breakdown and obviate the need for more formal services to the cared for person (including admission to residential care or hospital);
- Support carers when the person they care for is being discharged from hospital;
- Offer a range of planned and 'Covid-proof' short-break alternatives which are attractive and/ or acceptable to both carers and the cared-for person;
- Provide carers with the practical skills they need to manage their caring role; and
- Provide information and advice for carers that allow them to make informed choices about their role and supports decision making in line with Self-Directed Support principles.

A Carers Services Project Team was quickly brought together to structure a bidding process for Carers services/projects which were considered capable of mitigating the impact of Covid-19. Its work included:

- Structuring an open invitation of bids
- Setting out the parameters for applications, including evaluation criteria.

Working to an identified Implementation Budget (of which £250,000 of the earmarked £400,000k was deployed).

This work was undertaken to complement the ongoing work to identify a fully costed Carers Programme to develop good local services for carers which include; information, advice, completion of Adult Carer Support Plans and, crucially, a greater number and variety of short break opportunities.

Currently we have a great deal of work still to do to provide the tangible supports for carers that we know they need; however with the completion of our Strategy and the work to tender for services for carers that journey is now well underway.

Support Services

The support sector has adapted well to the challenges of Covid-19 and continued to deliver and maintain services for people with a learning disability and mental health issues in Highland. The sector has been meeting regularly with the Head of Service: Learning Disabilities and Autism in a huddle arranged to flag issues with regards to service delivery, PPE, and any other emerging issues. In

addition, regular meetings with individual providers have been held in order to provide additional support and oversight of services.

Since the onset of Covid-19, there has been an expectation that providers would maintain regular contact with every person that they support even if they have ceased their support for a short period. Providers were expected to complete and submit notification of change of support forms for every individual they support where a change has been made. In addition, a RAG (red/ amber/ green rating) status was set up for every person with a Learning Disability that we know in Highland which involved provider support for monitoring and overseeing. These support mechanisms have been successful in flagging any emerging issues, maintaining stability in the service and enabling a quick response to any escalation of issues.

Care Homes

Over the course of 2021-22, there has been a considerable level of care home related activity / supports within Highland, across a wide number of service areas: adult social care, nursing, health protection, infection prevention and control, vaccination, testing, community operational teams, business support (and others), all of whom have had a pivotal role in supporting or overseeing commissioned or delivered care home services.
The challenges faced by care home services have been multiple, sometimes simultaneous, fast changing and unrelenting, spanning across staffing, guidance, financial and regulatory areas.

The primary challenges have undoubtedly been in relation to staffing and Covid status, particularly around recruitment, retention and Covid impacted absences.

There were already insufficient numbers of staff in care home employment pre Covid. This has been exacerbated over the pandemic as exhausted staff seek to leave the sector for a less demanding and often better paid role.

The impact of Covid within a home can acutely and rapidly decimate staffing levels, which is, at best, significantly challenging to plan for, and highly stressful to manage and coordinate, in terms of staffing cover, along with supporting residents and their relatives during these anxious periods. These situations also have a direct and negative impact on resident experience.
Staffing issues have therefore dominated care home activity over 2021-22, mainly arising from the significant number of care homes experiencing staff or resident related Covid cases.

The highest number of care homes "closed to new admissions" at any one time, was 47 (out of 69 care homes in north Highland) on 9 January 2022. The highest number of care homes in outbreak at any one time was 29 on 24 March 2022. The knock on impact on staffing availability for care homes in these situations, was significant. Despite an expanded and expanding mutual aid support team (CRT) there has been unmet need and providers have been supported to prioritise the delivery of safe care.

During 2021-22, this area of activity has been overseen by the Care Homes Oversight Group.

Daily clinical and care huddles have enabled timely flow of information to and between relevant stakeholders, assisting fast and effective decision making. Significant efforts and energy invested in provider liaison, relationships and supporting service continuity plans. A significant level of mutual aid has been made available but not service all demands have been able to be met. There has been a necessary focus on priorities of safe care for risk mitigation. Staffing escalation protocol has not been as effective as envisaged and development of this continues.

There have been 2 care home closures in the last two months with a 3rd pending, it is a risk that there will be further unplanned short notice closures, without action / intervention.These short notice closures result in poor resident outcomes, are resource intensive to manage and require significant short notice and high level business and commercial input to support.

A decisive and proactive plan is being developed to ensure availability of and support to, care homes in identified strategically important locations.
Going forward, it is anticipated that the acute staffing issues experienced in 2021-22 will continue, and in addition to quality related impacts, these challenges will also present increasing viability and sector sustainability issues

Remobilising Day Services

Throughout 2121-22 day services paused, amended or flexed to respond to public health guidance and the needs of local communities. The most recent guidance now allows and increasing number of people to access buildings-based services and we are seeing further changes in response to this guidance. Day opportunities for adults with a learning disability have been transformed during the pandemic to ensure buildings based access for those with the most complex needs and an increasing focus on community based activity.
There have been some changes in the provision of older adult day care with some sector care homes choosing not to restart day care and some in-house areas opting for better use of local hubs. There is also a requirement to respond to the changing need and wishes of individuals who use these services and there is commitment to review and redesign day services to incorporate outreach and bespoke support when required.

"80% of adults receiving care or support rated it as good or excellent. That's comparable to previous years. The national average is 83%"

"75% of adults are supported at home agreed that they had a say in their help, care or support, which is a slight decrease from previous years. The national average is 75%"

Adults with Incapacity (AWI)

In response to the Mental Welfare Commission (MWC) Report, "*Authority to Discharge: Report into decision making for people in hospital who lack capacity*", NHS Highland submitted an 8 point action plan to address the 11 recommendations in the report.

A Senior Practitioner AWI Specialist was recruited in Sept 2021 to support and implement the action plan, to work collaboratively with health & social care staff to improve standards of practice, clarify processes, procedures and ensure compliance with the law across all disciplines.

Work is underway to address the training needs identified by staff across health and social care, with some immediate training needs being addressed and a rolling programme of training being planned to ensure compliance with statutory duties.

A focus of work has been to standardise and clarify social work processes for all relevant NHS Highland staff, to ensure accurate recording and accountable decision making in respect of adults who lack capacity, to ensure the legality of moves and patient's legal rights are upheld.

Looking ahead an AWI audit is planned, which will look at individuals who were discharged from hospital who lacked capacity between 1st Jan 2021 and Dec 2022. Due to the work already completed it is anticipated there will be evidence of improvement in practice during this period, and it will highlight areas for further development.

There has been an increase in new welfare guardianship orders & subsequent demand on social work teams, between 2019 (106) and 2022 (206), with the reduction in 2020 (107) due to the Covid Pandemic. The majority of social work teams saw a significant increase in Guardianship orders, with the Transitions team (supporting adults 18 – 25 years) seeing an increase of 112%. There were 51 orders granted in 2019, compared to 108 in 2022.

This has also increased demand on other professionals and services in Highland, such as medical practitioners, mental health officer's and legal services.

The total number of active Guardianships at March 2019 was 697 and at March 2022 was 888. This equates to a 22% increase in legal orders being supervised and managed by Social Work teams in Highland.

In terms of delayed hospital discharges linked to AWI issues, the following table shows the average number of AWI delays added per month & the number of AWI delays at the Public Health Scotland Census point

(which is the last Thursday in every month).

	2019-20	2020-21	2021-22
Average delays added per month	4.5	3.5	5.8
Number of delays at census point	9.3	8.6	16.5

Adults with Incapacity delays

Social Work Teams

The Social Work service has seen a predicted increase in demand over the period. The impact on social care services has created additional risks and pressures to individuals and their carers. Social work teams have seen a reduction in resources available to meet outcomes as well as an increase in statutory work relating to recruitment challenges.

The Adult Social Care Leadership Team are finalising the completion of a social work workforce review and workforce plan. This important piece of work will inform the future planning and development of the 15 adult social work teams across Highland, ensuring they are prepared and supported to meet future demand and practice improvement. Information to inform and advise the workforce planning has been gathered in partnership with social work team managers and colleagues in public health. The workforce review will focus on the following areas:

- The changing demographic across Highland
- Greater percentage and number of older adults (over 65yo) over time
- Increased population in urban areas; with rapid growth in some specific small populations
- Acknowledgement that the social work role is being reviewed
- Stronger, relationship based, and person-centred approaches are recommended
- Greater time and creativity are seen to be necessary for social work staff to effect community-based solutions – matching individuals' needs and aspirations to a flexible range of community resources
- There is a significant recruitment challenge across Highland and across all professions
- The social work profession needs to ensure its career pathways are clearly marked and attractive

We must ensure we maximise the potential of the Highland-based workforce

There are currently a range of social work vacancies across teams, at present there is only 1 adult social work team which is fully staffed. The current vacancies include recruitment to posts following additional funds from the Scottish Government to strengthen Social Work and multidisciplinary teams (this equated to the equivalent of 18.3 whole time social workers). Recruiting qualified and experienced social workers continues to be challenging. We have worked with team managers to explore creative solutions to these challenges, this has included the ongoing support to "grow our own" social workers through the trainee scheme. We have supported this by developing a full-time practice educator post, supporting 4 experienced social work practitioners to undertake the practice educator course, and work with team managers to consider when a trainee social worker may be a positive solution to recruitment challenges in their team.

In order to support and promote recruitment of social work into Highland we are working with colleagues in the NHS Highland communications team to develop a marketing plan which several existing Highland social work staff have volunteered to participate in, to promote the positive career opportunities and supportive environment working in Highland can offer.

Hospital Flow

Highland has seen a long period of sustained high numbers of delayed hospital discharges. NHS Highland is developing a discharge hub to ensure discharge without delay.

With the known pressures in the social care sector immediate improvement work commenced in April 2022. A core team was developed to consider support to local teams with coordinating discharge, preventing admission and with social work in reach; ensuring appropriate statutory support and a human rights approach is maintained during a stay in hospital. Intermediate care home beds are being utilised in one care home with a view to rolling this out around Highland. The CRT are utilising any capacity to support care at home teams to enable earlier discharge. While in its infancy this approach is proving successful with a focused approach on discharge with an additional 30 individuals being discharged with the support of this team in the first 5 weeks of operation.

Holistic Whole Family Support

The partnership has been developing plans to ensure that holistic whole family support is readily available across Highland to families that need it, with the National Principles of Holistic Whole Family Support ('the National Principles') embedded into the planning, commissioning and delivery of services provided to support children and families. They will be used to deliver high quality, preventive, holistic whole family support through their services for children and families.
This has been developed to ensure that:

- the services families experience feel integrated;
- families have access to the range of services they need to help them flourish and thrive; and
- they will have the support they need, when they need it, and for as long as they need it.

Pharmacotherapy

This service was introduced as part of transforming primary care to aid GP practices to support the implementation of serial prescriptions. This has helped to improve convenience and access for patients with long term prescriptions, whilst reducing footfall into practices.

As part of the Primary Care Pharmacy Service to GP practices we continue to work to increase rates of serial prescribing and to reduce rates of repeatable acute prescribing, both to reduce GP practice workload.

This year we were one of five Scottish Boards to successfully test serial prescribing for residents of care homes. We are looking to roll out serial prescribing to other care homes.

We are working towards prescribing processes, medicines reconciliation and serial prescribing being delivered primarily by pharmacy technicians and pharmacy support workers. We are supporting a focus on high-risk medicines and high-risk patients, using regular medication review and/or clinical patient management, providing pharmacists with a minimum proportion of their time spent providing direct patient care. This aims to help manage demand in practices and develop a sustainable service which will attract and retain pharmacists.



Pharmacy First

Pharmacy First was implemented in 2021-22. This is a national service that allows patients to use a community pharmacy as the first port of call for treatment. Recent analysis demonstrates increased use of this service, e.g. for Urinary Tract Infections, Shingles and skin infections, which has reduced demand on GP services. It has also helped to triage the number of GP referrals for more specialist treatment e.g. MAS. It is anticipated that the number of services and reach will increase.

Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

This indicator is about the quality of the services provided and client's ability to manage and be in direct control of the services that they require. Other indicators such as enablement and self-directed support are also relevant.

Overall since the decline in performance in these areas in 2019-20 there have been improvements shown in the 2021-22 national report. The percentage of people rating the care or support as good or excellent was above the national average and an improved trend. In 2020-21 and 2021-22 maintaining primary care services were a key element of our Covid-19 response.

The Highland Learning Disability Listening Group was established to ensure that the voices of people with a learning disability are heard by NHS Highland managers. The majority of group members are people with a learning disability from Inverness, Fort William and Thurso, other members are paid professionals. A Human Rights Approach, using the PANEL principles forms the foundation of the group. The group have been testing technology to ensure that participation is fully accessible.This service is due to be assessed.

First Contact Physiotherapy Service (FCP) NHS North Highland

As part of the Primary Care Improvement Plan, the FCP service provides fast access to expert physiotherapists for musculoskeletal (MSK) assessment/opinion in the general practice setting. From its creation in May 2019, this service benefited from all partners having a joint sense of purpose and a commitment to create a culture of collaboration. This commitment laid the foundations of the group, forming strong working relationships and governance based on honesty, trust and openness. Fuelled by regular communication this approach underpinned the planning and implementation stages of the service. The work stream was fully supported by AHP leadership, GPs, practice managers, e-health facilitators, primary care modernisation project manager, human resources, staff side representatives and FCP clinical leads.

By moving the MSK pathway upstream into the practice setting, the service transformed how patients access MSK Physiotherapy. Without the need to see the GP first, patients can now be assessed, diagnosed and treated, often without the need for onward referral. This helps promote earlier self management of acute conditions and adds to the prevention of and management of longer term MSK conditions. Current MSK Physiotherapists were able to progress into Advanced Practitioner roles, developing new skills and embracing the opportunities to learn from and share knowledge with new colleagues in the wider GP setting. Joining up patient care with shared records and timely case discussions also became a welcome reality, with the Physiotherapists feeling their contribution being more timely and of recognised value for patients' care.

Implementation of a service is never in isolation. Pragmatic solutions were sought to meet the challenges of delivering this service to practices across the unique geography of NHS North Highland. Individual practice and population needs as well as clinician availability meant a significant degree of flexibility was required. The concurrent service redesign within Physiotherapy added further complexity and introduced additional and particular challenges around staff movement and recruitment.

A recent patient survey using the validated CARE survey measure reflects a high positive patient experience of their consultations and in how easily they can now access MSK Physiotherapy. Full quantitative evaluation of the service has been interrupted by the response to the pandemic however some limited interim data is encouraging.Three years on the FCP service continues to deliver exceptional care, and we are still planning the evaluation so we can celebrate this!

We are also hoping to expand the service based on demand and increase release of GP time whilst providing further improved MSK services to patients in our North Highland communities.

Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

We continue to review all overnight support provision across Highland. The Inverness Waking Night Responder Service continues to be a highly effective model of night support and responds to approximately 40 people a night across Inverness.

The demand for the service continues to grow and we are reviewing the existing capacity to enable more support provision. The service also now provides a responder service to individuals in Sheltered Accommodation that do not have the required number of telecare responders.

This indicator is about the quality of life of the people who use those services. On average, we are now showing an improvement on previous performance or when compared with national position for most indicators, with focus continuing on reducing lengths of stay for our delayed discharge patients awaiting care in the private sector. This is a key challenge across the country, with limited care home availability, and is part of a national programme for improvement.

The percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life shows an improvement both over previous performance and compared with the national average.

In East Ross our falls prevention pilot, which started in 2020-21, is being undertaken using the Scottish Patient Safety Programme methodology. This involves all professionals asking the same initial falls screening questions, to identify those needing the full multi-factorial screening (MFS) tool to be used. The aim is to increase the number of social work and social care staff who are able to complete the MFS tool, thus speeding up identification and interventions for those most at risk.

The national falls rate indicators have shown an improvement in this perforfmance based on previous years and in comparison with the Scottish average.

The Government requested more multi-disciplinary care home assurance visits. This is to provide assurance that measures to mitigate risk of Covid transmission are in place and that physical, emotional and spiritual needs of residents are being met. This requires a blend of professional clinical and social work skills to identify any particular support needs the care home may have to enable a timely response by NHS Highland of any appropriate clinical support, advice or escalations.

A Project Team was set up involving social work, nursing, public health, infection, prevention and control, and allied health professional colleagues. Assurance visits commenced in February 2021. All 69 care homes in Highland received a quality assurance visit, and any support areas identified as part of the visit have been followed up during 2021-22.

The majority of co-morbidity of physical and mental illness in acute hospitals affecting older people is due to three disorders:

- Dementia
- Depression
- Delirium.

These conditions are a predictor of increased length of stay.

Mental Health

We developed our transformation and improvement plans during the year reflecting on the impact of transforming services post-pandemic to enhance prevention and early intervention in mental health while developing more responsive and effective services for people with mental health problems.

The mental health team commenced work on a comprehensive mental health strategy with a particular emphasis on engagement and inclusion as part of the development of the strategy and as a focus of the strategy moving forward. This work will be completed by the end of 2022-23.

Multi Outcomes Case study

Home is Best approach to integrated care

During 2020-21 in Inverness, we piloted an enhanced community service model of care. This was to trial the shift in the balance of care to deliver acute services in the community where appropriate.

In 2021-22, using learning from this pilot, we developed our Home is Best programme to provide care as close to home as appropriate. This redesign work is now embedded in NHS Highland's *Together we Care* Strategy, as part of the Care Well ambition.

The Programme is also looking at redesign of our Community Assets:

- Re-configure community hospitals as step-up
- facilities (not step-down)
- We have invested in staff (nurse and AHPs and medical) to enable a community response service to crises and to provide more effective and timely decision making if hospital or home required.
- Re-configure NHS Highland care homes as advanced care facilities.
- Permanently align Care Homes, Community Hospitals and Care at Home services to GP Practices.

Outcome 5

Health and social care services contribute to reducing health inequalities.

This indicator is about ensuring that communities in Highland are safe and healthy and that individual circumstances are taken into account. The premature mortality rate in Highland is lower than the National average and has improved since the last data was published.

Performance regarding the time taken to access drug or alcohol treatments services is similar to the performance in the previous year, with a gradually improving trend over time. We continued to implement further substantial strategic work on improving access to Psychological Therapies and CAMHS.

Health and Social care services contribute to reducing health inequalities. This indicator is about ensuring that communities in Highland are safe and healthy. This is a future intention, should funding be available. This will enable more local and agile diagnostic and treatment provision.

Working alongside the Alcohol and Drug Partnership is has been working this year to deliver on Scotland's national alcohol and drug strategy, Rights, Respect and Recovery, recognizing that families are assets and key partners.

Our strategy recognises that families have the right to support, in their own right, as well as the right to be involved in their loved one's treatment and support. In progressing this work, the partnership acknowledges that supporting adults is central to this work and that partners at national and local levels across children's and adults' services need to work together to ensure whole family support is provided.

Recognition that women can face a range of barriers that can hinder them entering and sustaining attendance with treatment and recovery programmes. wE are working to ensure that service responses are designed to support women overcome the trauma and loss that they often experience when involved in child protection and lose the care of their children. The programme aims to ensure strong, enduring, collaborative working arrangements between adult alcohol and drug services and children and families services.

Care Home Support and Engagement

NHS Highland continue to support care homes and care home providers in a number of ways:

Rapid responses

In 2020-21, 25 care staff were recruited by NHS Highland to complement existing, reassigned staff to form a care response team. It was formed to provide an effective response in situations where Care Services were impacted by Covid-19.

Through 2021-22, this Covid Response Team (CRT) has continued to support many services across Highland affected by outbreaks and there was a recognised need to further strengthen the team and to also confirm the permanent status of the core team members who have supported outbreak sites since the start of the pandemic. The additional Scottish Government monies made available during November 2021 enabled these plans to be executed and the employment status of these staff to be confirmed before Christmas.

The CRT team continues to be fully deployed to support services negatively impacted by Covid-19. Recent deployments have included care homes settings (independent sector and NHS), Care at home services (NHS) and hospital services.

The intention remains to develop the resource to continue to support care services in a more planned way by developing a roadmap to aid recovery and build resilience and this work will be developed with partners.

Recruitment continues at pace albeit staff numbers are fluid, and the team is expanding with more staff expected to join the team during April 2022. At the end of March 2022, 38 WTEs were recruited to the team with Team Managers, Team Leaders, Nurses, Admin Support, and predominantly 29.5 WTE Health & Social Care Workers/Assistants in post with permanent contracts.

Alongside this, work has commenced to restructure the team to allow for a more robust infrastructure to support current and anticipated growth.

Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Carers play a particularly important role in ensuring the health and wellbeing of clients, patients and communities. The purpose of this indicator is to determine if they are supported in that role and takes into consideration their own quality of life. Historically, this has always been a different area in which to capture and record performance information.

The Biennial Survey, which asked this specific question of carers, has been used in the past, but is no longer part of the survey.

We are meeting our duties to Carers within current practice and contractual arrangements, whilst reviewing processes to meet the intent, ethos and duties contained within the Carers Act, to deliver an open and flexible response to meeting Adult Carers' needs.

Self-Directed Support

The Highland Self Directed Support (SDS) Strategy is about forming relationships, building trust, sharing intelligence and co-producing the new ideas and solutions necessary to truly refresh our approach to implementing Self-directed support in Highland. It is being taken forward collaboratively with people with lived experience, unpaid carers, a number of representative groups including Partners in Policy-making, SDS Scotland, SWS Scotland, Community Connections (locally funded SIRD organisation), service providers, social work staff and managers (among others).

The work on the development of the strategy is being informed by the SDS Change Map, the SDS Standards and the Independent Review into Adult Social Care. Crucially however we are aiming to ensure it will also be shaped by a wide ranging and in-depth engagement and consultation process. Underpinning the work is recognition of the need to address cultural and service change. With the publication of both the SDS Standards and the Independent Review, we believe the timing is absolutely right to progress this important area of work within NHS (North) Highland.

The four options of Self Directed Support are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team.

A personal, outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine support requirements, with the aim of adopting a strengths-

based approach to meeting identified outcomes and considering eligibility for assistance with care and support needs where required. Depending on the individual's circumstances, a financial assessment might also be undertaken. Assessments will normally be reviewed on an annual basis.

In adult services, substantial growth in Self-Directed Support, and in particular Options 1 and 2, has been seen over the last six years as demonstrated at Charts 2 and 3 below, albeit there has been a slight decrease in the number of Options 2s within the past year specifically due to one provider ceasing to provide services which were replaced by an Option 3 traditional service delivery model.

We recognise, in keeping with the national picture and the development of SDS Standards, that change is required at a transformational level to ensure more consistent practice in terms of adopting strengths-based and community-led approaches to practice and highlighting the importance of good conversations, i.e. the development of relationship based practice to inform assessments and support options. As a supportive measure to staff, lead professionals are able to discuss complex cases and the variety of possible support options.

We do not think there is a simple, technical fix to the complex set of implementation issues in respect of Self-directed support. Rather, we believe we need to bring people 'around the table' to explore how we can make the changes together.

Therefore, NHS Highland's SDS Strategy is about forming relationships, building trust, sharing intelligence and co-producing the new ideas and solutions necessary to truly refresh our approach to implementing Self-directed support in Highland.

Subsequent to a significant consultation effort a number of local co-production groups are now working to improve our delivery of SDS including by;

- Improving local information about how budgets can be used flexibly
- Exploring how SDS can be used to complement Community-Led approaches to act preventatively
- Agreeing a realistic budget that those managing an Option 1 can translate into good quality care, and
- Agreeing how we can best engage people in realistic and creative conversations about the choice and control that SDS can offer them

At year end (March 22) we had 467 Option 1s and 234 Option 2s in ASC in Highland. This means there has been an ongoing increase in the uptake of Direct Payments in Highland (although we are working with partners to explore a small drop-off in Option 2s). We anticipate the trend in Option 1s will continue over time – and we are keen to increase the availability of Independent Support to help those choosing this option.

The aim of the Scottish Patient Safety Programme is to reduce the number of events which could cause avoidable harm from care delivered in any setting. Work has been undertaken in the following areas in primary care:

- Safety culture
- High risk medicines
- Safer medicines
- Pressure area care
- Safety at the interface including results handling.

The work of the Child Protection Committee have strengthened their role in undertaking work in the following areas;

- Developing culture and practice in relation to trauma informed and responsive approaches to child protection.
- Review and update Highland Child Protection Guidance in line with updated National Guidance.
- Implementation of National Learning Review Guidance locally.
- Work with the Corporate Parenting Board in developing plans to deliver on 'The Promise'.
- Identify methods for consulting with parents and carers about their experiences of child protection processes.
- Community Engagement Strategy and Plan to be developed to raise awareness of child protection in local communities and encourage communities to report concerns.
- Develop a suite of recommended resources for use with young people in relation to exploitation.

Outcome 7

People using health and social care services are safe from harm.

The purpose of this indicator is to ensure that there is support and services in place which ensure that clients are safe and protected from abuse and harm.

There is an increase in the percentage reporting as feeling safe, as is reflected elsewhere in the performance outcomes arising from the Biennial Outcomes survey both locally and nationally. This is an improvement on previous figures and at 86% is also higher than the national average of 80%.

Adult Protection

The work of the Highland Adult Protection Committee has progressed well in 2021-22. We have seen the consolidation of a number of working Sub-groups where partners are coming together to implement our continuous improvement framework. This work is being complemented by the initiation a number of SCR/ICRs.

At a practice level we have seen continuing high levels of demand:

- There were 675 Referrals received/recorded by Social Work Teams in 2021-22. This represents a 6% increase on the previous year's figures (636).
- These Referrals translated into 206 ASP Investigations. Therefore a third of Referrals resulted in Investigations (an Investigation involves the appointment of a Council Officer to assess the risks of harm to the identified individual).
- The completion of 206 Investigations represents a 2% decrease on the previous year's figures (211)

The "types of harm" which were the subject of an Investigation in 2021-22 are as below:

Principal type of harm which resulted in investigation	No. of investigations
financial harm	38
psychological harm	26
physical harm	39
sexual harm	8
neglect	54
self harm	6
other	35
total	**206**

The figure for Investigations for 2021-22 was 202. This is a slight decrease from the previous year – however it is clear that demand remains high in comparison to our pre Covid levels.

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- High risk medicines
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- Identify methods for consulting with parents and carers about their experiences of child protection processes
- Community Engagement Strategy and Plan to be developed to raise awareness of child protection in local communities and encourage communities to report concerns

- Develop a suite of recommended resources for use with young people in relation to exploitation.

Child Protection Committee
The committee has this year been working to establish Local Child Protection Procedures. This marks a significant a shift moving from Multiagency Child Protection Guidance to Multiagency Child Protection Procedures. A series of information, training and awareness events have been held across Highland to inform all staff of the updated procedures and discuss any key changes to practice.

The committee has also been working to adopt the National Learning Review Guidance. This is an approach that replaces Significant Case Reviews and Initial Case Reviews. Information on the new Learning Review Guidance has been disseminated and discussed with frontline practitioners, managers and leaders.

The committee have drafted a Child Protection Committee Quality Assurance Strategy and established a new Quality Assurance Sub-Committee. They are also developing a suite of recommended resources for use with young people in relation to exploitation as well as developing and delivering training on exploitation awareness for residential staff, front line practitioners and community groups. In addition, they are delivering training in relation to trafficking and the National Referral Mechanism to ensure timely sharing of concerns. This work includes updating the local trafficking protocol to ensure practitioners and managers are clear how to share information in relation to trafficking concerns.

Within the committee's alcohol and drug sub group the focus is on developing services and support using a whole family early intervention and prevention approach to alcohol and drugs. Additional resource has been identified to improve partnership initiatives including a Perinatal Mental Health midwife, CAMHS Psychologist for Drugs and Alcohol and a health development officer to support early prevention and education.

Outcome 8

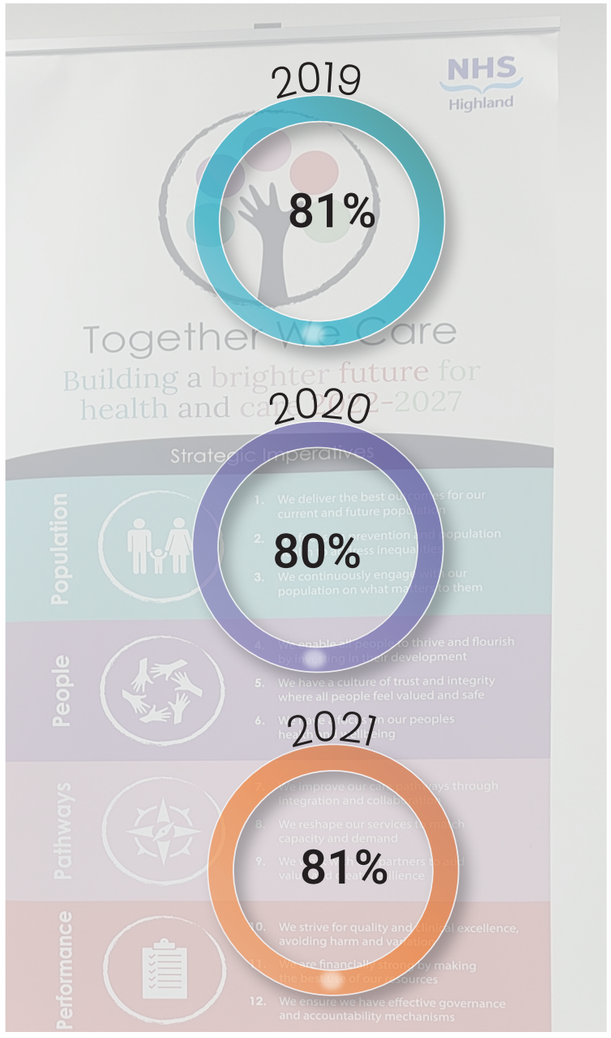
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Staff attending training find that the training is useful and increases confidence and abilities.
Although the ways of providing that training has changed and developed over the period shown, the measure as to whether it increases staff confidence has been maintained.

The system for review that staff have the required knowledge and skills framework has changed considerably and are no longer comparable. Sickness absence wosened slightly in 2021-22 from 4.8% to 5.38%

Workforce development and planning is being taken forward in collaboration with our Together We Care 5 year strategy and this is being translated into our 3 year Strategic Workforce Plan due in Autumn 2022.

Our People & Culture Programme Group was established for key decision making along with regular weekly wellbeing communications to ensure a healthy work-life balance for our staff. Our work on developing our workforce culture continued through 2021-22.
We continue to measure our success by the implementation of the iMatter programme which seeks to empower staff in fulfilling their potential as teams.



iMatter 2021-22

24 of iMatter question responses are in the highest quartile "strive & celebrate"

4 are in the "monitor to further improve" category

There are no responses in the "Monitor to improve" or "Focus to improve" categories

All responses show improvement since 2017

Children & Families

Within children and families vision is that 'All Highland's Children have the best possible start in life; enjoy being young; and are supported to develop as loved, confident, capable and resilient, to fully maximise their potential'

Our outcomes

Our outcomes consider the ways in which children and young people:

- Receive the help and support they need to optimise their well-being at every stage.
- Get the best start in life and enjoy positive, rewarding experiences growing up.
- Benefit from clear protocols, procedures and effective systems for recording observations and concerns which take account of best practice in information-sharing.

Our outcomes relate to the impact of services on the well-being of children and young people using the SHANARRI indicators. It focuses on their experiences and the extent to which their lives and life opportunities will be enhanced to ensure they are; Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. This outcome has a specific focus on the following outcomes developed within our quality assurance and improvement framework.

- Children are protected from abuse, neglect or harm at home, at school and in the community.
- Children are well-equipped with the knowledge and skills they need to keep themselves safe.
- Young people and families live in increasingly safer communities where antisocial and harmful behaviour is reducing.
- Children and young people thrive as a result of nurturing relationships and stable environments.
- Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Our Commitments

The partnership have outlined the following key commitments:

- Meet the requirements of the United Nations Convention on the Rights of the Child
- Deliver on 'The Promise'
- Deliver the the Care Leavers Covenant
- Develop a trauma informed approach
- Reaffirm the principles of 'Getting it Right'

Our partnership priorities for improvement are set around the following themes:

- Health and wellbeing including mental health
- Child poverty
- Children's rights and participation
- Child protection
- Corporate parenting
- Alcohol and drugs
- Governance and delivery arrangements
- Delivering the priorities

Delivery on the priorities and themes is undertaken by a delivery groups for each theme.

Each group is chaired by a lead officer from one of the partnerships and has membership across statutory services and third sector.

It is the responsibility of each group to develop the priorities and actions within their individual plans based on the agreed outcomes and needs assessment.

Plans are dynamic and monitored, evaluated and updated each time the group meets and formally reviewed annually.

Highland's Integrated children's Services Board provides oversight to the on-going work of the plan, scrutinise the deliverables and ensure the timescales are met. The board will provide regular updates to the CPP Board and will report formally to Scottish Government on an annual basis.

Child Poverty

This years focus has been on improving opportunities for training and apprenticeships for parents and young people, addressing food insecurity by increasing equity of access to good quality food, recognising the value of financial support for families during the school holidays, supporting the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support and developing strategies to increase the uptake of free-school meals.

The partnership is also undertaking work to reduce the financial barriers of families by promoting the uptake of clothing grants, encouraging the uptake of concessionary leisure schemes for children with low income backgrounds, maximising the uptake of child related social security benefits and child specific benefits and the implementation of the health visitor financial inclusion pathway.

The partnership has imaintained a focus on staff wellbeing and professional skills development and responding to the needs of infants, children, young people and their parents/carers The partnership are also developing detailed plans to;

- develop perinatal mental health support
- maintain and further develop trauma informed and responsive approaches to universal and targeted food and healthy weight related initiatives for infants, children, young people and families
- agree and implement a trauma-informed infant mental health strategy to support very young children and their parents.
- undertake planning and redesign to develop a whole system approach to understanding and responding to the mental health needs of infants, children and young people and related access to support and services based on the Thrive model.
- understand and summarise the research in regard to the immediate and long-term impact of COVID-19 for the mental health needs of infants, children, young people and families.
- develop the skills, knowledge and confidence of Highland's staff through supported learning such as Promoting Positive Relationships, Mental Health Awareness and Change-Loss and Bereavement.
- Develop and promote online programmes for parents, teachers and community volunteers.
- Develop a 'whole school approach' to improving mental health.
- Provide effective counselling within an integrated approach to supporting children and young people.
- Ensure routes to request assistance from specialist services are in place and part of a staged approach that is understandable and supports accessibility of services.

Inspection of Services

Internal

Internal care services, such as Home Care, Day Care and Respite are regulated and inspected by the Care Inspectorate.

External

Commissioning Officers are responsible for managing the relationship between external providers and our service users.
Any concerns raised about the quality of care provided by an external provider are recorded and considered against other known information about the provider, such as previous concerns raised; and reports produced by the Care Inspectorate.

Where a concern has been raised, providers are responsible for developing and delivering an action plan identifying planned improvement activity which satisfies the Partnership (and Care Inspectorate if they are involved). This action plan will be monitored by Commissioning Officers to ensure it is being progressed and that improvements are being delivered within agreed timescales. This level of contract monitoring activity will continue until such times until we are satisfied that the provider has made the necessary improvements to ensure the care, safety and wellbeing of residents.

Where no improvement is evidenced, the Senior Management Team will take decisions in relation to any further action required to address on-going concerns, such as reductions in rates paid, increased monitoring activity such as on-site visits, and imposing conditions on the service until issues are resolved or contracts are terminated. Any action taken to address concerns raised about provider's service provision will attempt to do so in ways that put the best outcomes for service users first and which promote safety and wellbeing.

Reporting on Localities

Large Scale Investigation (LSI) Activity

LSI activity has focused on where there are identified concerns within care/service settings

There have been 5 Large Scale Investigations initiated in year 2021/22 which is down from last year.

It should be noted that the Care Home sector face significant challenges in order to maintain high level/ quality of service delivery.

Care homes have reporting to NHSH when they have any issues relation to public health or staffing, and while there may be risks to residents, the ASP and LSI activity in care homes has reduced for this period. A contributing factor to this is the strengthened relationship between the sector and NHSH, and individual care home's assessment of their pressure points.

- RAG status (whether there are any care homes on "red" or "amber" status) and actions taken
- Public Health closure status
- Bed capacity
- TURAS compliance (completion of daily TURAS portal by all care homes)
- Care Inspectorate gradings
- New Scottish Government guidance/requirements and update on implementation
- Mutual aid deployment
- Risks
- Escalations
- Characteristics and dynamics of factors which may impact on the provider base.

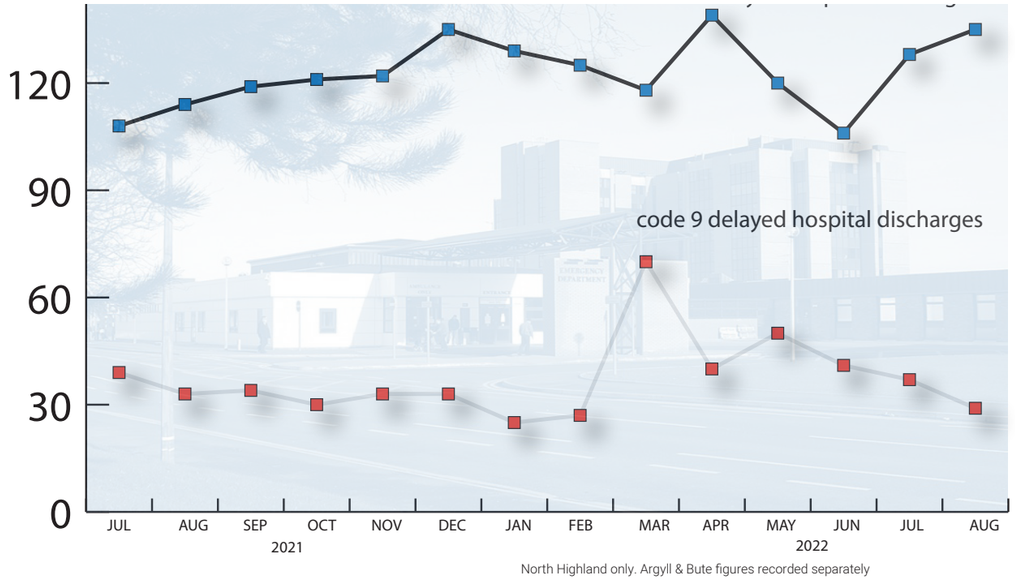
Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

Home care costs and residential costs are published nationally. However, there are so many different factors contributing to these costs that national comparisons are largely meaningless. Similarly, the changes made to the payments system for the independent sector means the original indicator is no longer comparable.

Three of these four indicators depend on the compilation of national data, which has been delayed during and since the Covid pandemic.

The number of people waiting to be discharged from hospital when they are ready (Delayed Discharges) increased during 2021-22. Service improvements in this area continue to be a key National focus to improve patient flow through the whole health and social care system.



North Highland only. Argyll & Bute figures recorded separately

Finance Report to 31st March 2022

Financial Performance and Best Value

Financial modelling for service delivery 2021-22. Despite the operational and financial challenges of the Covid-19 pandemic and subsequently, there is still a requirement to deliver on savings and a similar programme managed approach will be taken to try and address the funding gap.

For 2022-23 and beyond, discussions continue, with our partners in The Highland Council to develop and agree a Three year cost containment and transformational plan within a joint governance and programme management structure. This is necessary to address the known budget quantum gap with continued support from Scottish Government as required with precise detail of plan, scale of savings and joint ownership to deliver on this ambitious transformational change programme.

Year One (2022-23)

Cost containment, transformation planning and resourcing of programme management team

Years Two and Three

Continued cost containment whist taking forward a comprehensive strategy of transformational change and system wide integration.

Summary

HHSCP financial position at month 12 which shows a year end overspend of £0.791m of which £2.355m relates to ASC and the balance being Health expenditure. Position includes SG funding in response to Covid-19



Final position to March 2022

For the 12 months to March HHSCP have overspent against budget by £0.791m, components of this overspend can be seen in Table 1 below.

2021-22 Plan		Month 12 March 2022 Summary Funding & Expenditure	YTD Position		
Annual Budget £000	Current Plan £000		Plan to Date £000	Actual to Date £000	Variance to Date £000
		HHSCP			
		NH Communities			
63,118	63,118	Inverness & Nairn	63,118	65,278	(2,160)
46,945	46,945	Ross Shire and Badenoch & Strathspey	46,945	46,378	568
40,654	40,654	Caithness & Sutherland	40,654	40,622	32
49,340	49,340	Lochaber, Skye & Lochalsh and Wester Ross	49,340	48,771	569
19,784	19,784	Management	19,784	22,074	(2,290)
4,312	4,312	Community Other	4,312	4,075	236
1,624	1,624	ASC Other	1,624	1,346	278
6,367	6,367	Hosted Services	6,367	6,143	224
232,144	**232,144**	**NH Community**	**232,144**	**234,688**	**(2,543)**
41,623	41,623	Mental Health Services	41,623		
139,737	139,737	Primary Care	139,737		
6,679	6,679	Adult Social Care Central	6,679		
420,183	**420,183**		**420,183**	**421,815**	**(1,631)**
		Support Services			
(15,650)	(15,650)	ASC Income	(15,650)	(16,491)	840
404,533	**404,533**	**Total HHSCP & Support Services**	**404,533**	**405,324**	**(791)**

Table 1

Within the NH Communities year end out-turn of £2.543m, an overspend of £4.480m relates to Adult Social Care expenditure – see appendix 1 for further detail on Social Care. Adult Social Care for 2021-22 saw an increase in activity due to packages being reinstated post covid and this was reflected in the year end position.

The balance within NH Communities mainly relates to underspends due to both vacancies and non pay. Recruitment issues continued from previous year with nursing and AHP experiencing the most vacancies.

Mental Health Services ended the year with a £0.008m underspend; whilst this position shows breakeven, a pressure of £1.200m relating to the FME service was the main outlier with underspends in nursing vacancies pulling the position back to breakeven.

Primary Care showed an underspend of £0.023m. Pressures in prescribing and locum usage (2c Practices) continued throughout the year with vacancies in the Dental service mitigating the pressure.

Within HHSCP Support Services, costs for Covid-19 were fully funded by the Scottish Government as well as slippage on the CIP target being covered.

Savings

NHS Highland identified a savings challenge of £32.900m to deliver a balanced position at the start of the year. Whilst there was some significant delivery of savings from the Division, additional support from the SG at the end of the year was required to deliver a breakeven position.

Conclusion

HHSCP financial position completed the year end with an overspend of £0.791m. This position reflects costs and funding associated with covid and funding to cover slippage against the CIP.

Governance Implications

Accurate and timely financial reporting is essential to maintain financial stability and facilitate the achievement of Financial Targets which underpin the delivery and development of patient care services. In turn, this supports the deliverance of the Governance Standards around Clinical, Staff and Patient and Public Involvement. The financial position is scrutinised in a wide variety of governance settings in NHS Highland.

Risk Assessment

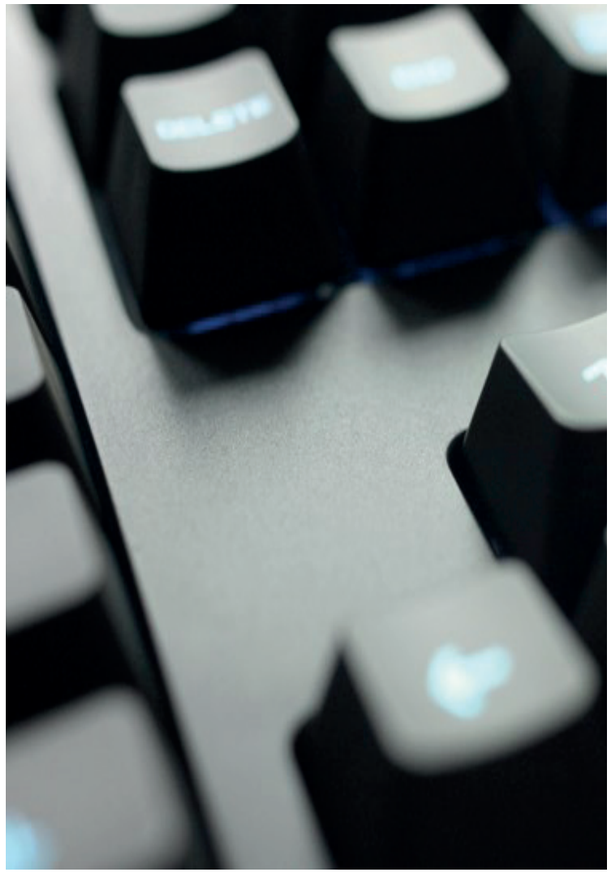
Risks to the financial position are monitored monthly. There is an over-arching entry in the Strategic Risk Register.

Planning for Fairness

A robust system of financial control is crucial to ensuring a planned approach to savings targets – this allows time for impact assessments of key proposals impacting on services.

Engagement and Communication

The majority of the Board's revenue budgets are devolved to operational units, which report into two governance committees that include staff-side, patient and public forum members in addition to local authority members, voluntary sector representatives and non-executive directors. These meetings are open to the public. The overall financial position is considered at the full Board meeting on a regular basis. All these meetings are also open to the public.



Appendices
Finance Table

Services category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Out-turn £000's	Forecast Variance £000's
Older People - Residential/Non Residential Care	14,717	14,717	12,702	2015	12,702	2015
Older People - Care Homes (In House)	32,042	32,042	32,004	39	32,004	39
Older People - Care Homes (ISC/ SDS)	1132	1132	913	219	913	219
Older People - Other Non-Residential Care (In House)	1252	1252	1094	158	1094	158
Older People - Other Non-Residential Care (ISC)						
Total Older People - Residential/ Non Residential Care	**49,143**	**49,143**	**46,713**	**2430**	**46,713**	**2430**
Older People - Care at Home						
Older People - Care at Home (In House)	14,607	14,607	13,832	775	13,832	775
Older People - Care at Home (ISC/SDS)	14,813	14,813	16,725	(1912)	16,725	(1912)
Total Older People - Care at Home	**29,420**	**29,420**	**30,557**	**(1137)**	**30,557**	**(1137)**
People with a Learning Disability						
People with a Learning Disability (In House)	4161	4161	3611	549	3611	549
People with a Learning Disability (ISC/SDS)	30,474	30,474	32,754	(2280)	32,754	1320
Total People with a Learning Disability	**34,634**	**34,634**	**36,365**	**(1731)**	**36,365**	**1869**
People with a Mental Illness						
People with a Mental Illness (In House)	463	463	363	100	363	100
People with a Mental Illness (ISC/SDS)	7271	7271	7388	(117)	7388	(117)
Total People with a Mental Illness	**7734**	**7734**	**7751**	**(17)**	**7751**	**(17)**
People with a Physical Disability						
People with a Physical Disability (In House)	1057	1057	745	312	745	312
People with a Physical Disability (ISC/SDS)	5837	5837	6946	(1109)	6946	(1109)
Total People with a Physical Disability	**6895**	**6895**	**7691**	**(797)**	**7691**	**(797)**
Other Community Care						
Community Care Teams	6882	6882	6184	698	6184	698
People Misusing Drugs and Alcohol (ISC)	31	31	21	10	21	10
Housing Support	5829	5829	5724	104	5724	104
Telecare	852	852	655	197	655	197
Carers Support	1000	1000	1000	(0)	1000	(0)
Total Other Community Care	**14,595**	**14,595**	**13,585**	**1010**	**13,585**	**1010**
Support Services						
Business Support	1632	1632	1473	159	1473	159
Management & Planning	(1398)	(1398)	873	(2271)	873	(5871)
Total Support Services	**235**	**235**	**2347**	**(2112)**	**2347**	**(5712)**
COVID	**8416**	**8416**	**8416**	**(0)**	**8416**	**(0)**

table continued overleaf

Services category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Out-turn £000's	Forecast Variance £000's
Total Adult Social Care Services	**151,071**	**151,071**	**153,426**	**(2355)**	**153,426**	**(2355)**
ASC Services now integrated within health codes	**4064**	**4064**	**4064**	**0**	**4064**	**0**
Total Integrated Adult Social Care Services	**155,136**	**155,136**	**157,490**	**(2355)**	**157,490**	**(2355)**

National Outcome Report

Key for all tables	
Benchmark is Scottish Average or local average where known Comparison benchmark is Scottish Average	
Performance is improving	G
Performance is stable	A
Performance is declining	R

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE	DATA CURRENCY
1.1	Percentage of adults able to look after their health very well or quite well	To maintain or increase	95% (2015/16)	93% 2019/20	G	A	92.4% NH 90.9% Scot Decreasing trend	Current (Biannual Report 2021/22)
1.2	Emergency admission rate (per 100,000 population)	To reduce	10,971 (2014/15)	10,779 2020/21	G	G	9,997 NH 11,636 Scot	Current 2021

Outcome 2
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE	DATA CURRENCY
2.1	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	To increase	83% (2015/16)	81% 2019/20	G	G	86.5% NH 78.8% Scot	Current (Biannual Report 2021/22)
2.2	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	To increase	77% (2015/16)	75% 2019/20	G	A	72.1% NH 70.6% Scot Dec. trend	Current (Biannual Report 2021/22)
2.3	Readmission to hospital within 28 days (per 1,000 discharges)	To reduce	92 (2014/15)	116 (2020/21)	R	R	113 NH 110 Scot	Current 2021

Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
3.1	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	To increase	73% 2015/16	74% 2019/20	G	A	71.9% NH 66.4% Scot Inc. trend	Current (Biannual Report 2021/22)
3.2	Percentage of adults receiving any care or support who rate it as excellent or good	To increase	83% 2015/16	80% 2019/20	G	G	83.0% NH 75.3% Scot Inc. trend	Current (Biannual Report 2021/22)
3.3	Percentage of people with positive experience of the care provided by their GP practice	To maintain	89% 2015/16	79% 2019/20	G	A	77.2% NH 66.5% Scot Dec. trend	Current (Biannual Report 2021/22)
3.4	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections and proportion graded 5 or above	To increase	76.8% 2015/16	83% 2019/20	G	G	80.3% NH 75.8% Scot	Current 2021/22

Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
4.1	Delayed hospital discharges for service users residing within areas covered by ISC C@H providers	ZERO	20 Total 13 IMF 7 N & W	N/A		A	20 Total 17 IMF 3 N & W	Current
4.3	Emergency bed day rate (per 100,000 population)	To reduce	116,910 2014/15	95,155 2020/21	G	A	106,529 NH 109,429 Scot Inc. trend	Current 2021
4.4	Falls rate per 1,000 population aged 65+	To reduce	17 2014/15	21 2020/21	G	G	14.5 NH 23.0 Scot	Current 2021
4.5	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	To increase	85% 2015/16	80% 2019/20	G	G	84.3% NH 78.1% Scot Inc. trend	Current 2021/22

Outcome 5

Health and social care services contribute to reducing health inequalities.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
5.1	Premature mortality rate (per 100,000 population)	To decrease	374 2014/15	527	G	A	413 NH 471 Scot Dec. trend	Current 2021
5.2	People who have dementia will receive an early diagnosis: maintain the proportion of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources	To increase	N/A		G	G	2284	Last published 2019/20 ?

Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
6.1	Percentage of carers who feel supported to continue in their caring role	To increase	37% 2015/16	34% 2019/20	R	R	28.7% NH 29.7% Scot Dec. trend	2021/22

Outcome 7

People using health and social care services are safe from harm.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
7.1	Percentage of adults supported at home who agree they felt safe	To increase	84% 2015/16	83% 2019/20	G	G	86.0% NH 79.7% Scot Inc. trend	Current Biannual Report 2021/22

Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
No current measures								

Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
9.1	NHSH make payment of the C@H tariff rate within 28 days of receipt of a valid invoice	To increase	83.34%			G	89.56%	2018/19 measure no longer valid

Agenda Item 13b

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**November 2022**
Title:	**Argyll and Bute HSCP Annual Performance Report 2021/22**
Responsible Executive/Non-Executive:	**Fiona Davies Chief Officer**
Report Author:	**Stephen Whiston Head of Strategic Planning Performance and Technology**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

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

2 Report summary

2.1 Situation

The Argyll and Bute IJB receive the Annual Performance Report for the HSCP each year covering the previous years performance allowing comparison to previous years. There have been three Annual Performance Reports, covering 2016/17, 2017/18, 2018/19 however the 2019/20 report publication was initially postponed due to the pandemic and a condensed report was considered.

The required content of the report is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014
http://www.legislation.gov.uk/ssi/2014/326/contents/made

The report is presented to NHS Highland Board for its awareness as it has been approved by the Integration Joint Board of Argyll and Bute.

2.2 Background

The 2021/22 IJB APR due to on-going impacts of the COVID-19 pandemic the IJB was advised that once again the report was unable to be published to the usual statutory timescale. This was in accordance with Part 3 of the Coronavirus (Scotland) Act 2020, and the IJB took the decision to postpone the publication of our Annual Performance Report to its 23rd November 2022 meeting.

The draft report has been considered and approved at the HSCP Strategic Leadership Team and Strategic Planning Group prior to submission to the IJB.

As per guidance the annual performance report must include the following:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Assessment of performance in relation to the Partnership's Strategic Plan
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value
- Information about Localities
- Details of Service Inspections
- Details of any review of the Strategic Plan.

However, the 2021/22 Annual Performance Report correctly focuses on how the HSCP continued to respond to the pandemic, and also its continuing work on remobilisation of normal services and the vaccination programme.

Performance activity against the National Health and Well Being outcome indicators is presented for reference using available date in the 2021/22 calendar year as directed by the SGHD and should be noted accordingly.

2.3 Assessment

The performance report for 2021/22 aims to illustrate how the Argyll and Bute HSCP with all its partners continued to responded to the pandemic, remaining on an emergency only footing for health and social care as well as continuing remobilisation of services, implementing vaccination programmes and commencing work to address backlogs in services notably reducing waiting lists and waiting time for patients.

The 2021/22 Annual Performance Report includes charting the experience of our staff and communities in providing and accessing services in this financial year describing the continued changes in service delivery and partnership working with the aim to keep people safe and well in their communities.

The report also outlines the initial work agreed with the IJB to develop a new Integrated Performance Management framework within the HSCP in the next 12 months.

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

Included within the Annual Performance Report.

3.2 Workforce

Included within the Annual Performance Report.

3.3 Financial

Included within the Annual Performance Report.

3.4 Risk Assessment/Management

Included within the Annual Performance Report.

3.5 Data Protection

No impact on GDPR or current data sharing agreements.

3.6 Equality and Diversity, including health inequalities

As there is no change in policy and an equality impact assessment is not required.

3.7 Other impacts

Environmental and Co2 emission reduction actions are included within the Annual Performance Report.

3.8 Communication, involvement, engagement and consultation

Included within the Annual Performance Report.

3.9 Route to the Meeting

Approved by the Argyll and Bute Integration Joint Board 23rd November 2022

4 Recommendation

- **Awareness** – For Members' information only.

4.1 List of appendices

The following appendices are included with this report:

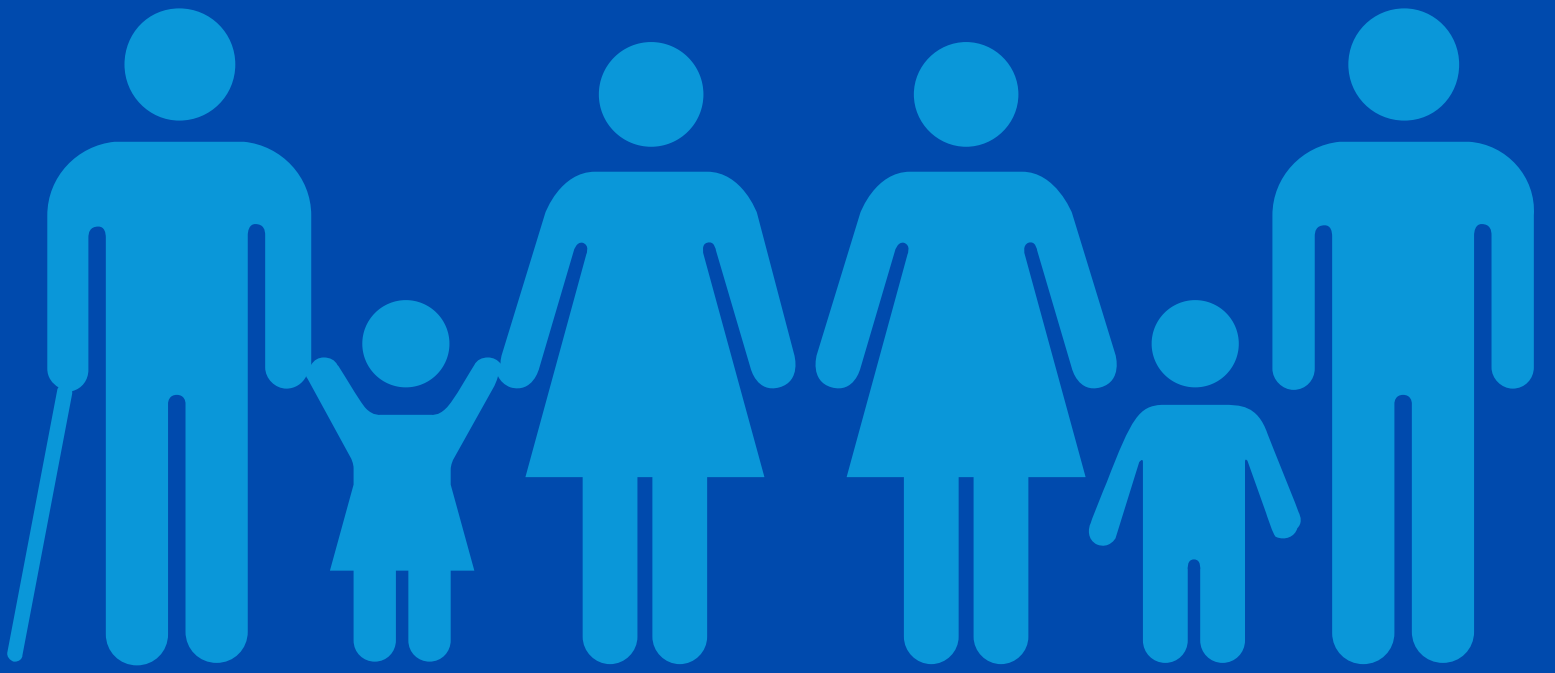
- Appendix No 1 – Argyll and Bute HSCP Annual Performance Report 2021/22

A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

2021 - 2022

ANNUAL PERFORMANCE REPORT





This document can be made available in a range of formats and languages, for contact details please see the last page of this document.

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Page 18 - 20	Performance, Management and Governance
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Appendices

Appendix 1
Health & Wellbeing Outcome Indicators 2021

Appendix 2
Health & Wellbeing Outcome Indicators Benchmarking 2021

Foreword

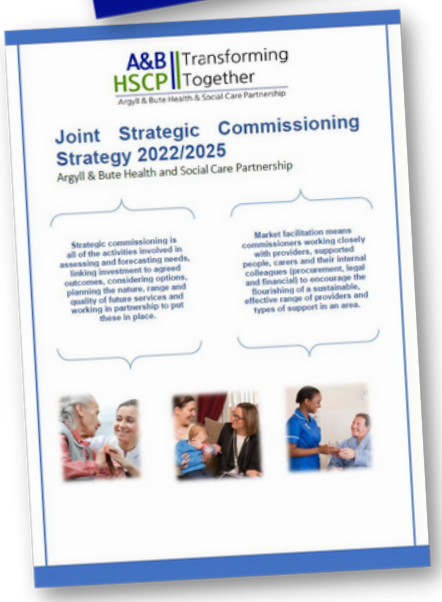
Argyll and Bute Health and Social Care Partnership has experienced another difficult year as a result of the Covid 19 Pandemic.

Our Staff, Partners, Carers and Volunteers continue to demonstrate the upmost dedication, hard work, resilience and commitment to our services. We appreciate the length of time we have now been working in response to the relentless challenges Covid 19 brings and are proud of what has been achieved. We continue to be thankful and grateful for everyone's efforts in these difficult times.

Within this year, services have begun to return to a new normal, and focused on remobilisation, basically catching up on activity lost. During the latter half of 2021, we have been out to consultation with our staff, independent and third sector and the public in preparation for the HSCP new Strategic Plan for 2022-2025 and the Joint Strategic Commissioning Strategy.



It was fabulous listening to the views of our communities and we look forward to further engagement in the future to ensure that we plan and deliver services which enables the people of Argyll and Bute to live longer, healthier and independent lives.





Sarah Compton-Bishop
Chair of Argyll & Bute Integration Joint Board



Fiona Davies
Chief Officer of Argyll & Bute HSCP

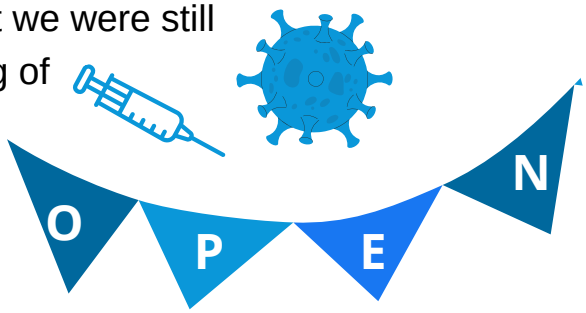
Introduction

Welcome to Argyll and Bute's Annual Performance report for the year 2021 as required by Public Bodies (Joint Working) (Scotland) Act of 2014.

This document sets out how the Health and Social Care Partnership (HSCP) has performed and builds on the information published within previous reports and to provide progress around our remobilisation out of the Covid 19 pandemic.

The HSCP is a complex organisation bringing together a range of partners, services and substantial financial resources. The partnership is responsible for meeting local and national objectives and it is therefore important that we publically report on how we are performing against the agreed outcomes that we aspire to.

The Annual Performance report provides an opportunity to reflect on the past year. A year that was extremely challenging yet we were still able to celebrate achievements like the opening of the Marshall Unit on the Isle of Bute, and the immense effort and success of the vaccination programme.



It is important to remember that the circumstances related to the pandemic have influenced the progress of some of our transformation plans and also our performance in some areas throughout the year.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Remobilisation



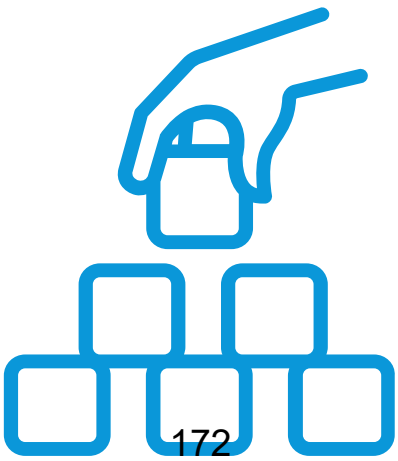
Throughout 2021 the HSCP continued to work hard to 'remobilise' and return to delivering services at full capacity in an accessible, patient centred and sustainable way.

Acute activity delivered across Argyll & Bute from and within Lorn & Islands Hospital and outreach from NHS Greater Glasgow & Clyde was increased, and our 12 week waiting times performance returned to pre-pandemic levels. Waiting list validation and management was a priority and additional clinics to improve waiting times further increased capacity within specialties where we previously experienced pressures. The Chronic Pain service which was a longstanding pressure began to be delivered Highland wide from the Fort William Belford Hospital, and in October 2021 we secured a visiting Gastroenterology specialist, reinstating this service to the HSCP. We do acknowledge a small number of specialties where we operated at lower than 100% capacity and the loss of service in some areas. We continue to work with NHS GGC and explore all options locally to improve accessibility.

Service change brought about by the Covid 19 pandemic and recruitment difficulties led to some challenges and for most specialties this meant a shift to a blend of face to face and virtual clinics. In 2021 the NHS Near Me video consulting service saw nearly 7000 consultations and more than 3800 hours in Argyll & Bute, a record number. Uptake remains high demonstrating sustained change in the way in which patient care is being delivered.

Wherever possible we maximised our Allied Health Professionals (AHP's) services to support consultant led activity. This allowed for service redesign through improved, patient centered pathways and in turn improving access times. In some of our hospital sites during 2021, advanced physiotherapy practitioners triaged and treated patients referred to the orthopaedic consultant where this was clinically appropriate.

Based on the success of this the HSCP will look to progress a complete redesign of the orthopaedic service and this will be done during 2022.
This year we had also planned to introduce a centralised appointing service to standardise outpatient clinic access, improve accessibility and patient care. Due to other priorities this will now be progressed in 2022.



Key achievements

Dialysis Isle of Bute

On the 11th November 2021, the HSCP welcomed it's first Dialysis patients into the new Marshall Unit in the Victoria Hospital Rothesay, Isle of Bute.



The community of Bute had been fundraising for a number of years for a dialysis unit to prevent the difficult journey for patients 3 times a week to Inverclyde.

The HSCP has been incredibly fortunate to receive the full amount of funding required to fund all the capital costs of the project from both the Dr J N Marshall Trust and the Bute Kidney Patients Support Group.



The Unit is now operational 6 days a week and employs 4 Dialysis nurses. There are 3 dialysis machines and chairs within the Unit. Patients are enjoying the benefits of less travel to receive treatment and less disruption in bad weather from ferry cancellations.

Overall, this has been a tremendous effort from the local community and the population of Bute will benefit from this service for years to come.

Vaccination Programme

Following the development of safe vaccines to protect the population from the devastating impact of Covid 19 the HSCP had to quickly mobilise services to vaccinate the population.

The delivery of the programme brought challenges like nothing faced before. Dedicated staff ensured we meet these challenges to reduce the impact of Covid 19 on those most at risk, and was therefore essential that Argyll and Bute had effective plans in place to deliver Covid 19 vaccines to protect those most at risk, prevent ill health in the community and minimise further pressure on the NHS and social care services.

Logistics around the vaccine supply chain, transport and storing of the vaccine all took careful planning, especially to our Island communities.

The HSCP postponed any non urgent work prioritising the rapidly evolving situation. Communication and guidance was key for staff delivering vaccinations, working with the Scottish Government and developing programme command groups Argyll and Bute successfully ramped up the vaccination programme. The vaccination programme continues to hold vaccination clinics for first, second and third booster doses including children 5-11 in Argyll and Bute.

The table below details the success to date and how many people in each age category have vaccines. The 5-11 figures are different as only immunosuppressed children should have had primary plus booster and vaccination of this cohort is ongoing mainly due to the restriction around children who have tested positive (there is a 12 week wait from that point before they can be vaccinated).

Co-hort	*Population*	*2 Vaccinations + Booster*	*2 Vaccinations*	*1 Vaccination*	*Not Vaccinated*
5 - 11 years	6157	18 (0.3%)	279 (4.53%)	685 (11.13%)	5175 (84.05%)
12 - 64 years	53962	40297 (74.6%)	11065 (20.5%)	2180 (4.03%)	420 (0.77%)
65+ years	22342	20845 (93.3%)	903 (4.04%)	77 (0.34%)	517 (2.3%)

Childrens Services

- We have engaged widely and published a new Children and Young People Service Plan, developed and published a new Corporate Parenting plan, developed a multi-agency approach in drafting and implementing a new Children Services Commissioning Plan. We have developed and gathered feedback survey to be circulated to S2 and S4 school pupils. This work is being implemented and is well established and is driven by a robust multi-agency approach

- Our 3 Children's Houses as well as our Adoption and Fostering Services are graded 5 (Very Good)

- 100% of our Young People leaving care in the last year were offered appropriate housing



- We have fully embedded all elements of the Universal Health Visitor Pathway and in line with "Best Start" we provide continuity of Midwifery care to women across Argyll and Bute

- We are using the Model for Improvement to test the use of assessment tools and interventions aimed at supporting Children to reach their developmental milestones at 13 – 15 months and 27 – 30 months

- We are also using the Model for Improvement to test methods to ensure multi-agency chronologies are in place for Children and Young People following an Initial Referral Discussion (IRD) where the decision is to progress to child protection procedures

- We have initiated a redesign of the Child and Adolescent Mental Health Services (CAMHS) including the deployment of additional staffing which will ensure a clear and accessible pathway is available to all young people in secondary school

- We have developed GIRFEC (Getting It Right For Every Child) infomercials by young people for use in schools to promote understanding of the Named Person role and the National Well-being indicators

Child Poverty

- We have developed a Child Poverty Action Plan that sets out what we are doing locally to tackle child poverty; we review this every year. This plan and other actions are guided by a multi-agency Child Poverty Action Group

- We have engaged with children and young people via School Councils to gain their ideas and views of the plan. We have produced child friendly versions of the plan.We look to engage with community groups and are currently doing this, for example, via the Living Well networks

- Community and staff awareness of child poverty is important, as is their knowledge of how it is being tackled in Argyll and Bute. We use events like Challenge Poverty Week to get information out via media posts and other methods. We have also developed a Council Child Poverty Website that provides information on the plan and links to key sources of support relating to housing, benefits, employability, domestic abuse etc



- We recognise the importance of the third sector in tackling child poverty and a number of key agencies are represented in the CPAG and contribute to planned work, for example ALIenergy and Third Sector Interface (TSI)

- We know that training to raise the awareness of staff about poverty is important; they need to be able to respond to service users with empathy and respect. It is also important for them to be able to ask the difficult money questions well and signpost people to where they can get support and the right kind of advice.Money Counts training has been developed for use in Argyll and Bute and will be rolled out to a wide range of staff.We have also commissioned Awareness Raising Training and this should begin to be rolled out to staff in 2022

- We look to act across a wide range of areas, such as housing, food and fuel poverty, by having a broad range of members from those sectors. We recognise that employability and benefits are important areas and these are represented in CPAG

Child Protection

- CPC has continued to deliver child protection training via Microsoft Teams and monthly CPC chat lead by Lead Officer CP has continued , which promotes communication between CPC and frontline staff and managers
- DA Pathway launched , audited and now embedded
- New information leaflets designed by children via a competition in schools
- Young Person Support & Protection protocol review initiated and staff and young people consulted via survey
- Reflect & Learn concept approved and 2 have been carried out so far this year
- Audit activity has continued with 8 weekly audit of IRD and 1 CP Plan audit
- Communications to children and parents/carers re. National 'For Kid's Sake' campaign ran twice and online safety campaigns
- Advocacy work has continued for children on the CPR



Adult Support and Protection

- A range of training and development activity took place for Council Officers and we provided training on Defensible Decision Making; Modern day slavery; Older adult abuse and presented a Large Scale Investigation (LSI) Learning event
- Contributed to the Multi-agency Risk Assessment Conferences (MARAC) awareness training
- Provided a biannual Committee Development Session
- Ensured staff protected on investigations etc, and noted no real fall in referrals and activity
- Produced a Monthly Newsletter on issues pertinent to ASP
- Addressed financial harm, establishing an APC sub-group and ensuring regular information on the subject
- Focused development of AP multi –agency awareness



Violence Against Women and Girls

- The VAWP has developed its membership and now includes a wide range including; Police, Fire and Rescue, Colleges and Universities, Health, Social Care, Housing, Education, Adult and Child Protection and key third sector partners

- The VAWP Lead and Chair are working with the Community Justice Lead to ensure that the work of the partnership is properly integrated into the Argyll and Bute Community Justice Plan

- The VAWP has supported and advised on the introduction of a Domestic Abuse Policy for Council employees and the introduction of a Domestic Abuse Pathway



- The need for the introduction of the Safe and Together Model to Argyll and Bute services has been promoted to the Chief Executive, Head of the HSCP and Heads of Service and has been agreed as a key area of development. A bid was submitted to the Developing Equally Safe Fund to achieve this and this was successful; £68,582 was granted and will cover a Safe and Together initial roll out. It will also cover a wide range of other training including: Routine Enquiry, Awareness Raising, Working With Men and Harmful Traditional Practices. This will take place over a period of 2 years from mid October 2021. Also encompassed in this work will be a research project that will look at the effectiveness of these actions and the views of lived experience people, staff, managers and perpetrators

- A VAWP led group is looking at the issue of domestic abuse and women and girls with learning difficulty and is currently identifying training and practice issues

- The work of the MARAC continues to be developed and is enhancing the safety of those women at highest risk of domestic violence. A further roll out of training on the DASH model of assessment is planned

- The 16 Days of Action were marked by a range of local actions including the lighting up of Statues and Buildings and a poster competition within schools

Community Justice

- Contributed funding to a two year research project led by the Violence Against Women & Girls Partnership which will include understanding victims experiences and additionaly review the behaviors of men who perpetrate violence against women and girls



- We have analysed the connections between Justice Social Work delivery and Community Justice developing a draft improvement plan for 2022-2024
- Secured funding from the Corra Foundation to review our prison Custody to Community Pathway
- Developed strategic links into the Alcohol & Drugs, Community Safety and Violence Against Women & Girls Partnerships
- Developed strong partnership working with the national body Community Justice Scotland
- Undertaking a review of the Community Justice Partnership to refresh our focus in light of the new national Justice Strategy and the pending Community Justice Strategy

Public Health

- An annual report of activity for 2020-21 is published here (ablivingwell.org)
- Conducted a scoping exercise by engaging with staff to complete a survey designed to identify gaps in knowledge around health screening (50 frontline Mental Health and Learning Disability staff and 19 Primary Care staff completed the survey)



- Supported the implementation of the Scottish Government 'Every Life Matters' Strategy on Suicide Prevention, within the heightened economic and social pressures felt by individuals throughout the Covid 19 pandemic
- Supported the completion of the Equalities Outcome Framework mainstreaming report to meet the Scottish Specific duties of the Equality Act and refreshed the Equalities Outcomes in partnership with Argyll and Bute Council and NHS Highland in summer 2021
- Developed a Joint Strategic Needs Assessment for the Joint Strategic Plan and Joint Strategic Commissioning Strategy
- 73 successful smoking quits were recorded by the Stop Smoking Advisors using technology and innovative approaches to deliver their service

Adult Care-Older Adults/Adults and Hospitals

- Development of a robust assurance function for care homes and care at home service. This included the development of a Care Home Task Force a partnership with care homes and colleagues across the HSCP/NHS/Council

- Establishment of an Adult Planning and Development Group to establish an agreed strategic vision and operational delivery of adult services and a refocus of the Care Homes and Housing work-stream to identify the need and direction of commissioning for the future

- Establishment of an Older Adult and Dementia Reference Group to ensure community engagement becomes part of the overall planning and development process

- Re-establishment and redesign of day services providing a focus on critical respite for unpaid carers

- Establishment of a Care at Home Strategy Group with a short term and longer term action plan taking account of immediate pressures and to plan for future development

- Agreed proposals to permanently fund a 24 hour responder service with agreement that solutions are required for our island communities

- Appointment of an Unscheduled Care Lead to ensure all elements of hospital discharge and prevention of admission are standardised and integrated

- Initial work is taking place to establish plans for the islands, taking account of the Island's Act and developing unique island solutions beginning with conversations on Coll, Mull and Tiree



- Implemented the Enhanced Community Dementia Team model in 3 localities within Argyll and Bute. Developed an operational framework for the service and recruited key posts to develop the Enhanced Service. This key service is still developing

Learning Disabilities Service



- Development of additional Core and Cluster models across A&B for Learning Disability services
- Initiated the review and redesign of internal LD Day Services staffing structures across Argyll and Bute, to ensure equity and consistency across locations and ensuring they are fit for the future
- Increased oversight and voice of LD & Autism services following the HSCP management restructure
- Improved our communication and engagement with communities and service users, through the newly established HSCP Engagement Framework
- Improved management of transitions cases through re-establishment of the Disability Transitions Group and better transition links with schools

Mental Health



- Completed a review of our Community Mental Health Teams recommendations of which (still subject to approval) will be actioned via our Mental Health and Dementia Steering group
- Identified resource to deliver the Wellness Recovery Action Planning (WRAP) approach to enable people to self-manage their mental wellbeing
- Islay trial of 'Near Me' the use of video consultation to support primary care mental health workers and clients
- Agreed a new locality based consultant model of care

Primary Care

- Pharmacotherapy teams are in place to provide a new medicines management service within most GP practices in each locality. Teams comprise of pharmacists and pharmacy technicians. A remote hub model has been created in Helensburgh

- A plan for a primary care nursing team with posts located either in community hospitals or in GP practices has been agreed in consultation with individual GP practices to support community treatment and care and vaccination transformation within existing primary care modernisation funding

- First Contact Practitioner Musculoskeletal Physiotherapists are in post are providing a service to some practices in each locality and to remote and island GP practices



- A Primary Care Mental Health Service is now operational for some GP practices in all localities providing time limited intervention for patients with common mental health problems. There is a monthly average of 90 patients now referred to this service

- Merged the GP Practices on the Isles of Mull and Iona and recruited GPs to the new Mull and Iona Medical Group under an independent General Medical Services Contract

- Undertaking a review of the strategic plan for the provision of primary medical services for the patients of Kintyre Medical Group

- Creation and implementation of 3 Whole Time Equivalent (WTE) Advanced Practice Anticipatory/Emergency Care Nurses working in partnership across 5 GP Practices within Helensburgh and Lomond Locality

- Established locality wide GP Out of Hours (OOHs) services in all mainland areas, centred on the local hospital. Continued to support the single island service on Islay

- A 3 year contract to commission a Community Link Worker service for 10 GP practices in Argyll and Bute has been awarded to We are With You (formerly Addaction). The service will take referrals from primary care teams and use a person-centred social prescribing approach to strengthen the link between primary care, other health services, and community resources

Alcohol and Drug Partnership

- Recovery communities expanded their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activates

- Links have been strengthened through the creation of a Recovery Steering Group which aims to represent all of the Recovery Communities and develop a collective voice on their behalf

- Both ABAT and WAWY have staff trained to distribute Naloxone to individuals & their family members. Both teams also provide Injecting Equipment Provision (IEP) utilising outreach and click & collect approaches

- The existing school-based support service has continued, though the service has had to adapt due to Covid 19 restriction, with access to the schools limited in many cases. Services have been innovative in their use of social media, instant messaging, text, phone video-conferencing and meeting outside of school grounds



- The Custody to Community Pathways for people leaving Prison and returning to Argyll & Bute are aimed at ensuring all are provided with Naloxone on liberation

- WAWY introduced online Mutual Aid Partnership (MAP) group sessions three times per week. They also offered safe distanced walk & talk sessions with people who are unable to engage by phone/digital. Where required they carried out doorstep welfare checks when they were unable to make remote contact with people

- Where appropriate prison addiction staff contact ABAT to continue clinical treatment in the community. This approach has worked well for the continuation of prescribed methadone and buprenorphine

- MAT Standards will be piloted in Cowal and Bute with a new team being recruited

Allied Health Professionals



- AHP leaders and the teams work above and beyond to provide high quality clinical care despite challenges
- AHP's view themselves as having a role in prevention and early intervention and are striving to increase their input earlier in patient's lives to either prevent or minimise impact of illness, disability or injury
- AHP's are core members of the multi-disciplinary team and have enhanced MDT working significantly into primary care in the last three years
- AHP's are currently one of the first within NHS Scotland boards to develop and carry out establishment setting
- Increased our rehabilition skills in all areas to support major trauma, long-term conditions and neurological conditions and diseases
- Recruitment of a Housing OT to support assessments for adaptations to individual housing

Carers



- Worked with Carer Services to implement the Caring together Strategy
- Recruited a Carers Act Officer and a Young Carers project assistant
- Carried out contract reviewing and monitoring
- Built capacity within the enhanced performance team
- Updated our Young Carers Statement
- Increased the visibility and awareness of unpaid carers and the support they provide
- Carried out a consultation on Respite and Short breaks
- Linked with the Carers Census

Technology Enabled Care (TEC)

- Ensured stock levels are sufficient to minimise the risk of not having appropriate equipment
- Allocated resource (People and finance) for the investment required in the Analogue to Digital Project
- Continue to support planning for role out of services in Social Care
- Continue to progress roll out within urgent care
- Liaise with North Highland and national colleagues in promoting digital care
- Work in partnership with Commissioned Services to better understand pressures they face and find joint solutions
- Work with planning colleagues to ensure Near Me remains part of Remobilisation Planning and re designing clinics.



Digital Health & Care Strategy

- Responded to the pandemic by expanding and enhancing our IT infrastructure to facilitate home/hybrid working in 2021/22 for our HSCP staff in the council and NHS.
- Strengthening resilience in the up time and performance of IT network to ensure service resilience, security and delivery.
- Increased the uptake and use of Technology Enabled Care (TEC) by clients and patients including expanding the use of the “Near Me” video consultation platform for mental health, primary care and community services.
- Completed the procurement and commenced the implementation of our replacement social work and community health IT system with the new “Eclipse” system as at a cost £465,000
- Replaced and modernised our 7 hospital switchboard to provide enhanced digital functionality and reduced our telephone costs.



Performance Management and Governance



The National Health and Wellbeing Outcomes continue to provide a strategic framework for the planning and delivery of health and social care services.

These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland. A full breakdown of all the Outcomes, Indicators and our local indicators is available in Appendix 1.

COVID 19 Performance Reporting

Much of the statutory performance data for 2021 continued to be affected by the Covid 19 pandemic, with the gradual emergence from the last of the restrictions across the summer period. This slow recovery was delayed later in the year with the arrival and impact of the OMICRON variant across Scotland. The effect of this new variant with regards to performance reporting was most significant from October through to December and into the start of 2022. Within the HSCP mitigating actions were put in place with the reintroduction of Daily Management Huddle to support recovery and take action as required. Additional resource was used during this time to continue to ensure the staffing and delivery of Care at Home and in the community, alongside support to Care Homes and discharge from hospital.

Remobilisation Performance Reporting

Throughout 2021 there was a return to previous performance reporting with regards to the Integration Joint Board, local and national performance reporting. The focus of the reporting for the IJB was on the remobilisation of services against the NHS Highland Remobilisation Plan, this used the Framework for Clinical Prioritisation, framing the remobilisation of services against 6 key principles within a Covid 19 operating environment as below:

1. The establishment of a clinical priority matrix – as detailed below, at the present time NHSGG&C & NHS Highland are focusing on the P1 & P2 category:
2. Protection of essential services (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)
3. Active waiting list management (Consistent application of Active Clinical Referral Triage (ACRT) and key indicators for active waiting list management, including addressing demand and capacity issues for each priority level)
4. Realistic medicine remaining at the core (application of realistic medicine, incorporating the six key principles)
5. Review of long waiting patients (long waits are actively reviewed (particularly priority level four patients)
6. Patient Communication (patients should be communicated with effectively ensuring they have updated information around their treatment and care)

This report included activity reporting for Argyll & Bute Health & Social Care Partnership, NHS Highland Board and Greater Glasgow and Clyde.

Key Performance Overview 2021

Homecare



The data trend for the overall number of people in receipt of homecare across all age groups notes a relatively flat trajectory from Jan- April with a sustained uplift in both planned hours and people in receipt of care at home between May and August. From September there is a declining trend, which in part may be attributable to the emergence of the OMICRON variant. This continues into 2022. With regards to homecare hours, the declining trend from August to December notes a 4% reduction in care hours.

Residential Care

Comparing the average numbers of care home residents for 2020, to 2021 notes a 2% reduction, across 2021 there is a slight upward trend in the number of residents from August to October with a 3% reduction from November to December this again may be in part attributable to the emergence of the OMICRON variant continuing into 2022.

Mental Health



Mental Health Services reported consistent levels of new referrals for services in 2021. However, Emergency Mental Health Bed Days reports a reduction of 24% from 2020 levels. There was an increase in patients waiting to be seen for CAMHS service as at Dec 2021, up by 22% on the previous year's period, with 61.3% waiting more than18 weeks, up slightly from 58.6% in 2020. Statutory Mental Health activity across 2021 noted consistent levels in activity across calendar year period. With regards to the types of statutory activities; Consent to Short Term Detention, Supervision of Guardianship, Reports for Adults With Incapacity (AWI) Application and Consent to Emergency Detention were noted as having the largest impact across staff workloads.

Delayed Discharge



Delayed Discharge data across the period 2020 noted consistently high number of those waiting to be discharged form hospital against target and the previous year performance. July has seen the highest number of delays in hospital with a 23% increase against the average for the year, alongside this October noted the highest bed days used with a 26% increase against average. Delayed discharges remained high through the months of November and December with associated longer recorded bed days. January to May noted a reducing overall trend in bed days suggesting more activity with quicker discharge, this trend slowed with an increased from June onwards with associated high numbers and bed days.

Waiting Times

With regards to service remobilisation and the continued reduction the waiting times the focus for the HSCP was on maintaining outreach services to A&B despite the ongoing service pressures being experienced nationally and utilising waiting times funding to reduce waiting times.



Key areas of work included:

- Utilising Advanced Physio Practitioners to support our Orthopaedic service and reduce the waiting times for patients.
- Working in Partnership with local Community Optometrist to
- provide shared care with the NHSGGC Consultant Ophthalmology service and develop a virtual Ophthalmology service fit for the future.
- Creating a centralised appointing service to improve patient pathways and ensure equity of access to care across all our hospital sites.
- Create a “Clean room” with sufficient airflow within Lorn Islands District General Hospital to repatriate ENT services back to Argyll and Bute as these were stopped due to Covid 19 risk of aerosol generating procedure required for Naeso Endoscopes.
- Continued use of virtual appointments

Benchmarking

Benchmark performance makes a comparison with the seven identified rural HSCP’s and the Scottish average. Performance across the 20 indicators, Argyll & Bute HSCP noted 10 (50%) indicators performing above the Scottish average. Performance against the other HSCP’s for these indicators notes that Argyll & Bute had an overall 55% success rate (Appendix 2)



Performance, Outcomes & Improvement

The HSCP is committed to openness and transparency in respect of performance reporting. Due to service pressures arising from the pandemic during 2021/22, there has been some disruption to reporting as the HSCP focussed on addressing the pandemic and re-mobilisation of services. A revised integrated performance management reporting framework is been designed and will be rolled out fully across 2022. The HSCP reviews its performance data and uses this to enable it to be responsive to emerging need and service pressures and to continuously improve and inform its strategic planning processes.

Financial Performance and Best Value



Financial Performance

The IJB is committed to the highest standards of financial management and governance. It is required to set a balanced budget each year and seeks to deliver Health and Social Care Services to the communities it serves within the envelope of resources available to it. Financial performance is reported in detail to the IJB at each of its meetings and to its Finance and Policy Committee which meets on a monthly basis. It also publishes its Annual Report and Accounts which are subject to independent external audit.

This section provides a summary of financial performance for 2021-22, our approach to ensuring that we deliver Best Value and outlines the future financial outlook and perceived risks.

Financial Performance 2021-22

The IJB set a balanced budget for 2021/22, and is delighted to be able to report a small underspend against the resources available to it and confirm that it was able to repay all of its debt. It is acknowledged that a number of factors contributed to this improved position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government.

The final revenue outturn for 2021/22 was an underspend of £682k against the resources available to the HSCP, which totalled £313m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2022/23 on service transformation. The other important aspect of financial performance during the year was that the HSCP was able to repay the full debt balance due to Argyll and Bute Council during the year, this totalled £2.8m. Argyll and Bute Council reduced the funding available to the HSCP to facilitate this repayment of debt. The following table summarises the financial performance against budget analysed between Health and Social Work related services.

Service	*Actual £*	*Budget £*	*Variance £*	*Variance %*
Social Work Services	**78,958**	**79,640**	**682**	**0.9%**
Health Services	**233,408**	**233,408**	**0**	**0%**
Grand Totals	**312,365**	**313,048**	**682**	**0.2%**

The budget for 2021/22 included a total savings target of £9.3m spread across 142 projects. As at the end of March 2022, £8.2m of the savings target was delivered. Of this total, £5.8m was delivered on a recurring basis. The shortfall was funded through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year as a consequence of the Covid 19 pandemic.

The HSCP recognises that it needs to continue to improve efficiency and deliver best value. It continues to manage its savings programme rigorously and recognises that this is critical to ensuring longer term financial sustainability and facilitating the implementation of our transformational objectives. The HSCP has a savings target of £6.0m for 2022/23, this includes £3.9m of new savings in addition to the carry forward of those projects which were not delivered in full during 2021/22.

Financial Outlook, Risks and Plans for the Future

The IJB has a responsibility to make decisions to direct service delivery in a way which ensure services can be delivered on a financially sustainable basis within the finite resources available to it.

There are significant on-going cost and demand pressures across health and social care services as a consequence of demographic change, new treatments, increasing service expectations and inflation. Managing these pressures are expected to result in an on-going requirement to improve efficiency and deliver savings.

Looking into 2023-24 and beyond, it is anticipated the Scottish public sector will continue to face a very challenging short and medium term financial outlook with significant uncertainty in respect of funding and the impact of high inflation. However, additional funding to the sector and proposed structural reform, is anticipated to better enable the HSCP to invest in service provision and deliver high quality services within the resources that will be made available. This presents an opportunity for the HSCP to improve the services it offers and address some of the challenges it faces.

The HSCP continually updates its forward financial plans to recognise and plan for the impact of new policy priorities, emerging cost pressures and funding allocations. Additionally, robust risk management processes are in place which seek to identify and quantify the financial risks facing the HSCP. Key risks currently facing the partnership include the sustainability of service providers, the impact of inflation, staff availability and costs, and increasing demand for services. A further key risks is in respect of the continuing management of Covid 19 and addressing the increased numbers of people awaiting diagnosis and treatment. We also need to work to address the length of time some people within our communities are having to wait for treatment.

The Annual Report and Accounts for the year provide further detail and analysis in respect of financial performance, financial risks and governance arrangements and improvement plans.

Best Value

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.

The governance framework represents the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity and in line with the principles of public service. The IJB has statutory responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its resources by ensuring that there is an appropriate governance framework in place and by having an appointed Chief Financial Officer who is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board. The IJB is also required to publish audited annual accounts each year.

Best Value underpins the ethos of governance and financial management within the IJB, a summary of performance against the 8 best value themes is given overleaf:

8 BEST VALUE THEMES

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the new Strategic Plan and the new Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these key documents which set the strategic priorities of the IJB.

Governance and Accountability

The IJB has significantly improved its governance and seeks to continually develop and improve in response to emerging good practice and independent audit review. It has made excellent progress in implementing its governance improvement programme to ensure it operates in an open and transparent way. Support for the system of governance is provided by Argyll and Bute Council this ensures that it is properly administered. Comprehensive and clear Board minutes and papers continue to be published and meetings are open to the public.

Effective use of resources

The Finance & Policy Committee of the Board meets regularly in order to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. NHS Highland has implemented a formal Project Management Office approach to delivering savings projects and their methodology has also been extended to the full savings programme. Better financial management and governance has been a priority for a number of years, and this has contributed to the much improved financial position the HSCP is now in.

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP works closely with third sector partners and its commissioned service providers by holding regular meetings with key care home and care at home providers. It has been commended by these stakeholders for this. This has continued throughout the year and illustrates the ethos of partnership working. A further example of this partnership working during 2021/22 was the high levels of engagement from partners in the development of the Commissioning Strategy and the new Strategic Plan

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed through to the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. Most recently this has been demonstrated in the high levels of engagement in the development of the Commissioning Strategy and the Strategic Plan.
A commitment to co-production is an underlying theme and work is now underway to develop new models of responsive service delivery with community based partners.

Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. It aims to provide critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

Sustainability

The Covid 19 pandemic has created an opportunity to further develop remote working, which has significantly reduced travel, for both staff and service users. There has been extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams. Other developments such as a project to trial the use of drones for transporting items such as laboratory samples from islands and remote areas and the electrification of the fleet are first steps in delivering upon carbon reduction targets. There has also been close working with commissioned providers to try and ensure their financial sustainability, particularly for loss of income and extra costs due to Covid 19.

Performance, Outcomes & Improvement

Reporting on performance has continued during the last year, however, health and care activity has reduced due to the impact of managing the covid pandemic and this has resulted in increased waiting times and increased un-met care needs. The HSCP is working to increase activity to pre-pandemic levels and address the backlog. It reports on progress to the IJB regularly and it is intended that this reporting will be further improved as the integrated performance reporting regime is implemented.

A&B HSCP | Transforming Together

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Websites

https://argyll-bute.gov.uk/health-and-social-care-partnership

About Argyll & Bute (scot.nhs.uk)

Twitter

https://twitter.com/abhscp

Facebook

https://www.facebook.com/abhscp

Appendix 1
Health & Wellbeing Outcome Indicators 2021

IJB Performance Scorecard

Outcome 1 - People are able to improve their health	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-1 - % of adults able to look after their health very well or quite well	96.0%	93.0%	93.0%	93.0%	93.2%	90.8%	90.9%
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	82.0%	76.0%	76.0%	76.0%	72.5%	66.9%	70.60%
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	81.0%	72.0%	72.0%	72.0%	73.7%	66.0%	66.40%
NI-16 - Falls rate per 1,000 population aged 65+	26.0	26.0	26.0	23.0	25.3	27.8	23
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages				45.7%	45.6%	43.2%	31.0%
NI-13 - Emergency Admissions bed day rate	107,343	107,548	108,883	109,759	94,863	104,253	109,429
Outcome 2 - People are able to live in the community	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
MSG 1.1 - Number of emergency admissions - A&B	8,716	9,046	9,003	9,111	7,563	8,343	8,509
MSG 2.1 - Number of unplanned bed days acute specialties - A&B	65,707	65,030	67,060	66,706	55,378	65,414	57,139
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	13,034	13,755	14,623	12,676	13,048	10,232	15,896
MSG 3.1 - Number of A&E attendances - A&B	16,130	16,026	16,912	17,784	12,671	17,083	16,960
MSG 6.1 - % of 65+ population at Home (unsupported) - A&B	7.8%	7.9%	8.0%	7.9%	7.9%	7.5%	8.1%
A&B - % of LAC who are looked after at home or in a community setting				82.4%	80.6%	83.6%	90.0%
Outcome 3 - People have positive service-user experiences	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-2 - % of adults supported at home who agree they are supported to live as independently	84.0%	79.0%	79.0%	79.0%	79.9%	75.0%	78.8%
NI-5 - % of adults receiving any care or support who rate it as excellent or good	82.0%	80.0%	80.0%	85.0%	78.3%	68.6%	75.3%
NI-6 - % of people with positive experience of their GP practice	91.0%	85.0%	85.0%	85.0%	84.5%	77.6%	66.5%
MSG 3.2 - % A&E attendances seen within 4 hours - A&B	95.0%	93.5%	93.4%	91.7%	92.9%	88.4%	95.0%
CA72 - % LAAC >1yr with a plan for permanence	88.0%	100%	65.0%	85.2%	65.4%	36.1%	81.0%

Outcome 4 - Services are centred on quality of life	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	87.0%	74.0%	74.0%	74.0%	76.50%	76.7%	78.10%
NI-12 - Rate of emergency admissions per 100,000 population for adults	12,145	12,617	12,678	11,353	10,790	11,960	11,636
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	80.0	87.0	87.0	76.0	91.0	91.0	110
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	90.0%	90.0%	90.0%	90.8%	92.50%	91.0%	90.0%
A&B - % Waiting Time breaching >12 weeks				21.0%	38.0%	22.0%	25.0%
Outcome 5 - Services reduce health inequalities	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-11 - Rate of premature mortality per 100,000 population	418	380	393	403	398	386	465
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	84.0%	86.0%	86.0%	84.1%	87.1%	80.0%	75.8%
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	597	625	640	540	346	584	761
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	95.0%	89.0%	91.0%	92.5%	32.5%	31.5%	90.0%
AC21 <=3 weeks wait between SM referral & 1st treatment	93.0%	95.0%	90.5%	91.3%	84.9%	TBC	90.0%
Outcome 6 - Unpaid carers are supported	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-8 - % of carers who feel supported to continue in their caring role	41.0%	33.0%	33.0%	33.0%	35.0%	38.0%	29.7%
Outcome 7 - Service users are safe from harm	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-9 - % of adults supported at home who agree they felt safe	84.0%	83.0%	83.0%	83.0%	78.7%	76.4%	79.7%
CP16 - % of Children on CPR with a completed CP plan	91.0%	99.0%	91.0%	89.0%	99.0%	99.0%	100%
CP43 - No of Child Protection Repeat Registrations - 18 months				0	0	0.0%	0
CJ63 - % CPO cases seen without delay - 5days	86.0%	94.0%	84.8%	95.6%	95.3%	85.3%	80.0%
A&B - % of Adult Protection referrals completed within 5 days				45.8%	39.50%	32.9%	80.0%
A&B - % of Adult Protection referrals that lead to AP Investigation				12.5%	39.5%	11.0%	10.0%
A&B - % of complaints [stage 2] responded within timescale				25.0%	56.5%	73.0%	20.0%

Outcome 8 - Health and social care workers are supported	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-10 - % of staff who say they would recommend their workplace as a good place to work	71.0%	71.0%	71.0%	71.0%	70.0%	70.0%	67.0%
Health & Social Care Partnership % of PRDs completed	52.0%	30.0%	37.0%	37.0%	3.0%	35.0%	90.0%
SW only - HSCP Attendance	3.90	5.70	5.20	5.23	4.86	5.9	3.78 DAYS
Outcome 9 - Resources are used effectively in the provision of health and social care services	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	89.8%	89.6%	90.0%	91.0%	92.9%	91.3%	90.1%
NI-18 - % of adults with intensive needs receiving care at home	67.0%	67.0%	67.0%	68.0%	72.3%	71.9%	64.9%
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	24.0%	22.0%	22.0%	22.0%	19.2%	22.5%	24.2%
MSG 4.1 - Number of DD bed days occupied - A&B	6,803	8,414	9,530	8,237	5,338	7,006	8,604

Appendix 2
Health & Wellbeing Outcome Indicators Benchmarking 2021

Core Suite of National Integration Indicators

			Health & Social Care Partnership							
Indicator	Title	Argyll & Bute	A	B	C	D	E	F	G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	90.83%	92.4%	92.6%	92.4%	92.1%	92.7%	93.4%	91.7%	**90.9%**
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75.0%	72.6%	72.1%	86.5%	73.4%	79.3%	73.1%	72.5%	**78.8%**
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	66.9%	76.8%	60.6%	72.1%	70.5%	70.2%	63.4%	64.3%	**70.6%**
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	66.0%	78.5%	54.1%	71.9%	64.5%	62.2%	59.3%	61.7%	**66.4%**
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	68.6%	79.5%	70.3%	83.0%	78.6%	68.1%	73.9%	67.8%	**75.3%**
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	77.6%	69.8%	64.8%	77.2%	62.0%	60.0%	65.9%	67.3%	**66.5%**
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	76.7%	81.7%	63.1%	84.3%	80.6%	73.3%	70.5%	79.2%	**78.1%**
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	29.5%	30.8%	28.7%	27.4%	31.6%	29.4%	25.6%	**29.7%**
NI - 9	Percentage of adults supported at home who agreed they felt safe	76.4%	84.9%	69.5%	86.0%	78.8%	72.1%	77.3%	75.3%	**79.7%**
NI - 10	Premature mortality rate per 100,000 persons	386	419	375	407	407	401	348	408	465
NI - 11	Emergency admission rate (per 100,000 population)	11,960	10,460	10,789	9,997	11,861	9,381	10,577	12,564	11,636
NI - 12	Emergency bed day rate (per 100,000 population)	104,253	92,375	112,745	106,529	105,914	83,298	121,675	95,726	**109,429**
NI - 13	Readmission to hospital within 28 days (per 1,000 population)	91	114	110	113	111	87	102	138	**110**
NI - 14	Proportion of last 6 months of life spent at home or in a community setting	91.3%	92.5%	87.5%	91.5%	88.5%	92.3%	88.2%	90.1%	**90.1%**
NI - 15	Falls rate per 1,000 population aged 65+	27.8	24.2	23.7	14.5	26.5	19.0	18.9	23.1	**23.0**
NI - 16	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.0%	75.7%	77.1%	80.3%	78.0%	80.0%	77.9%	87.0%	**75.8%**
NI - 17	Percentage of adults with intensive care needs receiving care at home	71.9%	60.8%	63.4%	56.6%	63.8%	64.5%	57.5%	71.2%	**64.9%**
NI - 18	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	584	226	159	1,051	520	776	1,009	761	**761**
NI - 19	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.5%	23.2%	23.0%	23.1%	23.3%	21.3%	20.4%	23.2%	**24.2%**

Agenda Item 14

NHS Highland

Meeting: NHS Highland Board

Meeting date:

Title: Child Poverty Action plan Review 2021-22

Responsible Executive/Non-Executive: David Gibson, Head of Children and Families, Chief Social Work Officer

Report Author: Mandy Sheridan

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, 2 both on a national and local level. The Act introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report and to review it on an annual basis until 2030. The Scottish Government publishes a

national child poverty report, “Every Child Every Chance” which sets out the national measures taken to address the issue and this too is reviewed annually. In 2022 a second delivery plan was published” Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-202”. Of particular relevance to the duties under the Child Poverty (Scotland) Act are Parts 1 and 3 of the Children and Young People (Scotland) Act 2014. Part 1 requires public authorities to publish, as soon as practicable after the end of each 3 year period, a report of what steps it has taken in that period to secure better or further effect within its areas of responsibility of the UNCRC requirements. Of particular relevance to the issue of child poverty are the following articles:

- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 26 (social security)
- Article 27 (adequate standard of living)

The Child Poverty Action Plan and the Children’s Rights Report are closely linked and should in turn be linked to key Council and Health Board strategies and plans, for example the Children and Young People’s Service Plan 2020 – 2023. It should be noted that child poverty and children’s rights are issues not limited to Children’s Services or the HSCP but are a wider responsibility that Council departments and partners need to be cited on. The Plans also link to the Fairer Scotland Duty. This is an overarching strategic duty on public bodies. It has interactions with the Equality Act 2010 and Scotland Act 2016; and came into force on 1 April 2018. The Duty requires that: “An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.” In ensuring that this obligation is met, Equality and Socio-Economic Impact Assessments (EQSEIA’s) must be carried out when new plans and strategies are being developed. Children’s rights obligations call for a similar process to be carried out and Child Rights and Wellbeing Impact Assessments (CRWIA’s) to be completed. Work is currently taking place in Argyll and Bute to integrate these two assessment documents into one process. The 2017 Act set four targets relating to ending child poverty, which the Scottish Government committed to trying to achieve by 2030. The targets for children living in households in Scotland are that:

- less than 10% of children live in relative poverty (relative poverty is less than 60% of average household income for the year taking account of the size and composition of the household);
- less than 5% of children live in absolute poverty (absolute poverty is less than 60% of average household income for the financial year beginning 1 April 2010); 3
- less than 5% of children live in combined low income and material deprivation (low income is defined as less than 70% of average household income for the year, material

deprivation is when families are unable to afford three or more items out of a list of basic necessities);

- less than 5% of children live in persistent poverty (persistent poverty is where a child has lived in relative poverty for three out of the last four years). These are all measured after housing costs are deducted. The Act also sets out interim targets which are to be met in the financial year beginning 1 April 2023. These are all measured after housing costs are deducted.
- Less than 18% of children are in relative poverty
- Less than 14% of children are in absolute poverty
- Less than 8% of children are in combined low income and material deprivation
- Less than 8% of children are in persistent poverty.

2.2 Background

The Argyll and Bute Child Poverty Action Plan Review 2021-2022 is the third review of the Child Poverty Action Plan first published in 2019. It is a requirement under the 2017 Child Poverty (Scotland) Act that local authorities and health boards jointly produce and publish an annual review of their plan, setting out work being undertaken to tackle child poverty in their region. This action is required up until 2030 and includes key target years of 2023 and 2030 for particular levels of progress to be achieved. The Argyll and Bute Child Poverty Action Group, led by Fiona Davies (Chief Officer; Argyll & Bute Health and Social Care Partnership) have produced this year's review to reflect the work of its members and others working to tackle child poverty across the region. It reflects a strong children's rights approach and the vision shared vision that: We want an Argyll and Bute where no-one lives in poverty. Everyone should be able to achieve their potential and feel healthy, happy and valued. We want to be a place where everyone understands that tackling poverty is a shared responsibility. We believe that if we act locally, and in partnership, we can make a difference. A child friendly SWAY version of the plan has been created for engaging with children and young people. It is hoped that this will be developed into a One Page Plan, graphic version that will also be of real value in working with children and also adults who might prefer this presentation to reading a long report. Current Child Friendly SWAY https://sway.office.com/od2HbGlr940R2j3u?ref=Link

2.3 Assessment

In 2019 the Argyll and Bute Child Poverty Action Group, a multiagency body was set up to oversee the implementation of the local Child Poverty Plan, review it annually and find ways to best use existing resources and develop new initiatives.

Following approval and publication there is an obligation for it to be submitted to Scottish Government. Local Child Poverty Figures On the 12th of July 2022 the End Child Poverty coalition published the latest local child poverty figures.

Their research, covering the period to 2020/21, provides the best available estimates of child poverty at local authority level (below 60% median income after housing costs). Figures for Argyll and Bute are as follows: 2020-2021 - 18.8%; a reduction of 1.8% from the 2014-2015 figure of 20/7%

The current review introduces the challenges the year has brought in terms of food shortages, a cost of living crisis and the war in Ukraine. It also notes progress as working with The Poverty Alliance, One Parent Families Scotland and The Child Poverty Alliance we put together a broad range of training events for our multi-agency staff group and others. Also noted is our commitment to #KeepingThePromise and our continued development of a trauma informed workforce.

Adding to this is our commitment to train staff in Dyadic Developmental Psychotherapy. Other positives noted include client gain of £10,165,000 from our advice services, engagement in schools, Hermitage Academy becoming the first high school in Argyll and Bute to receive gold accreditation in UNICEF UK's Rights Respecting School programme and the success of the Flexible Food Fund.

It notes that nationally there has been the publication of the Scottish Government's second Tackling Child Poverty Delivery Plan, "Best Start, Bright Futures 2022-2026". We state that we approve that it say the 2030 targets require us to work differently – placing an ever greater focus on families and the places they live. We make the point that rural, remote and island living can have additional challenges and costs that need to be considered. The high and immediate risks to people in Argyll and Bute due to fuel poverty are emphasized as are the mental and physical health costs of poverty.

Reasons for this Child Poverty Review

It is noted that the 2017 the Child Poverty (Scotland) Act introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report and to review it on an annual basis until 2030.

Pupil Voice on Childhood Poverty

The report includes a reflection from a variety of school age young people giving their views and feelings of pupils, these were collected by schools in engagement exercises.

Children's Rights

The report notes that Children's rights are fundamental to all work tackling child poverty and should be reflected in the principles and objectives of all services that support children. This means not only direct services such as education, health and social care

but also our political, social and economic infrastructures. When we look at a Strategic Children and Young People's Service Plan from a Health and Social Care Partnerships (HSCP) we expect to see needs and children's rights identified and considered. Local Authorities also need to show that is happening, for example, when a road is planned, street lighting changed or a Commissioning Strategy developed.

The Promise

A key consideration when looking at our work on tackling child poverty in Argyll and Bute must be keeping The Promise. The Promise, launched by the Scottish Government in Autumn 2020 originates in the findings of The Care Review and makes a commitment to care experienced infants, children, young people, adults and families, that every child grows up loved, safe and respected, able to realise their full potential. It demands a multi-agency approach to support shifts in policy, practice and culture across Scotland and make the difference that is required. In Argyll and Bute a strong, multi-agency commitment has been made to delivering on The Promise and that work has continued, despite the considerable barriers raised by the Covid-19 pandemic, EU exit and the current cost of living crisis.

Our Challenge

This area notes the particular challenges faced by Argyll and Bute, with regards to areas such as fuel poverty, the economy, infrastructure and demographics. It includes statistical data. Under sustainability it notes work being carried out in connection with the UK Community Renewal Fund, Island Community Hall Connectivity Project and Rural Growth Deal. Also noted here is work on school clothing banks, free period products and the Food Forum.

Training

One of our commitments for the year 2021 – 2022 was to deliver training, related to understanding and tackling child poverty, for a wide range of staff groups across Argyll and Bute. This was made possible by monies from the Flexible Fund which enabled us to commission the Poverty Alliance, Child Poverty Action Group and One Parent Scotland to work with us. A number of training packages were developed and delivered on multiple occasions. The nature and impact of this training is noted.

5 Key Areas of the Plan:

This section notes key areas of work undertaken in relation to child poverty; they are recorded under the 3 Drivers of Poverty, helping families in other ways and planned future work.

A. Increasing Income from Employment and Earnings Employability; The Scottish Government's Islands Programme (IP); Skills Development Scotland; Learning HUBS; Council Apprenticeships; Education; Early Years; UHI Argyll and University of the Highlands and Islands.

B. Increasing Income through Benefits Flexible Food Fund; Client Gain through Advice Activity.

C. Cost of Living Housing; Fuel Poverty; Social Security Scotland; Free School Meals and holiday Provision; Argyll and Bute Community Food Forum; Good Food Nation and Food Strategy; Bute Advice Service; Free Period Products; School Clothing Banks; The GRAB Trust (Group for Recycling in Argyll and Bute); ReStyle Argyll; LORI; Kintyre Recycling; Re-Jig.

D. Helping Families in Other Ways Infant and Perinatal Mental Health Services; Youth Work Education Recovery Learning Programme; What are Carers Centres and MAYDS doing to support Young Carers in Argyll & Bute?; Transforming Responses to Violence against Women and Girls; Free School Meals Delivered by Drones; Universal Pathway Quality Improvement Collaborative Financial Inclusion Practicum (UPQIC); Flexible Fund.

E. Other Planned Work Rural Growth Deal; Local Authority Covid Economic Recovery Fund (LACER); Child Poverty Group.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Only a moderate level of assurance is currently offered as the plan is in place and identifies key partners and future activity. A substantial level of assurance will require reporting on the action to address the changing need due to changing environmental pressure post pandemic and in response to the cost of living crisis.

3 Impact Analysis

3.1 Quality/ Patient Care

This report is governed through a multi-agency strategic group seeking to work together to deliver national policy and alleviate poverty. This report is submitted to the board for note.

3.2 Workforce

No issues specific to this report

3.3 Financial

The report notes a forecast financial impact on families and wellbeing and may risk a subsequent financial impact on organisations as the wider and longer term impacts of poverty are felt.

3.4 Risk Assessment/Management

The reviewed plan shows a range of planned work to address child poverty; it is noted that the latest child poverty figures for Argyll and Bute show a reduction of 1.8% to 18.9% (below 60% median income after housing costs). However recent events such as the impacts of EU Exit, the war in Ukraine and the cost of living crisis have placed more families into financial crisis and made it less likely that the Scottish Government's child poverty reduction targets for 2023 and 2030 will be met.

3.5 Data Protection

Not applicable to this report

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been required as the review is retrospective.

This review fulfils the obligation, from The Child Poverty (Scotland) Act 2017, for local authorities and health boards to deliver jointly an annual review of their Child Poverty Action Plan. Links with other local authority reporting 7 duties on tackling child poverty include: Fairer Scotland Duty, Islands (Scotland) Act 2018; Children and Young People (Scotland) Act 2014; Education Act 2016; Community Empowerment (Scotland) Act 2015. This Child Poverty Action Plan links to: the Local Outcome Improvement Plan, Children and Young People's Services Plan and the Children's Rights Plan. Overarching this, children's rights and tackling child poverty should be a consideration in every Council plan and strategy.

On the 12th of July 2022 the End Child Poverty coalition published the latest local child poverty figures. Their research, covering the period to 2020/21, provides the best available estimates of child poverty at local authority level (below 60% median income after housing costs). Figures for Argyll and Bute are as follows:

Date	Number of Children in Poverty	Percentage of Children in Poverty	Percentage Point Change
2014 - 2015	2808	20.7%	
2020 - 2021	2325	18.9%	-1.8%

This positive change reflects the Scottish Government investment in the new Scottish child payment, other Social Security payments and a range of other measures. It also reflects the impact of a range of local measures taken to tackle 6 child poverty and its impacts, which are noted in this report. Scotland has the lowest rate of child poverty amongst countries of the UK at 21%, followed by England at 29% and Wales at 34%.

Whilst this is positive, particularly given the cost of living crisis; Argyll and Bute does have some significant challenges. Although it has a lower percentage of workless households than the national average (14.7% opposed to 18.1% - JanDec 2020), average gross weekly pay rates are lower (553.6 opposed to the national average of 595). Hence the numbers of children in low income families remains a concern.

Children in Low Income Families	Argyll and Bute	Scotland
2017 - 2018	17.3%	18.6%
2018 - 2019	16.7%	16.5%
2019 - 2020	17.2%	16.8%

In addition the level and nature of fuel poverty in Argyll and Bute makes families particularly vulnerable at the moment given the rises in fuel costs. Recently, revised Scottish Government figures show that fuel poverty is now estimated to be 43% higher than in 2019. This means that in the Argyll & Bute and Highland regions, fuel poverty is likely to be approaching 50% and extreme fuel poverty, probably almost 30% of all households – and further significant price increases seem likely yet to come. Particular local innovations, such as the Flexible Food Fund, are attempting to tackle this, offering grants and client advice. Fuel poverty is not equally distributed throughout Argyll and Bute but rather more marked in some housing market areas. For example Figure 1 shows that Bute has 41-50% of the population in fuel poverty whereas Cowal has less than 20% in fuel poverty.

Work is being carried out nationally to look at improving data looking at child poverty in rural places. Workshops have taken place led by the Improvement Service and some of the suggestions for taking this forward include:

- Establish a multi-disciplinary working group on Tackling Child Poverty through Innovation in Data and Intelligence, chaired by IS/COSLA/academic partners to include, for example, relevant local authorities and health boards, relevant academics (Scottish Public Policy Exchange, SPIRU, Codeclan, Data Lab, Research Data Scotland, SPIRU), representatives of the Information Commissioner and those with insight/expertise as to private sector use of data sharing legislation. Local government representatives should include those in leadership roles (SOLACE etc.) those with data and analytical expertise, GIS professionals and child poverty policy and delivery leads.

3.7 Other impacts

No additional impacts

3.8 Communication, involvement, engagement and consultation

- The report is compiled through the Child Poverty Action Group members, the 2019 plan was prepared with community engagement.

3.9 Route to the Meeting

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

- Argyll & Bute Integration Joint Board, date written as 18 August 2022
- Argyll & Bute Full Council, date written as 29 September 2022

4 Recommendation

The current Child Poverty Action Plan Review 2020 – 2021 sets out the current situation in terms of child poverty in Argyll and Bute and makes particular reference to areas such as children's rights, sustainability and the challenges facing our island communities. The plan sets out work that has been happening to address child poverty in Argyll and Bute and some Page 5 4 plans for actions going forward. This will be led by Fiona Davies and the CPAG group; training, engagement and data analysis are key issues for the coming year.

- **Awareness** – For Members' information only.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1, Child Poverty Action Plan Review 2021-2022

Integration Joint Board

Date of Meeting: 15/08/2022

Title of Report: Argyll and Bute Child Poverty Action Plan Review 2021-2022

Presented by: David Gibson, Head of Children & Families and Justice.

The IJB is asked to:

- Note the review

1. EXECUTIVE SUMMARY

The Argyll and Bute Child Poverty Action Plan Review 2021-2022 is the third review of the Child Poverty Action Plan first published in 2019. It is a requirement under the 2017 Child Poverty (Scotland) Act that local authorities and health boards jointly produce and publish an annual review of their plan, setting out work being undertaken to tackle child poverty in their region. This action is required up until 2030 and includes key target years of 2023 and 2030 for particular levels of progress to be achieved.

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We want an Argyll and Bute where no-one lives in poverty. Everyone should be able to achieve their potential and feel healthy, happy and valued. We want to be a place where everyone understands that tackling poverty is a shared responsibility. We believe that if we act locally, and in partnership, we can make a difference.

A child friendly SWAY version of the plan has been created for engaging with children and young people. It is hoped that this will be developed into a One Page Plan, graphic version that will also be of real value in working with children and also adults who might prefer this presentation to reading a long report.

Current Child Friendly SWAY
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2. INTRODUCTION

In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. The Act introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report and to review it on an annual basis until 2030. The Scottish Government publishes a national child poverty report, "Every Child Every Chance" which sets out the national measures taken to address the issue and this too is reviewed annually. In 2022 a second delivery plan was published" Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-202".

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The 2017 Act set four targets relating to ending child poverty, which the Scottish Government committed to trying to achieve by 2030. The targets for children living in households in Scotland are that:

- less than 10% of children live in relative poverty (relative poverty is less than 60% of average household income for the year taking account of the size and composition of the household);
- less than 5% of children live in absolute poverty (absolute poverty is less than 60% of average household income for the financial year beginning 1 April 2010);
- less than 5% of children live in combined low income and material deprivation (low income is defined as less than 70% of average household income for the year, material deprivation is when families are unable to afford three or more items out of a list of basic necessities);
- less than 5% of children live in persistent poverty (persistent poverty is where a child has lived in relative poverty for three out of the last four years). These are all measured after housing costs are deducted.

The Act also sets out interim targets which are to be met in the financial year beginning 1 April 2023. These are all measured after housing costs are deducted.

- Less than 18% of children are in relative poverty
- Less than 14% of children are in absolute poverty
- Less than 8% of children are in combined low income and material deprivation
- Less than 8% of children are in persistent poverty.

3. DETAIL OF REPORT

In 2019 the Argyll and Bute Child Poverty Action Group, a multiagency body was set up to oversee the implementation of the local Child Poverty Plan, review it annually and find ways to best use existing resources and develop new initiatives. Following approval and publication there is an obligation for it to be submitted to Scottish Government.

Local Child Poverty Figures

On the 12th of July 2022 the End Child Poverty coalition published the latest local child poverty figures. Their research, covering the period to 2020/21, provides the best available estimates of child poverty at local authority level (below 60% median income after housing costs). Figures for Argyll and Bute are as follows:

2020-2021 - 18.8%; a reduction of 1.8% from the 2014-2015 figure of 20/7%

The current review introduces the challenges the year has brought in terms of food shortages, a cost of living crisis and the war in Ukraine.

It also notes progress as working with The Poverty Alliance, One Parent Families Scotland and The Child Poverty Alliance we put together a broad range of training events for our multi-agency staff group and others. Also noted is our commitment to #KeepingThePromise and our continued development of a trauma informed workforce.

Adding to this is our commitment to train staff in Dyadic Developmental Psychotherapy. Other positives noted include client gain of £10,165,000 from our advice services, engagement in schools, Hermitage Academy becoming the first high school in Argyll and Bute to receive gold accreditation in UNICEF UK's Rights Respecting School programme and the success of the Flexible Food Fund.

It notes that nationally there has been the publication of the Scottish Government's second Tackling Child Poverty Delivery Plan, "Best Start, Bright Futures 2022-2026". We state that we approve that it say the 2030 targets require us to work differently – placing an ever greater focus on families and the places they live. We make the point that rural, remote and island living can have additional challenges and costs that need to be considered. The high and immediate risks to people in Argyll and Bute due to fuel poverty are emphasized as are the mental and physical health costs of poverty.

Reasons for this Child Poverty Review

It is noted that the 2017 the Child Poverty (Scotland) Act introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report and to review it on an annual basis until 2030.

Pupil Voice on Childhood Poverty

The report includes a reflection from a variety of school age young people giving their views and feelings of pupils, these were collected by schools in engagement exercises.

Children's Rights

The report notes that Children's rights are fundamental to all work tackling child poverty and should be reflected in the principles and objectives of all services that support children. This means not only direct services such as education, health and social care but also our political, social and economic infrastructures. When we look at a Strategic Children and Young People's Service Plan from a Health and Social Care Partnerships (HSCP) we expect to see needs and children's rights identified and considered. Local Authorities also need to show that is happening, for example, when a road is planned, street lighting changed or a Commissioning Strategy developed.

The Promise

A key consideration when looking at our work on tackling child poverty in Argyll and Bute must be keeping The Promise. The Promise, launched by the Scottish Government in Autumn 2020 originates in the findings of The Care Review and makes a commitment to care experienced infants, children, young people, adults and families, that every child grows up loved, safe and respected, able to realise their full potential. It demands a multi-agency approach to support shifts in policy, practice and culture across Scotland and make the difference that is required. In Argyll and Bute a strong, multi-agency commitment has been made to delivering on The Promise and that work has continued, despite the considerable barriers raised by the Covid-19 pandemic, EU exit and the current cost of living crisis.

Our Challenge

This area notes the particular challenges faced by Argyll and Bute, with regards to areas such as fuel poverty, the economy, infrastructure and demographics. It

includes statistical data. Under sustainability it notes work being carried out in connection with the UK Community Renewal Fund, Island Community Hall Connectivity Project and Rural Growth Deal. Also noted here is work on school clothing banks, free period products and the Food Forum.

Training

One of our commitments for the year 2021 – 2022 was to deliver training, related to understanding and tackling child poverty, for a wide range of staff groups across Argyll and Bute. This was made possible by monies from the Flexible Fund which enabled us to commission the Poverty Alliance, Child Poverty Action Group and One Parent Scotland to work with us. A number of training packages were developed and delivered on multiple occasions. The nature and impact of this training is noted.

Key Areas of the Plan:

This section notes key areas of work undertaken in relation to child poverty; they are recorded under the 3 Drivers of Poverty, helping families in other ways and planned future work.

A. Increasing Income from Employment and Earnings

Employability; The Scottish Government's Islands Programme (IP); Skills Development Scotland; Learning HUBS; Council Apprenticeships; Education; Early Years; UHI Argyll and University of the Highlands and Islands.

B. Increasing Income through Benefits

Flexible Food Fund; Client Gain through Advice Activity.

C. Cost of Living

Housing; Fuel Poverty; Social Security Scotland; Free School Meals and holiday Provision; Argyll and Bute Community Food Forum; Good Food Nation and Food Strategy; Bute Advice Service; Free Period Products; School Clothing Banks; The GRAB Trust (Group for Recycling in Argyll and Bute); ReStyle Argyll; LORI; Kintyre Recycling; Re-Jig.

D. Helping Families in Other Ways

Infant and Perinatal Mental Health Services; Youth Work Education Recovery Learning Programme; What are Carers Centres and MAYDS doing to support Young Carers in Argyll & Bute?; Transforming Responses to Violence against Women and Girls; Free School Meals Delivered by Drones; Universal Pathway Quality Improvement Collaborative Financial Inclusion Practicum (UPQIC); Flexible Fund.

E. Other Planned Work

Rural Growth Deal; Local Authority Covid Economic Recovery Fund (LACER); Child Poverty Group.

4. RELEVANT DATA AND INDICATORS

On the 12th of July 2022 the End Child Poverty coalition published the latest local child poverty figures. Their research, covering the period to 2020/21,

provides the best available estimates of child poverty at local authority level (below 60% median income after housing costs). Figures for Argyll and Bute are as follows:

Date	Number of Children in Poverty	Percentage of Children in Poverty	Percentage Point Change
2014 - 2015	**2808**	**20.7%**	
2020 - 2021	**2325**	**18.9%**	**-1.8%**

This positive change reflects the Scottish Government investment in the new Scottish child payment, other Social Security payments and a range of other measures. It also reflects the impact of a range of local measures taken to tackle

child poverty and its impacts, which are noted in this report. Scotland has the lowest rate of child poverty amongst countries of the UK at 21%, followed by England at 29% and Wales at 34%.

Whilst this is positive, particularly given the cost of living crisis; Argyll and Bute does have some significant challenges. Although it has a lower percentage of workless households than the national average (14.7% opposed to 18.1% - Jan-Dec 2020), average gross weekly pay rates are lower (553.6 opposed to the national average of 595). Hence the numbers of children in low income families remains a concern.

Children in Low Income Families

	Argyll and Bute	Scotland
2017 - 2018	17.3%	18.6%
2018 - 2019	16.7%	16.5%
2019 - 2020	17.2%	16.8%

In addition the level and nature of fuel poverty in Argyll and Bute makes families particularly vulnerable at the moment given the rises in fuel costs. Recently, revised Scottish Government figures show that fuel poverty is now estimated to be 43% higher than in 2019. This means that in the Argyll & Bute and Highland regions, fuel poverty is likely to be approaching 50% and extreme fuel poverty, probably almost 30% of all households – and further significant price increases seem likely yet to come. Particular local innovations, such as the Flexible Food Fund, are attempting to tackle this, offering grants and client advice.

Fuel poverty is not equally distributed throughout Argyll and Bute but rather more marked in some housing market areas. For example Figure 1 shows that Bute has 41-50% of the population in fuel poverty whereas Cowal has less than 20% in fuel poverty.

Work is being carried out nationally to look at improving data looking at child poverty in rural places. Workshops have taken place led by the Improvement Service and some of the suggestions for taking this forward include:

- Establish a multi-disciplinary working group on Tackling Child Poverty through Innovation in Data and Intelligence, chaired by IS/COSLA/academic partners to include, for example, relevant local authorities and health boards, relevant academics (Scottish Public Policy Exchange, SPIRU, Codeclan, Data Lab, Research Data Scotland, SPIRU), representatives of the Information Commissioner and those with insight/expertise as to private sector use of data sharing legislation. Local government representatives should include those in leadership roles (SOLACE etc.) those with data and analytical expertise, GIS professionals and child poverty policy and delivery leads.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This review fulfils the obligation, from The Child Poverty (Scotland) Act 2017, for local authorities and health boards to deliver jointly an annual review of their Child Poverty Action Plan. Links with other local authority reporting duties on tackling child poverty include: Fairer Scotland Duty, Islands (Scotland) Act 2018; Children and Young People (Scotland) Act 2014; Education Act 2016; Community Empowerment (Scotland) Act 2015.

This Child Poverty Action Plan links to: the Local Outcome Improvement Plan, Children and Young People's Services Plan and the Children's Rights Plan. Overarching this, children's rights and tackling child poverty should be a consideration in every Council plan and strategy.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The report notes a forecast financial impact on families and wellbeing and may risk a subsequent financial impact on organisations as the wider and longer term impacts of poverty are felt.

6.2 Staff Governance

No issues specific to this paper.

6.3 Clinical and Care Governance

This report is governed through a multi-agency strategic group seeking to work together to deliver national policy and alleviate poverty. This report is submitted to the IJB for note and to the Council for approval.

7. PROFESSIONAL ADVISORY

This is supported through the strategic group**.**

8. EQUALITY & DIVERSITY IMPLICATIONS

An EQSEIA and a CRWIA have been carried out in relation to this Child Poverty Action Plan Review. No negative impacts were noted and positive impacts seen in terms of the work noted in this review.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data protection principles have been adhered to.

10. RISK ASSESSMENT

The reviewed plan shows a range of planned work to address child poverty; it is noted that the latest child poverty figures for Argyll and Bute show a reduction of 1.8% to 18.9% (below 60% median income after housing costs). However

recent events such as the impacts of EU Exit, the war in Ukraine and the cost of living crisis have placed more families into financial crisis and made it less likely that the Scottish Government's child poverty reduction targets for 2023 and 2030 will be met.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Child Poverty Action Group has a Communications and Engagement Subgroup which looks to inform and consult on issues relating to child poverty. Group members share information regarding work in the area of child poverty and also what resources and supports are available for people requiring them. A range of networks and media sites are used to achieve this. Key events, such as Challenge Poverty Week are used to raise awareness of child poverty and the work going on to tackle it. Engagement with children and young people is being developed via schools, youth groups and young carers groups.

12. CONCLUSIONS

The current Child Poverty Action Plan Review 2020 – 2021 sets out the current situation in terms of child poverty in Argyll and Bute and makes particular reference to areas such as children's rights, sustainability and the challenges facing our island communities. The plan sets out work that has been happening to address child poverty in Argyll and Bute and some Page 5 4 plans for actions going forward. This will be led by Fiona Davies and the CPAG group; training, engagement and data analysis are key issues for the coming year.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Argyll and Bute Child Poverty Action Plan Review 2021-22

August 2022

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Foreword

Welcome to the third annual review of Argyll and Bute's Child Poverty Action Plan. It has been a year that has brought fresh challenges for us all with food shortages, a cost of living crisis and the war in Ukraine creating concern for us all. Not surprisingly some of our children and young people are experiencing anxiety and our Teachers, Educational Psychologists and School Counsellors are working with parents to support them.

Despite these challenges we remain committed to ending child poverty because we recognise just how important that goal is to creating a just society and, as Nelson Mandela said: A winner is a dreamer who never gives up.

We are happy to be able to report that we have had some important wins this year. We recognised that training our staff to understand poverty and to be able to better work with and support those experiencing it, was important. Working with The Poverty Alliance, One Parent Families Scotland and The Child Poverty Alliance we put together a broad range of training events for our multi-agency staff group and others. Some 220 professionals and our elected members received poverty awareness training and we were impressed by the insights that participants shared with us. Other courses ran on topics such as Single Parent Poverty Awareness; Benefit Basics in Scotland; Payments for Children in Scotland and Supporting Low-Income families.

Other wins come with our commitment to #KeepingThePromise and our continued development of a trauma informed workforce. Adding to this is our commitment to train staff in Dyadic Developmental Psychotherapy and over 50 staff have completed DDP level 1 training and our first cohort have commenced DDP level 2 training. This will support our commitment to dealing not only with the drivers of poverty but also the impacts of it and other traumas.

The axiom, "knowledge is power" is relevant when it comes to tackling child poverty and this year our advice services have worked tirelessly to get people the information they need to claim their rights and benefits. This has resulted in the client gain of £10,165,000, a remarkable win for our families. This work has been supported by Money Counts training and the wide circulation of the Food Aid Network (IFAN) Argyll and Bute Worrying about Money? Leaflet.

Knowledge also plays a key part in our engagement with our children and young people and a child friendly version of this report will be shared. Engagement is happening in schools, some young people have become Poverty Champions and a few attended the Poverty Awareness Training. Awareness of children's rights go hand in hand with tackling child poverty and this year saw Hermitage Academy in Helensburgh become the first secondary school in Argyll and Bute to receive gold accreditation in UNICEF UK's Rights Respecting School programme.

From free school meals and addressing holiday hunger, to setting up school clothing banks. From the success of our Flexible Food Fund, to the amazing work of ALIenergy in helping people dealing with fuel poverty. From employability actions, to the rural growth

deal and successful bids to the UK Community Renewal Fund. We would like to take this opportunity to thank everyone involved for their hard work and commitment and to recommend this report to you.



Fiona Davies
Chief Officer Argyll & Bute Health and Social Care Partnership, Chair, Strategic Children's Group



Pippa Milne
Chief Executive Officer
Argyll & Bute Council



Pam Dudek
Chief Executive Officer
NHS Highland

Introduction

Welcome to the third review of the Argyll and Bute's Child Poverty Action Plan, 2021-2022. Although this year has brought challenges we have continued to move forward with our objective to work to reduce child poverty and its impacts across Argyll and Bute. The year has been marked for us by the delivery of a large number of training events for staff, relating to tackling and understanding poverty. Our Flexible Food Fund has continued to benefit families and there has been positive progress in areas such as employability, free school meals and holiday hunger, housing, client gain figures and engagement. Our multi-agency Child Poverty Action Group remains committed to tackling child poverty and the impact that it has on young lives. This year the group has acquired the services of a Project Assistant to support this work.

Nationally there has been the publication of the Scottish Government's second Tackling Child Poverty Delivery Plan, "Best Start, Bright Futures 2022-2026" This makes a commitment to supporting families through all the challenges raised by the cost of living crisis, war in Europe and other events. Importantly it also states that:

The 2030 targets require us to work differently – placing an ever greater focus on families and the places they live. Through phased approaches to change, working in a small number of localities, we can identify the barriers to progress and the keys to removing these for families and partners.

In Argyll and Bute we welcome this approach as it recognises the challenges for families living in remote, rural and island places and acknowledges that solutions to child poverty must take into account the geography and key demographics of different areas. A young person living in a family on benefits on an island, attending school on the mainland and living in a School Hostel, has a very different experience to a young person living in a city in the central belt. Factors such as transport, supply issues in food chains and the need to travel to access some activities and medical appointments become key and will influence how far benefits will stretch and what money must be spent on.

The bottom line is that it is expensive to live in remote, rural and island places.
As part of this we recognise that fuel poverty is a significant issue in Argyll and Bute but is not equally distributed throughout the region. For example Bute has 41-50% of its population in fuel poverty whereas Cowal has less than 20%. Fuel poverty hot spots are in the islands, Kintyre, Oban and Lorn. Our area has one of the highest fuel poverty rates in Europe with some areas paying more for gas delivery due to their remote status. Many areas have no access to mains gas so have no alternative to using more expensive alternatives. The impact on families can be severe, as Lynda Mitchell, Manager of ALIenergy says:

"The perceived image of fuel poverty is often an elderly person sitting with a blanket by the fire, but advisors have found that many clients are much younger, often families with children. As people switch their heating down or off to save money, fuel poverty manifests in a range of different behaviours, including seeking warmth in public places where it's free – for example, taking the free bus for a round trip because it's warm, or lingering in pubs, cafes, libraries, and other public places, to avoid being at home (particularly challenging during the pandemic). Other problems include not being able

to cook hot meals; not being able to wash or do laundry frequently enough for adequate personal hygiene; staying in bed for prolonged periods, living in one room, and being embarrassed to invite friends or neighbours into the home, leading to issues of loneliness, social isolation and reclusive behaviours."

Poverty matters because there is increasing evidence to show that there are connections between poverty and issues such as: higher infant mortality rates, poor physical and mental health, family stress levels and breakdown, children becoming care experienced, poor educational, employment and social outcomes and drug and alcohol use. Domestic abuse can be impacted on by the stresses and financial hardships of poverty and this can lead to the break-up of families. Poverty can make people feel socially excluded, invisible and unsupported; all factors that can contribute to poor mental health and suicide. It must be asked what the cost economically to the country is of all of these factors and their impact on both services and the productivity of our workforce? If these impacts could be improved or eliminated by simply putting more money into people's pockets through improving benefits and providing a living wage, would the cost in fact be less? Whatever the answer to that question is, we remain committed to making what difference we can and our vision remains:

Our Vision

*We want an Argyll and Bute where no-one lives in poverty. Everyone should be able to achieve their potential and feel healthy, happy and valued. We want to be a place where everyone understands that tackling poverty is a shared responsibility. We believe that if we act locally, and in partnership, we can make a difference***.**

Latest Child Poverty Figures

On the 12th of July 2022 the End Child Poverty coalition published the latest local child poverty figures. Their research, covering the period to 2020/21, provides the best available estimates of child poverty at local authority level (below 60% median income after housing costs). Figures for Argyll and Bute are as follows:

Date	Number of Children in Poverty	Percentage of Children in Poverty	Percentage Point Change
2014 - 2015	**2808**	**20.7%**	
2020 - 2021	**2325**	**18.9%**	**-1.8%**

This positive change reflects the Scottish Government investment in the new Scottish child payment, other Social Security payments and a range of other measures. It also reflects the impact of a range of local measures taken to tackle child poverty and its impacts, which are noted in this report.

Such positive changes, seen in 26 of Scotland's 32 local authority areas, demonstrate that taking action can make a difference. Scotland has the lowest rate of child poverty amongst countries of the UK at 21%, followed by England at 29% and Wales at 34%.

Reasons for this Child Poverty Review

In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. To evidence the need for such action the Scottish Government commissioned research which found that by 2030/31, if no action was taken, it was estimated that 38% of children would be in relative poverty, 32% of children would be in absolute poverty, 17% of children would be in combined low income and material deprivation and 16% of children would be in persistent poverty.

The 2017 Act set four targets relating to ending child poverty, which the Scottish Government committed to trying to achieve by 2023 and 2030; these are all measured after housing costs are deducted. The targets for 2023 are:

- Less than 18% of children are in relative poverty;
- Less than 14% of children are in absolute poverty;
- Less than 8% of children are in combined low income and material deprivation;
- Less than 8% of children are in persistent poverty.

Targets for 2030 are:

- less than 10% of children live in relative poverty (relative poverty is less than 60% of average household income for the year taking account of the size and composition of the household);
- less than 5% of children live in absolute poverty (absolute poverty is less than 60% of average household income for the financial year beginning 1 April 2010);
- less than 5% of children live in combined low income and material deprivation (low income is defined as less than 70% of average household income for the year, material deprivation is when families are unable to afford three or more items out of a list of basic necessities);
- less than 5% of children live in persistent poverty (persistent poverty is where a child has lived in relative poverty for three out of the last four years).

With the cost of living crisis set to deepen and the World Bank suggesting that it might continue for several years, it must be acknowledged that it will be very difficult to meet the interim and final targets set by the Scottish Government with regards to tackling child poverty. However recent child poverty figures suggest that it is not impossible. As the Nuffield Foundation noted:

Inequalities are not inevitable, and some policies and interventions have led to improvements in young children's health. The Scottish national infant feeding strategy has led to increased rates of breastfeeding. Sure Start led to major health benefits for children from poorer neighbourhoods. National oral health programmes in Scotland and Wales have accelerated rates of improvement in children's oral health. The success of these interventions demonstrates that improvements in young children's health are possible with sustained policy effort.

The Nuffield Foundation; Carey Oppenheim, Richard Batcheler, Dr Dougal Hargreaves, Jordan Rehill, Dr Rakhee Shah

This review is also where we in Argyll and Bute show what actions we are taking to tackle child poverty and how well we work together to achieve our vision of no children living in households affected by poverty and depravation. We believe it is important to understand that tackling child poverty is more than just reaching targets because:

Poverty is not only experienced materially and socially, but also emotionally. Financial stress, not having an adequate income or work, reverberates through family life..... Poverty influences child outcomes indirectly where lack of income and economic pressure can lead to psychological distress, lack of control and choice, and the experience of stigma, all of which can in turn affect relationships within the family both between parents and parenting practices.

Changing Patterns of Poverty in Early Childhood; Nuffield Foundation; Sept 2021

Pupil Voice on Childhood Poverty

It can be difficult to talk to younger children about child poverty and to get them to share how they feel about the World about them. Some of our Schools have tried to achieve that in a non-threatening and engaging manner. These results give us insight into their World, a place where some of them will be experiencing the impacts of child poverty.

Group 1 (8 – 12 years-old)

What makes you happy	My friends Pets Food Family Nintendo Switch with my mum Throwing snow balls Edinburgh Zoo Sun Young carers School erm 50 50 (school program)
What do you see around you	House s Cars Other people Snacks
What do you hear around you	Friends People talking Shouting Cars
What do you talk about	Music Friends Not much

What do you worry about	Dad might lose his job Might need to move and leave friends
What do you enjoy doing	Arts and crafts Skating Going to the beach making jewellery bowling painting making puppets clay art holidays friends play parks adventures climbing trees going for walks
What do you hope to gain	Get a dog Move to New Zealand I want to be an interior designer I want to go to Art school in Edinburgh I want to be a make-up artist I don't know

Group 5 – (11years-old)

What do you enjoy doing?	Maths Swimming Singing Painting Dancing Telling jokes Football Spending time with family
What do you see around you?	children in same situation as me friends the sun British flag (hall was decorated for Jubilee)
What do you hear around you?	birds voices noise s
What do you worry about?	spiders deforestation phobia of holes something bad happening my mum and dad
What makes you happy?	my mum family football

	life
What do you hope to gain?	get better at football get a job when I'm older become a dinosaur expert become a nurse

Group discussion (5 – 11 year-olds)

How does Child Poverty impact me?	it doesn't as I am warm and loved and that's all I need I feel bad for others and donate to foodbanks
What does Child Poverty look like for you?	My Mum works really hard because I think she worries about money
What would Child Poverty feel like?	sad, cold, jealous of others, stressed, lonely, hungry, embarrassed, heartbroken, upset, angry

Children's Rights

The UN Convention on the Rights of the Child (UNCRC) is one of the core international human rights treaties and is a universally agreed set of minimum child rights standards which is the most widely ratified of all the international conventions. Importantly the UNCRC introduces the concept of a child's 'evolving capacities' (Article 5), which states that direction and guidance provided by parents or others with responsibility for the child must take into account the capacities of the child to exercise rights on their own behalf. It includes four general principles that are not only rights in themselves but underpin every other right in the Convention:

- For rights to be applied without discrimination (Article 2) 6
- For the best interests of the child to be a primary consideration (Article 3)
- The right to life, survival and development (Article 6)
- The right to express a view and have that view given due weight (Article 12)

The UNCRC provides children with a series of individual rights, such as the right to education, health, name, nationality, play and an adequate standard of living. Additional rights have been included for particular groups, including disabled children, children who have been exploited or mistreated, refugee and migrant children, children in custody and children in care. Children's rights are inextricably linked with the rights of parents and carers, whose important role in children's lives is recognised throughout.

Children's rights are fundamental to all work tackling child poverty and should be reflected in the principles and objectives of all services that support children. This means not only direct services such as education, health and social care but also our political, social and economic infrastructures. When we look at a Strategic Children and Young People's Service Plan from A Health and Social Care Partnerships (HSCP) we expect to see needs and children's rights identified and considered. Local Authorities also need to show that is happening, for example, when a road is planned, street lighting changed or a Commissioning Strategy developed.

Argyll and Bute is committed to achieving that and to completing Equality and Socio-Economic Impact Assessments when considering new work, policies and strategies. This document incorporates the principles of Child Rights and Wellbeing Impact Assessments.

In 2020 Argyll and Bute completed its first Children's Rights Report, setting out our commitment to embedding the UNCRC into policy and practice and demonstrating how children's rights are respected across our services. Since that time we have set up a multi-agency Children's Rights Group to forward that and ensure partnership working. The work of this group has included the development of an e-learning module for staff on Child Poverty and Children's Rights.

Link to Argyll and Bute's Children's Rights Report:

https://www.argyll-bute.gov.uk/sites/default/files/childrensrightsreport2020final.pdf

Another success in terms of children's rights work in Argyll and Bute has been the roll out of the Rights Respecting Programme across schools. UNICEF UK works with schools across the country to embed children's rights in a schools' ethos, raise awareness of the United Nations Convention on the Rights of the Child (UNCRC) and to increase understanding of children's rights.

Hermitage Academy in Helensburgh has become the first secondary school in Argyll and Bute to receive gold accreditation in UNICEF UK's Rights Respecting School programme. Hermitage Academy is the second school in Argyll and Bute to receive gold accreditation – the first being Hermitage Primary in 2020.
Link to Argyll and Bute's Children's Rights Report:

https://www.argyll-bute.gov.uk/sites/default/files/childrensrightsreport2020final.pdf

Link to Links to Argyll and Bute's Child Poverty Action Report 2019
https://www.argyll-bute.gov.uk/sites/default/files/childpovertyactionplan0.pdf

Scot Gov.: The UN Convention on the Rights of the Child: a guide for children and young people
The UN Convention on the Rights of the Child: a guide for children and young people - gov.scot (www.gov.scot)

The Promise

A key consideration when looking at our work on tackling child poverty in Argyll and Bute must be keeping The Promise. The Promise, launched by the Scottish Government in Autumn 2020 originates in the findings of The Care Review and makes a commitment to care experienced infants, children, young people, adults and families, that every child grows up loved, safe and respected, able to realise their full potential. It demands a multi-agency approach to support shifts in policy, practice and culture across Scotland and make the difference that is required. In Argyll and Bute a strong, multi-agency commitment has been made to delivering on The Promise and that work has continued, despite the considerable barriers raised by the Covid-19 pandemic, EU exit and the current cost of living crisis.

The Scottish Government is committed to Plan 21-24, this states that:
Every child that is 'in care' in Scotland will have access to intensive support that ensures their educational and health needs are fully met.

Local Authorities and Health Boards will take active responsibility towards care experienced children and young people, whatever their setting of care, so they have what they need to thrive.

There are clear links between The Promise and tackling child poverty at a local and a national level. It states that there must be a significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities. With both areas of work support for families within a whole family approach is emphasised, as is the need for organisations and communities to accept that creating real and sustainable change is everyone's responsibility. Also shared is the recognition of the impact of disadvantaged and stressful living conditions and how they can interact to cause outcomes where poverty can lead to children becoming care experienced and families requiring wraparound support.

In all of this the importance of children's voices being heard is central and must be made a part of decision making and a process of listening to their needs and aspirations. Argyll and Bute HSCP makes this a central tenant of all their work and is committed to the recognition of the importance of Article 12 which states:

Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law

The United Nations Convention on the Rights of the Child; UN 20/11/89.

Argyll and Bute Council and the HSCP have made a commitment to tackling child poverty through delivering on The Promise and is working to ensure that this is reflected throughout its strategies policies and plans. It is recognised that the geography and the remote and rural nature of many small communities creates significant challenges in ensuring equality of services but there is a commitment to ensuring that happens. It is also recognised that this is a journey and that there will be more to accomplish along the way but some of the key developments over the last two years have included:

Argyll and Bute has been a national Pilot area for the delivery of trauma training and, to date, in excess of 95% of education and residential care workforce have undertaken Trauma Training, either on line self-learning or delivered training. This training is across the whole workforce, including those responsible for the care and support of care experienced children and care leavers.

The Bute and Cowal test site is exploring a model for intensive whole family support for children on the edge of care, in particular where parental substance misuse or poor mental health are key factors.

Over 50 staff have completed DDP (Dyadic Developmental Psychotherapy) level 1 training and our first cohort have commenced DDP level 2 training.

“Together Apart” assessment training has been implemented for social workers supporting brothers and sisters and permanence planning guidance has been revised to ensure greater weight is given to maintaining relationships.

Restraints or “safe holds” have not been used in any of the three children’s residential houses for over 5 years. Staff have been trained in therapeutic crisis intervention which has contributed to no longer using these interventions.

Who Cares? Scotland provides a widely understood relationship based advocacy service for all care experienced children.

Parents affected by poor mental health or with learning difficulties have good access to independent advocacy through Lomond and Argyll Advocacy Services.
There are plans to review advocacy services for parents with care experienced children.

All foster carers have been offered trauma informed PACE training.

A Principal Teacher for Care Experienced Children and Young People has been appointed to lead on improving educational outcomes to oversee their education.

There has been an appointment of Health and Wellbeing Liaison officers in each local area to provide intensive support for care experienced children and their families.

The implementation of a Care Experienced CAMHS service has been commenced.
A Health Manager with specific responsibility for care experienced children has been appointed.

50% of schools have signed up for the Rights Respecting Schools Approach and are following the framework for awards and 26% of schools are involved in Argyll and Bute's Local Authority Nurture Strategy programme.

There is a long established multi agency approach to early and effective intervention with young people to avoid criminalisation and target effective early help.

All care experienced young people leaving care are entitled to maximum points and prioritised for allocation, housing and social work plan together to ensure that housing options are consistent with a young person's identified needs.

Our Challenge

There is currently a higher percentage of children in low income families in Argyll and Bute than the Scottish national average. It is difficult to assess why this is the case but the difference in wage levels between Argyll and Bute and the Scottish average coupled with the higher costs of remote, rural and island living will be factors. It is also likely that the effects of the pandemic on our key employment areas, exacerbated by EU exit and the war in Ukraine, are important. The current cost of living crisis is being particularly felt in Argyll and Bute due to the high cost of fuel. The Council, ALIenergy and other organisations are employing a range of measure to combat fuel poverty and improve the condition of existing housing stock.

Children in Low Income Families

	Argyll and Bute	Scotland
2017 - 2018	17.3%	18.6%
2018 - 2019	16.7%	16.5%
2019 - 2020	17.2%	16.8%

Households on Universal Credit - November 2021

AREA	SINGLE PARENT – CHILD DEPENDANTS	COUPLE – CHILD DEPENDANTS	TOTAL
COWAL	88	60	148
DUNOON	161	67	228
HELENSBURGH AND LOMOND SOUTH	77	23	100
HELENSBURGH CENTRAL	159	38	197
ISLE OF BUTE	122	48	170
KINTYRE AND THE ISLANDS	67	34	101
LOMOND NORTH	86	47	133
MID ARGYLL	110	50	160
OBAN NORTH AND LORN	133	60	193
OBAN SOUTH AND THE ISLES	156	69	225
SOUTH KINTYRE	97	63	160
TOTAL	1256	559	1815

Total paid from Scottish Welfare Fund (Crisis Grants & Community Care Grants combined):

2018 - 2019	£443,243
2019 - 2020	£435,112
2020 - 2021	£641,017

Numbers in Receipt of Council Tax Reduction

Council Tax Reduction Caseload 01/04/2021	6,531
Council Tax Reduction Caseload 2/03/2022	6,930

Population and Employment

Argyll and Bute is a geographically large and diverse area and is the second largest local authority in Scotland at 690, 899 hectares. It is also the third most sparsely populated area with only 13 people per square kilometre or 0.13 per hectare compared to the Scottish average of 0.70 (Mid-Year 2017 Population Estimates. It covers almost 9% of the total Scottish land area (Census 2011). The area's population of 85,870 live within an area stretching from Helensburgh and Dunoon along the Clyde, Loch Lomond to the East, the Mull of Kintyre to the south, Atlantic Islands to the west, and the Sound of Mull and Appin to the north. Nearly half of Argyll and Bute's population (48.4%) live in areas classified by the Scottish Government as 'rural' while 17% live on islands. 80% of Argyll and Bute's population live within 1km of the coast. Argyll and Bute has 23 inhabited islands (Census 2011), more than any other local authority in Scotland.

The spread of population brings challenges in terms of infrastructure, services and providing employment. There is an aging population and this causes difficulties in terms of creating, attracting and retaining both employment and employees. Further the nature of the tourist industry (a major employer) means that it is difficult to source housing for people already in the area and those wanting to come and work. Providing good transport links and the right employability skills and qualifications are key to both meeting that need, encouraging new employers to the area and supporting existing ones.

Population

	Total population (2020) Scotland	Argyll and Bute
Male	2,665,200	42,700
Female	2,800,800	42,700
Totals	5,466,000	85,400

Population aged 16-64 (2020)

	AB Numbers	AB %	Scotland %
All People Aged 16-64	50,500	59.1	63.9
Males Aged 16-64	25,900	60.6	64.5
Females Aged 16-64	24,600	57.6	63.3

The nature and level of income through employment is a key driver of poverty. In Argyll and Bute we have a very limited industrial base and our main employing areas are: tourism and the service sector. The percentage of people employed in low income sectors in Argyll and Bute has changed little in the last 5 years, from 32% in 2017 to 32.5% in 2020 (Annual Population Survey). Over 87% of employee jobs in the area are provided within the service sector, public administration, education, health, forestry and fisheries, food and defence.

Employment and unemployment (Jul 2020-Jun 2021)

	AB Number	AB %	Scotland %
Economically Active	39,700	77.6	75.9
In Employment	39,000	76.2	72.2
Employees	31,400	63.1	64.3
Self Employed	7,500	13.1	7.6
Unemployed	1,500	3.7	4.7

Whilst a higher percentage of people in Argyll and Bute are employed or self-employed than the Scottish average, wages are lower and it is more common for people to have more than one job, work part-time or be on zero hours contracts.

There is a lower percentage of workless households in Argyll and Bute than the Scottish average, 14.7% compared to 18.1% (Dec-Jan2020).

Lower wages, combined with the gender pay gap in Argyll and Bute, make it more difficult for women and single parent families led by a woman, financially.

Average Earnings by place of residence (2020)

	AB (Pounds)	**Scotland (Pounds)**
Gross Weekly Pay		
Full-Time Workers	553.6	595
Male Full-Time Workers	606.7	626.3
Female Full-Time Workers	477.1	562.5
Hourly Pay - Excluding Overtime		
Full-Time Workers	14.64	15.63
Male Full-Time Workers	15.60	15.87
Female Full-Time Workers	13.54	15.31

Median Weekly Earnings (Residence-Based, Full-time)

2018	£483.4
2019	£528.4
2020	£555.6
2021	£562.7

Gender Pay Gap in Argyll and Bute

Argyll and Bute - Ranked 12 in table of local authorities
Men earn 13.6% more than women.

Greener Development and Sustainability

We are committed to creating green jobs and businesses within a low carbon economy and giving young people the skills they need to become involved in this work. Examples of this include successful projects put forward to the UK Community Renewal Fund by Argyll and Bute, including the West Coast UAV Innovation Logistics and Training Hub, and Curriculum Development for STEM Hub Projects.

Also, being considered under the Scottish Government's Islands Programme (IP); is the Island Community Hall Connectivity Project – which would enhance digital connectivity to allow access to superfast broadband. Community Halls and Centres would operate a new hybrid-meeting model and act as community digital hubs.

Another example, being developed as part of the Rural Growth Deal, is creating a Low Carbon Economy. This includes exploring options for the decarbonisation of Islay using a 'whole systems' approach that will consider power, heat and transport as well as placing the needs of the individual and business consumer at its centre to ensure that future energy systems are sustainable and support inclusive economic growth.

In addition there are other areas of work, such as providing free period products, developing school clothing banks and the Food Forum that offer an opportunity for poverty actions and sustainability to be more closely aligned in a way that helps to tackle stigma while enabling dignity and choice for those in need.

the POVERTY ALLIANCE
WORKING TOGETHER TO COMBAT POVERTY

CHILD POVERTY ACTION GROUP IN SCOTLAND

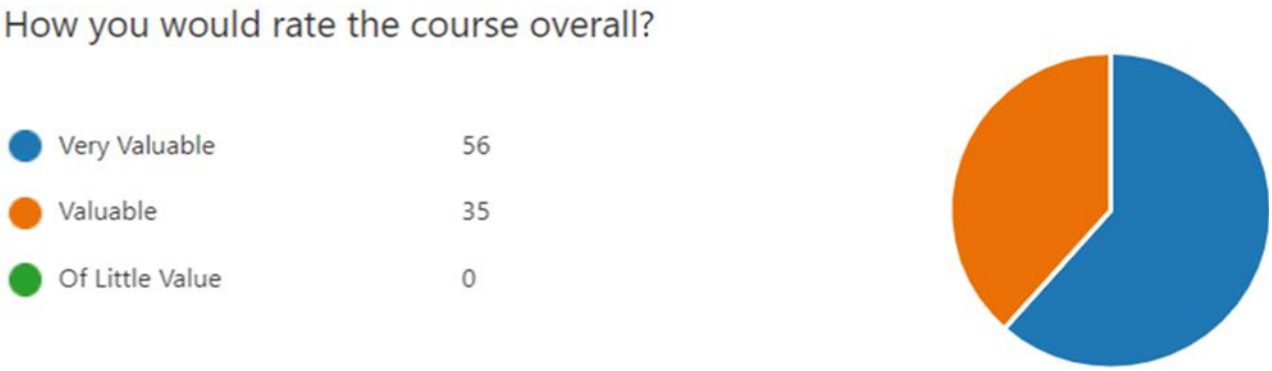
One Parent Families Scotland

Training

One of our commitments for the year 2021 – 2022 was to deliver training, related to understanding and tackling child poverty, for a wide range of staff groups across Argyll and Bute, including HSCP, Education and the Third Sector and Housing. This was made possible by monies from the Flexible Fund which enabled us to commission the Poverty Alliance, Child Poverty Action Group and One Parent Scotland to work with us. A number of training packages were developed and delivered on multiple occasions over a three month period. It was also agreed that **Poverty Awareness Training** would be delivered to Councillors following the May elections .Take up was good across the board and it is hoped that we will be able to repeat some of this training in 2023.

Courses had different target groups and the intention was to have both practical and consciousness raising outcomes. For example the course **Single Parent Poverty Awareness** was aimed at all sector workers with an interest in understanding the specific issues, misconceptions and barriers single parents face and why single parents are uniquely placed in the poverty statistics. Also for managers who employ single parents and may want to know more about potential barriers to work faced by single parents and how they may single parent proof their practices.

Poverty Awareness Training was delivered in partnership with Argyll and Bute Council by a consortium formed of the Poverty Alliance (PA), One Parent Families Scotland (OPFS) the Child Poverty Action Group in Scotland (CPAG) to a total of 220 professionals, over 20 occasions, was rated valuable or very valuable by all 81 participants who completed evaluations and was most commonly described as 'informative'.



Not only was it perceived as very valuable / valuable by most participants but it enabled us to see what a large number of staff identified as priorities for address poverty in Argyle and Bute summarised as:

- Investment in employment opportunities, transport,
- Transport and access to public transport
- Access to health care services
- Access to childcare
- Access to further education and support to young people
- Access to affordable good quality housing



One of the most positive things to come out of the training was the powerful messages that staff took form it to carry forward into their professional and personal lives, hopefully improving services for those experiencing poverty and deprivation. It was noted that whilst a local member of the Scottish Youth Parliament attended as did two local young Poverty Champions, it would have been better if more young people could have attended. It was also noted that most participants were female and the course could have been more balanced on gender.



Other Courses:

There were also a number of courses for those who worked directly with families and needed to know how best to help them in areas such as Social Security and other benefits; how to make sure that people are claiming their full entitlement. These courses were well subscribed and received positive feedback; they included:

- **Benefit Basics in Scotland**
- **Payments for Children in Scotland**
- **Supporting Low-income Families**
- **Scottish Social Security – an Introduction**

COURSE	DATE
Single Parent Poverty Awareness	January to March 2022
Benefit basics in Scotland	12 – 13 January 2022
Payments for children in Scotland	18 January 2022
	22 March 2022
Supporting low-income families	25 January 2022
	18 / 23 February 2022
	2 / 14 / 30 March 2022
Scottish social security – an introduction	9 March 2022
	24 March 2022
Poverty Awareness Training	January to March 2022

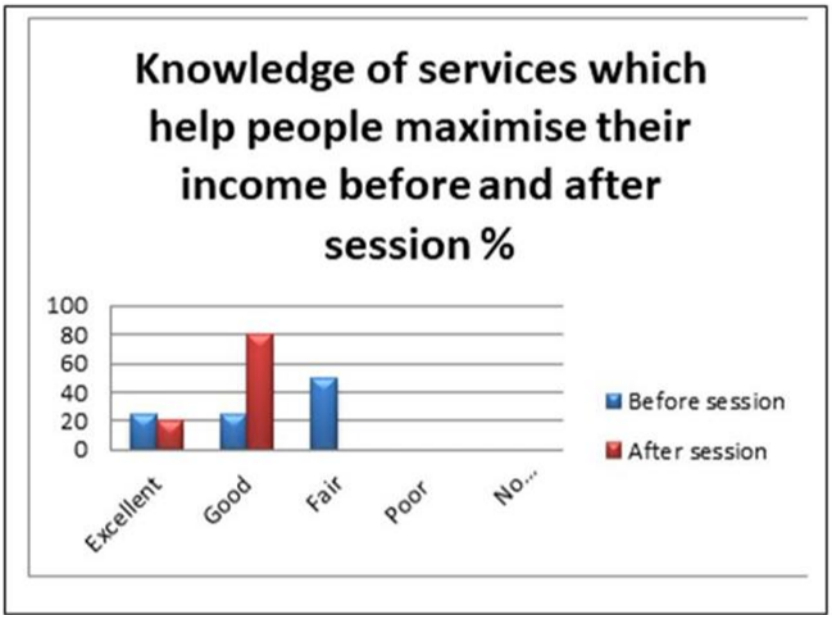
In addition to the commissioned training events there has been the delivery of **Money Counts Training.** The Money Counts Level 1 awareness session was co-developed by the Highland Money Counts Partnership including the Trussell Trust, NHS Highland, Highland Council and Social Security Scotland, in partnership with the Independent Food Aid Network and Nourish Scotland. It is has been adapted for Argyll and Bute and is currently delivered by Heather McAdam from NHS Highland and Mags Todd from A&B Council.

The sessions aimed to:

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

The sessions also raised awareness of the Independent Food Aid Network (IFAN) Argyll and Bute *Worrying about money?* Leaflet and encouraged participants to use this when discussing money issues with clients. These sessions are still taking place. Considerable efforts have been made by a raft of organisations and departments to ensure that every household in Argyll and Bute receives the IFAN Leaflet and this has included sending it out with Council Tax bills and making it available via Council and other media sites, Community Groups, Living Well Networks and Food Banks.





Key Areas of the Plan:

A. Increasing Income from Employment and Earnings 1. Employability

Delivery of the Parental Employability Support Fund (PESF) continues within the broader context of the No One Left Behind policy direction. https://www.argyll-bute.gov.uk/forms/contact-employability-team Eligible participants must have the right to live and work in the UK and are:

- Lone Parent who are unemployed or experiencing in work poveryy
- Parents with a disability or families who are unemployed or experiencing in work poverty and have a disabled child
- Parents who are unemployed or experiencing in work poverty and have 3 or more children
- Parents from a minority ethnic background who are unemployed or experiencing in work poverty
- Parents who are unemployed or experiencing in work poverty and have a youngest child
- Parents who are aged <25 who are unemployed or experiencing in work poverty

The main objectives/expected outcomes are to support the delivery of the Scottish Government's Parental Employability Support Fund (PESF) to deliver a flexible and 17 user-based model of employability support for the parental groups identified in Every Child, Every Chance: tackling child poverty delivery plan 2018-2022, through appropriate support focusing on intensive key worker support.

With effect from May 2022 the PESF Employer Recruitment Incentive (ERI) programme is also offered by Argyll and Bute Council. ERIs play an important role in supporting those with the greatest barriers to employment, to enable them to obtain and remain in sustainable employment.

The ERI is available to use as a contribution to the additional costs of recruiting and sustaining eligible participants in employment. The ERI can be utilised in several ways such as for additional supervisory costs, training, initial travel to work costs, specialist in work support, or wages.

Up to £6,000 per participant is available, this allows employers to offer unemployed parents the opportunity to move into permanent or a fixed term employment contracts of up to **18 months or more**.

Fair Start Scotland (FSS) is currently being delivered by Argyll and Bute Council's Employability Team on behalf of People Plus.

https://www.argyll-bute.gov.uk/forms/contact-employability-team

To be eligible participants must be:

- Living in Scotland and eligible to work in the United Kingdom;
- over 18 and out of work; or
- 16 or 17 and are either disabled or in receipt of Employment and Support Allowance or Universal Credit

This service is targeted at those who wish to receive individually tailored support to find and remain in employment or self-employment.

The Young Person's Guarantee also offers Employer Recruitment Incentives (ERIs) of up to £6,000 per participant. This allows unemployed young parents aged 16 to 24 years the opportunity to move into permanent or a fixed term employment contracts of up to **18 months or more**.

https://www.argyll-bute.gov.uk/helping-people-work

Young people (including graduates) entitled to receive support through the YPG Employer Recruitment Incentive (ERI) are those who:

- Have the right to live and work in the UK
- Are currently resident in Argyll and Bute
- Are unemployed (or on a paid work experience programme such as Kickstart and Community Jobs Scotland)

and meet one or more of the following criteria:

- Disabled and/or deaf person (includes those experiencing mental health issues and those who have an impairment or long-term health condition)
- Care experienced young people
- Primary Carer
- Person with a conviction (including Criminal Protective Orders)
- No or limited work experience
- Early leavers from the armed forces, veterans, and ex-forces personnel
- Long-term unemployed (6 months or over) who are not on Community Work Placements
- Person who has failed their ESA Work Capability Assessment
- People from Ethnic Minority backgrounds and racial groups, with a targeted approach informed by local population data.
- Gypsy/travelling community
- Partner of current or ex-Armed Forces personnel
- Person requiring support with language, literacy, or numeracy, including those for whom English is an additional language
- Lone parent
- Low skilled
- A young person who was receiving additional support for learning in school
- Refugee or other granted leave to stay in the UK
- Homeless person (including temporary or unstable accommodation)
- Person affected by substance misuse.

The No One Left Behind also offers Employer Recruitment Incentives (ERIs) of up to £6,000 per participant. This allows unemployed participants aged 25 to 67 years the opportunity to move into permanent or a fixed term employment contracts of up to **18 months or more**.
https://www.argyll-bute.gov.uk/helping-people-work

Participants entitled to receive support through the NOLB Employer Recruitment Incentive (ERI) must:

- Have the right to live and work in the UK
- Be aged between 25 and 67 years up to 67 years (Pensionable age) and experiencing barriers to employment;
- Reside in Argyll and Bute
- Be unemployed and not participating in the Scottish Government's Fair Start Scotland programme.

Successes and Challenges

Parental Employability Support Fund (PESF)

To date 47 parents across the 6 target group have signed up to receive support from our two PESF Engagement Workers, of these parents:

32 (68%) were unemployed and 11 (32%) low income employed on commencing support.
9 of the 32 unemployed have now ceased support. All 9 are in a positive destination, 8 in employment (89%) and 1 has moved into full time education (11%).
2 of the 11 employed have now ceased support, 2 (100%) of these parents have experienced an increase in their household income.

Case Study – Employed Parent on Low Income

Who – tell us about the participant	A is a 30 year old mother of three children. She was a self-referral to PESF and had become aware of our service via one of Argyll and Bute Council's Facebook posts. She was working part time as a Carer and hoped to increase her household income.
Barriers Identified	A's main barrier was the lack of affordable childcare for her youngest child which was preventing her from taking on any additional hours. During the completion of her Initial Needs Assessment she expressed an interest in starting up her own cleaning business. She thought that this would be a way for her to take on additional hours whilst working around her children/childcare at the same time.
Impact – how has the participant changed or moved forward that would not have been the case without the support (training /learning participation progress made including soft skills and any milestones / outcomes achieved).	Her PESF Keyworker discussed various options and a referral was put into the Business Gateway on her behalf. Through the support of PESF and Business Gateway A has now set up her own small cleaning business which is going from strength to strength. She is taking on new clients on a regular basis and due to her self-employment she is able to work around her children thus avoiding any further childcare costs. Her 3 year old has secured a place within one of our local nursery settings. This will then enable her to take on further additional hours. Her new business has made a significant difference to her household income, which will increase further when her youngest child starts nursery.

Quote from participant – their views on the support offered and outcome achieved?	"I am very grateful for the help and support I've received from my PESF Key Worker. Starting up my own business was something I had thought about for a long time but I didn't know where to begin. She was really good at giving me all the information I needed and referring me onto the Business Gateway team. I am thrilled to bits to say that I now run my own business, I don't have to pay any additional childcare costs and my income has increased. Thank you!"

Case Study 2 – Unemployed Parent

Who – tell us about the participant	B is a 32 year old single parent of 4 children. She is currently unemployed and was referred to the Parental Employability Support Fund by the DWP.
Barriers Identified	B's main barrier to work is the lack of affordable childcare in her local area. A secondary barrier was the fact that she had only completed primary school education and had left school with no qualifications. In her Initial Needs Assessment she expressed an interest in starting up her own nail technician business as this was something that she really enjoyed doing as a hobby for friends and family. She thought that this would be a way for her to find employment but work around her children and childcare at the same time.
Impact – how has the participant changed or moved forward that would not have been the case without the support (training /learning participation progress made including soft skills and any milestones / outcomes achieved).	Her Engagement Worker discussed various options however B was initially unsure about starting any type of college course to help achieve her goals. With the support of her Engagement Worker she agreed to sign up for an online nail technician diploma course where she could work at her own pace and own time. When B started her online course it became apparent that she would need training resources and materials to help her to complete it. PESF was able to purchase these for her. To date B has passed every module and is really enjoying the course. She has also approached hairdressers in her local area with a view to one of them allowing her to rent out space to set up her own nail bar in the near future.

Quote from participant – their views on the support offered and outcome achieved?	"The help and support that I have received from PESF is fantastic. After leaving school at 12 years old I never dreamed that I would be able to complete any type of further education course. The PESF workers have also been amazing at helping me to purchase the materials and resources that I needed to complete my course. Without their help I could never have afforded to purchase these things. I am getting a lot more help and support than I expected, thank you"

One major challenge has been recruiting staff to deliver PESF. A lack of suitable applicants resulted in non-appointment to the full time PESF Engagement Worker advertised.

Fair Start Scotland (FSS)

Fair Start Scotland has gone very well in the last year. Due to the pandemic delivery has continued remotely resulting in increased engagement by the participants. Feedback received highlights this is a preferred delivery method for all current participants. Referrals from island communities have also increased.

Over the last 12 months 77 new participants commenced individually tailored provision FSS. Keyworkers supported these participants as well as existing caseloads and successfully moved a total of 39 into employment across a number of sectors. In work support is offered to allow continuation of support whilst in employment.

As this is a voluntary service the challenge continues to be competition from other provision such as JETS, Kickstart, NOLB, PESF and the YPG. Parents in particular are opting for PESF, in the last year only one parent joined the FSS service.

The Young Person's Guarantee (YPG)

The YPG has been well received in particular the 26 week waged opportunities available January to September 2021.

A total of 62 young people (15 island based) commenced subsided employment with 46 employers (8 island based). These opportunities exceeded the target of 60 by 2. Of the 62 young people, to date 48 (77.41%) have moved into a positive destination; 37 (59.67%) remaining in employment with the same employer, 9 (14.52%) moved to work with another employer and 2 (3.22%) moved into further education.

YPG Pre-employment Support delivered by Third Sector partner organisations, supported 74 formal learning agreements for young people by the end of March 2022. The target was originally 60.

YPG volunteering opportunities delivered by Third Sector partner organisations supported 30 young people by the end of March 2022. Of these 3 have left early or

completed; 2 (66%) have moved into employment and 1 has disengaged (33%). The remaining 27 young people are doing well and receiving support from a mentor based on individual need.

Modern Apprenticeships delivered by Argyll and Bute Council's 'Growing Our Own' Team saw 4 young people commence employment. One young person has completed his qualification and secured employment with another department, the remaining 3 are on track to complete. Training providers are continuing to work well with the apprentices.

Kickstart

Argyll and Bute Council is a Gateway Organisation for the UK Government's Kickstart Scheme for 25 employers and 50 placements further to approval from the DWP on 18th February 2021. It is hoped that the Young Person's Guarantee will be used to augment the support provided through the UK Government's Kickstart Scheme by a further six months.

Update: Argyll and Bute Council acted as a Gateway Organisation for 32 employers offering 66 work placements. Despite DWP's best efforts just 38 work placements were filled and the remaining places were either withdrawn due to lack of suitable applicants or the employer decided not to proceed in the scheme.

Partnership Action for Continuing Employment (PACE)

Monies received to fund a Single Point of Contact and Engagement Worker for employers and individuals across Argyll and Bute were not fully utilised due to a lack of interest in the posts advertised. This is thought to be due to the short nature of the contracts. Fortunately the tsunami of unemployment predicted due to the pandemic did not materialise resulting in minimal PACE activity. Following re-advertisement one post was filled, 50% funded by PACE 50% No One Left Behind up until end March 2022.

Plans Ahead

To recruit an additional full time PESF Engagement Worker to allow additional marketing of the service and increased engagement with parent target groups.
To continue marketing of FSS service to encourage parents to sign up to receive support should this be identified as the best option to suit individual needs.

Phase 2 YPG continues with 90 Employer Recruitment Incentive places by end of March 2023. To date 39 of these have been filled to include 10 Kickstart extensions. Interest is increasing from employers who are keen to take advantage of the funding on offer to recruit a young person.

YPG Pre-employment Support for 2022-23 (partner delivery) has a target of 54 individuals, where 60% enter a positive destination.

Pre-employment Support, NOLB (aged 25+) (partner delivery) has a target of 42 individuals, where 60% enter a positive destination.

Long Term Unemployment Intermediate Labour Market Support (aged 25+) focuses on the delivery of a caseload of 28 (partner delivery), where 70% enter sustainable employment by March 2023.

ABEP improvement Action Plan completed and residual actions now incorporated into the ABEP Delivery Plan, 2022-25 (working document) and submitted to the Scottish Government.

UK Shared Prosperity Funding Investment Plan, 2022-25 to be prepared by 1st August 2022. In-house employability provision to be incorporated under the people & skills investment priority, as team reliant of external funding.

Based on the No One Left Behind policy direction, focus has been given to strengthening Local Employability Partnerships to take forward the No One Left Behind Phase 2 Delivery Plan. The preparation of a Local Delivery and Improvement Plan, and the COVID-19 response based on the principles which underpin the approach contained within the partnership agreement with the Scottish Government.

Updates on previous review content

On the 3rd November 2021 it was announced that eight of the 11 Argyll and Bute bids to the UK Community Renewal Fund (UKCRF) had been successful, and a three month extension has been granted for project delivery from end of March 2022 to the end of June 2022. This is a fantastic result for the area, with an overall award of circa £2m.

The successful projects, listed below, will contribute to the economic and social recovery of Argyll and Bute, plus many will provide significant input to the outline and full business cases for Rural Growth Deal proposals.

UK Community Renewal Fund – Successful Projects for Argyll and Bute	
Project Name	**Project Value**
The Seaweed Academy	£399,721
MACC Hydrogen Futures Viability Study	£181,170
Optimising Carbon Sequestration for Community Wealth Building	£260,000
The Dunoon Project Stage Two	£352,600
West Coast UAV Innovation Logistics and Training Hub	£170,000
Curriculum Development for STEM Hub Projects	£100,000
Driving Economic Growth Through a Bounce Back Curriculum	£269,856
Recovery and Regeneration of Tarbert	£257,250
Total Project Value	£1,990,597

Work on key strands of economic activity continue, including Rural Growth Deal, Levelling-Up and delivery of Community Renewal Fund projects by a range of public and private sector stakeholders (as noted in Table 1 above).

In particular, Argyll and Bute Council has received £1.449m from the Scottish Government funding to deliver COVID Economic Recovery Fund. A number of interventions have been approved to support local economic recovery and cost of living impacts on low-income households. This includes a Small Business Development Grant and a New Enterprise Support Grant, both offering financial support of up to £3,000 with associated eligibility criteria. It is anticipated that this funding support will be open to applicants in May 2022, with applications to the Small Business Development Grant open until 31st January 2023 and those to the New Enterprise Support Grant open until 31st August 2022, or sooner once funds are fully committed. An additional Sector Support Grant will also be launched in due course. All three grants will be administered by the Business Gateway team, Economic Growth.

Argyll and Bute Council's Employability Team has a number of sources of support available to help people into work - whether for young people looking to go into a job or further education, employers looking to set up job placements, or supporting the long-term unemployed to access skills, training and jobs.

https://www.argyll-bute.gov.uk/forms/contact-employability-team https://www.argyll-bute.gov.uk/helping-people-work

The Scottish Government's Islands Programme (IP):

New proposals, which would see major investment in a host of ambitious projects across Argyll and Bute's island communities, are in development.
Councillors approved a range of options for possible inclusion in a funding bid to the Scottish Government's Islands Programme (IP).

The initiative is a five-year, £30 million investment to help the delivery of the National Islands Plan (NIP). It supports projects that encourage population growth, deliver on Scottish Government net-zero ambitions and support a green economic recovery from the impact of the pandemic.

The 2022/23 programme will see £4 million allocated across the six island local authorities via a competitive application process with a maximum of five applications per local authority.

The projects under consideration include:

Coll / Colonsay - enhancing airport infrastructure at Colonsay and Coll airports including; CCTV, creation of a small fire-training rig on both islands, improved accessibility and new white lining machinery and runway surface cleaning equipment.
Mull - progressing phase two of Tobermory public realm work and flood resilience. Bute – a multi-use Places to Play games area next to Rothesay swimming pool and a play park adjacent to Winter Gardens/Visitor centre.
Kerrera – the final phase of the new Kerrera North South Road.
Islay – improvements to School Street, Bowmore, public toilets at Distillery House and a new footway to improve safety at the narrow section of the road.

Jura - improved infrastructure for Jura Ferry including a permanent alternative access solution for small passenger only vessel when the Eilean Dhiura is off service.

Bute - provision of new business units for lease to aid recovery and growth.
Port Ellen – enhanced access to Port Ellen ferry terminal to include improved footways from the ferry to the village, a wider road and new bus bay close to the island's war memorial.
Islay - new car parking next to Bowmore pier.
Ulva - purchase of a larger ferry suitable for carrying pickups or trailers, loose freight and livestock.
Island community hall - connectivity project – this additional option would enhance digital connectivity to allow access to superfast broadband. Community halls/centres would operate a new hybrid-meeting model and act as community digital hubs.

Under the scheme, local authorities can submit up five applications each and must apply via a bidding process. Applications close 10 June 2022.

Fergus Murray, Head of Development and Economic Growth said:

As our island communities continue the process of recovery from the pandemic, a successful application to the Islands Programme would be a major boost to residents, businesses and visitors.

As many of the projects are at varying stages of development; the challenge will be the competitive nature of the bid process, the short timeframe for both the submission of the bid and securing the funding within the timeframe. We expect a second round of the Islands Programme in 2023.

Skills Development Scotland / Argyll and Bute

School Service Offer - Our careers advisers work in partnership with every state secondary school in Argyll and Bute, delivering career guidance to enable young people from S1-S6 to develop their Career Management Skills via a range of group work and 1-1 coaching conversations. We work closely with our partners within the school to identify young person who are considered to be most at risk of not making a positive progression from school, helping those young people to develop their career management skills and move onto education, employment or training when they leave school.

From 1 June to 31 December 2021, we delivered 2,317 Career Information, Advice and Guidance engagements for 1,475 school pupils through a mix of group and one-to-one sessions.

For more information, please click on the following link. What We Do - Scotland's Career Service

School Leaver Cohort 20/21 - 801 young people left school during the 20/21 school cohort and our team worked hard over the summer months to follow up whose had left to ensure support was offered. The 2021 Annual Participation Measure showed that of the 3,168 16-19 year olds in Argyll & Bute 93.5% were in education, employment or training and personal development.

Post School Service Next Steps – Our service supports young people aged 16 – 18 (extended to 26 for care experienced young people) who are unemployed, helping them to build up their career management skills and move on to and sustain a range of options as appropriate: Training programmes, employability support, education and employment. From 1 April to 31 December 2021, we delivered 312 Career Information, Advice and Guidance engagements for 190 post-school customers through a mix of group and one-to-one sessions.

Post school service: adults & PACE - Working in partnership with a range of partners to support local hubs helping unemployed adults to develop their career management and employability skills and move into employment. In Argyll & Bute our advisers have worked closely with the employability partnership (DWP & CLD) to deliver support via our local Youth Hub format.

PACE: Partnership Action for Continuing Employment (PACE) is the Scottish Government's initiative dedicated to responding to redundancy situations. Through providing skills development and employability support, PACE aims to minimise the time individuals affected by redundancy are out of work. PACE brings together 24 organisations, together with the Scottish Government to provide free and impartial advice, guidance and support for individuals affected by redundancy.

PACE support is available to all individuals affected by redundancy.
Advisers have extensive experience of dealing with redundancy situations and can: Help with CV, job search, applications, and interviews, advise on benefits, staff may be entitled to provide information on learning and training opportunities.

PACE support is delivered using a variety of delivery methods including Face to face, PACE Helpline, through webinars and enhanced online resources.
PACE Support in Argyll and Bute for the operational year April 2021 – March 2022 seen 5 employer and 47 individuals receiving PACE Information.

Visit www.redundancyscotland.co.uk for more information or call 0800 917 8000 to speak to an adviser.

My World of Work- Our website provides trustworthy, expert information and advice and it's free to access for people at any stage in their career. The site is designed to support people of all ages and stages, with activities and tools to help them identify the opportunities open to them. Our school, post school and PACE career coaches have been supporting Argyll and Bute customers by sign posting them to My World of Work for opportunities and developing their career management skills. Parents and schools have been using this service to support pupils with their career journey. Find out more at www.myworldofwork.co.uk

Care Experienced: Our advisers continue to work in close partnership with the Argyll and Bute Council Throughcare/After Care and Social Work teams to work with young people who are care experienced and to ensure our support is delivered at the right time and with the relevant support from other key workers supporting the young person.

Summary of Learning HUBS

The Learning HUBS are being set up in 6 different locations across Argyll with Oban, Campbeltown, Lochgilphead and Rothesay currently in operation with Helensburgh and Dunoon coming on board by late summer. The HUBS are for Adult Learners from age of 16+ (who have left school).

Adult Learning (Community Learning Services) set up and oversee them and have been working in Partnership with other Services to look at how they can collectively provide a holistic and safe space for those members of the community who are wanting to access learning and increase their skills development.

Partners who are regularly or weekly involved alongside the Community Learning worker/s are SDS (Skills Development Scotland) and DWP Job Centre plus (JCP). Which brings added value and additional support.

As the HUBS evolve other Partners will be invited to participate through session slots to raise awareness of their services or to give guidance and support. Within their communities. (This will be different to each local area). For example

Housing, HCSP, Argyll College
Learner can access the HUBS for support in: Life Skills for Work and Personal Development
Basic Digital skills
Employability support
Accredited Learning Opportunities
Study Skills
Information and sign posting to services and other organisations
Basic financial capability including budgeting
Learners new to social media and Internet (how to use it to keep in touch with family/friends), online shopping, Banking, paying bills etc.

Numbers of learners attending the HUBS are slowly increasing as Adult Learners start to return to “life after lockdown”

Attendance: weekly average numbers mixture of regular attenders and Drop In/ attenders (may only attend once or twice) January 2022 – June 2022 (present)

Learning HUBS	Number of participants
Lochgilphead	13
Oban	3
Rothesay	6
Campbeltown	8
Helensburgh	0
Dunoon	0
Area wide total across all areas combined	On average 30 people per week numbers slowly growing

Council Apprenticeships

Since April 2021, we have employed 7 new modern apprentices. 4 of which were funded as part of the Young Persons Guarantee which was supported by the Employability Team. This brings the total number of apprentices employed to 69. During this period, 6 apprentices have successfully completed their apprenticeship. Out of those 6, 4 have gone onto secure posts with Argyll and Bute Council. Overall, we still have a high rate of apprentices going onto secure employment with Argyll and Bute Council on completion with 75% off all apprentices completed securing a job with the council. As our apprenticeship vacancies are offered based on workforce need determined through our workforce planning process we are hopeful this rate will remain high.

We have reviewed the tools we have in place to support apprentices and mentors to ensure apprentices continue to get a positive experience despite our hybrid working environment. We have also continued to offer our foundation apprenticeship in social services children and young people across schools within Argyll and Bute. They gain a qualification which is equivalent to a Higher and at the same time get to experience a work placement which provides them with key experience, skills and knowledge. This is not only a brilliant addition to a school leavers CV, but it allows Argyll and Bute Council to grow a quality Early Years workforce for the future. Argyll and Bute Council continues to works closely with schools to facilitate work placements for young people where possible and has established links with DYW Argyll to offer opportunities for young people in the local area where it is possible to do so. Over the past few months, we have begun to relook at our materials to support work placements and promote the council as an employer to provide awareness to young people of the opportunities which are available to them within Argyll and Bute.

Education 2021-2022

Following a period of remote learning and prioritising the re-introduction of P1-3 pupils in schools, primary pupils returned to school full time from the 15th March 2021. From the 15th March, all secondary pupils received a combination of face to face teaching alongside remote learning. Secondary schools worked closely with their local communities and council to decide how to safely balance in school learning based on their local context. Senior phase students (S4-S6) who were taking national qualification were given priority for face to face lessons in school.

After the Spring Break 2021, all pupils returned to full time in-school learning, with mitigating measures in place to support the health and safety of the school community and minimise disruption to educational continuity. Schools have managed changes to guidance throughout the academic year. Argyll and Bute's schools have been consistently and effectively responsive to the directives of the Scottish Government. All education establishments continued to have contingency plans in place for any return to remote learning and effective communication with parents/carers from both schools and the Education Authority has been a priority. This has allowed schools to respond quickly to changing demands that Covid absences placed on our school communities.

The Education Authority clearly recognises the risks which periods of school closure have posed for learners' progress. It has been working closely with schools to ensure that all aspects of educational provision balance children's welfare, health and wellbeing needs with the requirement to ensure that any gaps in learning caused by school closure are addressed. The Health and Wellbeing of our whole school community, Nurture, Literacy and Numeracy recovery and Outdoor learning have been key priorities in supporting the return to school.

Assessing learners' progress in literacy, numeracy and other curricular areas, in order that the next steps in learning can be identified, has remained a priority. The role of PT Recovery and Renewal – Literacy and Numeracy was created in October 2021. Since then, we have used authority data to establish contacts within a number of schools where pupils were at risk of falling behind. The PT Recovery and Renewal has worked with head teachers within these schools to consider how best to target interventions and, where appropriate, offered training in delivering interventions to ASN and teaching staff. This is central to closing the attainment gap. Parents / carers have been supported through the development of a website outlining simple ways in which they can support their child's learning at home. Bespoke training in a range of literacy and numeracy resources has been delivered to staff. Individual school support has been provided as well as a range of CLPL opportunities for staff across the authority, focussing particularly on developmentally appropriate pedagogical approaches that offer support and challenge for pupils at their stage of development, rather than their chronological age. Many CLPL opportunities focus in particular on writing as this is an area where pupils have struggled over lockdown.

Digital technology has continued to be used to engage pupils and parents with online platforms such as Google Classroom, Microsoft Teams and SeeSaw. Schools have continued to respond to pupil needs and family circumstance, where possible, providing materials during periods of isolation. Recognising the importance of family involvement and engagement in improving outcomes for children and young people, the local authority invested in technology to ensure that Parents' Evenings could continue via online appointment sessions.

A PT of Nurture was appointed to support the delivery of Trauma training and the development of Trauma Informed schools as part of our "Our Children Their Nurturing Education". This work has been implemented to date through 2 cohorts (in March 2021 and November 21) of training and has engaged 29 schools to date. From this, 5 schools have achieved bronze accreditation (Nurture Committed), 2 have achieved silver (Nurture Aware). A third cohort of training will focus on early years establishments. Our Children Their Nurturing Education (OCTNE) and the work of our schools is included as the first case study in Education Scotland's published report *Health and Wellbeing: a thematic review,* sharing the effective interventions delivered in Argyll and Bute. The mental health and wellbeing of pupils has been further supported by the introduction of counselling service within schools has also helped support the health and wellbeing of young people.

Outdoor learning has been key approach to re-connecting pupils to their school community, providing a healthy learning environment, looking after physical wellbeing, re-establishing positive relationships and managing the change from learning at home to learning in school. The education services have been working closely with local

outdoor education providers since March 2021 to support children and young people throughout the authority recover from the impact of the Covid-19 pandemic. Originally, the providers worked with the secondary sector whose young people were learning from home and in some cases not engaging with school. These young people were offered a chance to carry out activities that were out with their normal comfort zone. Activities included: team building, fire building skills, orienteering, map reading and archery. Following the summer holidays, the programme was extended to include every school across Argyll & Bute, including those very remote, rural schools. Feedback on the programme has been positive from all involved, including parents, teaching staff and – most importantly – the young people themselves. Active Schools provided further targeted support for young people who struggled with the transition back to school, using sport and teamwork to raise self-esteem and help pupils reestablish a sense of belonging.

Primary Schools have also capitalised on outdoor learning opportunities. The success of this work was evidenced within Thematic Inspection evidence by Education Scotland that examined outdoor learning approaches. Argyll and Bute features in the Report as a result of these thematic inspections.

A Maximising Attendance working group has examined attendance issues within schools since the return to school in August 21. A Principal Teacher for Maximising Attendance (temporary) was appointed (April 22) to work with schools and families to address barriers to attendance in order to improve outcomes for children/young people and their families.

A summer programme of events delivered to young people across Argyll & Bute Council who were adversely affected by the impact of the Covid-19 pandemic. The programme was funded by Scottish Government and was run by Argyll & Bute Council in partnership with other organisations. The funding was for the delivery of activities, childcare and food for children aged 5-14 years old from low income families. We engaged with around 1,600 young people each week of the 3 week programme. There were 3,000 eligible.

Planning is underway for the Summer Activities again this year. There have been some changes to the eligibility criteria. We will continue to target families as we did last year, although the priorities laid out this year are as follows:

- Children from lone parent families
- Children from ethnic minority families
- Children from families with a disabled adult or child
- Children from families with a young mother (under 25)
- Children from families with a child under 1 year old Children from larger families (3+ children)

Based on the criteria, the number expected to be eligible is in the region of 4,000.
20 Education staff signed up for the Poverty Awareness Training delivered by the Poverty Alliance through Argyll and Bute Council. There was representation from all across the education service at this training including Early Years, Education

Management, Head Teacher, class teachers and Family Liaison Workers. Pupils from a secondary school Pupil Equity Group were also invited to attend this training. In

Partnership with the Child Poverty Action Group, a follow up professional learning session was delivered to discuss approaches to capturing parent and youth voice on child poverty. Work was highlighted that had been undertaking in schools with regards to the cost of the school day. This session resulted in some small group work and targeted individual work to capture the views of those with lived poverty experience. This will feed into individual school Pupil Equity Fund Plans and School Improvement Plans. Strong parental and pupil voice views express that the school clothing recycling/exchange programmes are welcomed. A parental survey undertaken in March 22 showed that 62% of parents/carers agreed or strongly agreed that the cost of the school day was affordable. Those strongly disagreeing equated to 6.5% of respondents with the remaining neither agreeing nor disagreeing.

Survey evidence from 2 of our large secondary schools demonstrated that there are a lot of activities to do within Argyll & Bute, however 14% identified a lack of transport as a barrier to accessing activities. 35% of young people identified that they rely on parents/carers to transport them to activities because they are living in a countryside location; this is 19% higher than the Scottish comparison. 4% of pupils cannot participate in activities outside of school due to finance, this is 1% below the Scottish comparison figure.

On 10th January, under 22's have been eligible for free bus travel in Scotland. Schools have supported the promotion of this entitlement.

Early Years

Following a period of remote learning and prioritising the reopening of all ELC settings and childminders, children returned full time from the 15th March 2021.
Mitigating measures are in place to support the health and safety of the nursery community and minimise disruption to their education and its continuity. The settings in Argyll and Bute have been consistently and effectively responsive to the directives of the Scottish Government and adhered to guidance from the Care Inspectorate. All settings continued to have contingency plans in place for any return to remote learning and effective communication with parents/carers from settings and the Authority's Early Years Team have been a priority. The Early Years Team has supported settings continuously over the last year when there have been high rates of absence due to Covid-19, to ensure that the settings remained open for children to access their education.

Our Cluster Leads, in particular, have planned for and carried out targeted work for children living in lower bands of SIMD. Our Family Support workers have been liaising with Health Visitors to support families to address health and well-being concerns, parental advice and supporting children returning to ELCs after a period of closure.

The support officers have worked closely with settings to track and assess learners' progress in literacy, numeracy and other curricular areas, in order that the next steps in learning can be identified. Significant CLPL opportunities have been offered to staff to focus on Covid recovery to support all children. These training sessions have been very well received with a high percentage of staff accessing these and implementing advice into their own settings.

A PT of Nurture was appointed to support the delivery of Trauma training and the development of Trauma Informed schools as part of our "Our Children Their Nurturing Education". There is to be a new cohort of training which will focus on early year's establishments.

Outdoor learning has been a key outcome on the Early Years annual plan and delivery of training has continued to take place throughout all areas. Our target of a minimum 50 percent of time being outdoors has been met and exceeded in 98 percent of all settings. This is providing a healthy learning environment, looking after physical wellbeing, re-establishing positive relationships and managing the change from learning at home to learning in ELC. Our Cluster Leads will continue to extend their training into the next academic year.

UHI Argyll and University of the Highlands and Islands

The academic year 2021/2022 has continued to be heavily impacted by Covid-19 with very little direct face to face teaching being possible. Courses with heavily practical elements were prioritised for access to college premises but theory classes were all delivered remotely using the college virtual learning environment and Webex platforms. This meant that the college had to ensure that all students had access to suitable IT equipment for this. More than 80 laptops were loaned out to students for the duration of their course, most of these were laptops purchased by the college using Scottish Digital Poverty fund and the college's own resources for this. Unfortunately cheaper Chromebooks and tablets are not compatible with the different technologies used to deliver quality remote learning so the provision of reasonable spec laptops was essential. Connectivity issues were difficult to manage at times as the local infrastructure meant that dongles were often not effective either in areas where there was poor internet. Although most of the learning was carried out remotely teaching was still based around timetabled classes so that students could still link in and get an element of classroom experience.

Support staff continued to support students to access relevant funding – Bursary, EMA, Student Loan etc. and provided a lot of one to one help with this. Scottish Government provided Covid-19 support funds via SAAS and Scottish Funding Council to allow students and families to get more support where Covid-19 had caused additional hardship. At least 30 students were helped from these funds. Since March 2022 there has been a noticeable increase in students applying to the Hardship funds for support with cost of living increases. The rise in fuel price has been cited by students as the most common cause of further hardship. This situation looks likely to continue in the next academic session.

The College Counselling service has been more heavily used during 2021/ 22 than the previous year with 42 students benefitting from this service. This rise in numbers was not unexpected and the college Counsellor was able to cover this with only a slight increase to waiting times (these still remained at two weeks or less). Students also are encouraged to access Wellbeing Resources managed through Togetherall and Spectrum Life – two online services subscribed to by UHI.

Other college support services continue to be delivered through a mix of online and face to face. Learning Support has often been extremely effective for students when

delivered via Webex or other platforms, finding it more convenient to arrange support times, have quick “drop in” meetings etc.

Information that would normally be promoted to students via posters within the learning centres is passed out by email / social media campaigns from time to time, coordinated with visits to the online classrooms to give more information. Examples of these would be reminding students of the availability of period products via Hey Girls, where to find information and support for gender based violence etc.

Over the last year all our centres have front line staff that have undergone Gender Based Violence awareness training and Scottish Mental Health First Aid training.

B. Increasing Income through Benefits

Flexible Food Fund

Launched on 11 January 2021 the Argyll and Bute Flexible Food Fund (FFF) uses funds provided by the Scottish Government to support people with financial insecurities to pay for food and fuel during these tough times. The fund provides a payment made to householders if they prove that they do not have the minimum income in their bank accounts to cover the costs of food and/or fuel for a month. Householders or claimants are then incentivised to engage with the advice agencies, Bute Advice Centre and ALIenergy, by securing a second monthly payment if there is evidence that they have taken advantage of these professional services to help them learn how to manage their financial situation in the medium to long term. Failure to engage with the service means that no further grant funded support is made to the claimant.

Householders or claimants are encouraged to make claims to the Flexible Food Fund online using an electronic form on the Council website however an alternative gateway is available through the Argyll and Bute Community Food Forum which involves all of the foodbanks in the area. This means that people regularly presenting at foodbanks for food packages are also getting referred to the FFF project where their needs for immediate support is assessed as is their overall circumstances. They are given the support they need to enable them to live on the resources that they are entitled to receive. Over 95% of householders or claims submitting a claim are engaging with the advice services.

- Advice services provide the following support:
- Money advice, money management and budgeting skills;
- Income or benefit maximisation;
- Debt advice;
- Fuel poverty advice including;
- Access to fuel vouchers;
- Debt relief;
- Warm home discounts;
- Home heating, efficiency measures, switching, support with appliances and the home heat fund.

At the end of April 2022, after just under 16 months there has been 1,007 families supported and the combined total client gain is £1.325 million meaning that the

average client gain per household is £1,315. In addition the team are managing a debt portfolio of £174,000 across all claimants where they continue to negotiate with creditors to reduce the arrears of individuals and families receiving support.

The project has received acclaim as being highly commended at the Institute of Revenues Rating and Valuation (IRRV) for Excellence in Innovation. Between August 2021 and November 2021 a team of staff from the project travelled across Argyll and Bute promoting the project and networking with other key frontline staff in many of our most rural communities in order to provide additional support to those struggling the most. Bute Advice Centre (BAC) collaborated with IFAN and representatives from the Argyll & Bute Community Food Forum to create a leaflet that highlighted advice providers across the region. A section specifically highlights the Flexible Food Fund. These leaflets were distributed widely. Around 7000 have been provided to clients and support services through the roadshow.



The case studies below show the impact that this project is having in supporting people in Argyll and Bute.

Case Study 1 Family

A single parent in Helensburgh was able to secure a new job having been unemployed for some time. With young children to provide for she was very concerned about her finances and coming off Income Support after such a long time. The client was reassured and given support to claim UC. She was also advised of the need to claim separately for her council tax relief. She was surprised as she had always believed she claimed them together. Her adviser explained that the same system was not in operation under UC. This prevented council tax arrears accruing. The client was surprised at how much better off she was in work. She has yet to organise her childcare but when this happens her adviser will support her to access financial help. The FFF project has brought relief to a young mum who was worried about this big change in her life and the initial financial challenges.

Case Study 2

Client L is a woman who is currently unemployed and has been throughout Covid times since she is so extremely allergic to latex that she will have an extreme reaction if, for example, she is on public transport and another passenger at the other end of the bus/train carriage is wearing latex gloves. Her rented flat is centrally heated by old electric storage heaters. She has found these to be very expensive and ineffective so

she has them turned off and relies on her coal fire to heat the whole flat. She lives in fuel poverty i.e. she spends more than 10% of her benefit payments on electricity and struggles to afford food. She was, indeed, referred to Alienergy by the Bute Advice Centre who have helped her access the Flexible Food Fund run by the Argyll and Bute Council which awards food vouchers to those in need, i.e. a more anonymous version of a food bank. Initially when Alienergy contacted her, L assumed that we were cold-calling electricity suppliers and was brusque and dismissive and hung up prematurely. Alienergy persisted and were able to gain her confidence. L told Alienergy that she ate meals at friends' houses whenever she was invited on days when she had no money but she was afraid of the shame of asking them, ever, for a meal or telling them how poor she had become.

When L found she had no money at all, she correctly contacted her electricity supplier and told them and they froze her debt repayments until she had a bit more. Alienergy are registered with the Fuel Bank of Scotland and thus were able to apply to the Fuel Bank Heat Fund for a fully funded 50kg load of coal to help her through the winter. The Heat Fund organised delivery with of her normal smokeless coal preference with her normal local supplier and paid for it including the delivery charge which occurred within a few days. Alienergy also successfully applied for 3 x fuel vouchers worth £49 each to top up her electricity prepayment meter with credit to keep her from having to self-disconnect and live without power in her home in the depths of winter. Alienergy helped decipher somewhat confusing mail that L had received from her electricity supplier, give her general advice on her tariff type and changing to a competitive supplier options and advice on how to reduce her consumption with a few adjustments to her behaviour. New efficient appliances can help with reducing electricity consumption and Alienergy ascertained that of L's white-goods, her fridge-freezer was old, second hand and faulty to the point of being dangerous to health. With L's consent and cooperation, Alienergy made a successful application to Glasspool Trust who provided the funds for L to procure a new fridge/freezer and get it delivered and installed.
L is very glad that Alienergy persisted in trying to contact her and said in an email: "Oh gosh thank you so much you're so helpful.

Client Gain through Advice Activity:

Once again Advice Services across Argyll and Bute have managed to make a considerable difference in the lives of people who are struggling. The table below shows the client gain from 1 April 2021 to 31 March 2022 for the citizens of Argyll and Bute as **£10,165,000.**

Organisation	**2021/2022 (£)**
Bute Advice Centre	1,866,000
Argyll and Bute Council Welfare Rights	2,729,000
ACHA Welfare Rights	4,192,000
Argyll and Bute Citizens Advice Bureau	1,068,000
ALIenergy	310,000
TOTAL	**10,165,000**

A book entitled "**Do You Have Money Worries"** has been produced and circulated widely; it contains a wealth of information on how to maximise income and deal with a host of issues and challenges created by the cost of living crisis.

C. Cost of Living

Housing

Affordable Housing

Often, a family's most significant monthly expense is their rent/mortgage; providing more affordable homes will alleviate a critical driver that pushes families into poverty. The first objective of the Local Housing Strategy is to provide an adequate supply of affordable homes. In 2021/22 there were 289 households with children under 16 rehoused via HOMEArgyll, out of a total of 733 RSL allocations, amounting to 39% of the total RSL allocations that year. In total this equates to 467 children rehoused in a permanent secure and affordable home.

There are 924 families with children under 16 on the HOMEArgyll waiting list as of April 2022, out of a total active waiting list of 2,991 (31%). This amounts to 1,766 children in total in housing need.

The housing strategy also aims to provide families with access to housing that is the right size to meet their needs. Research shows that children who live in overcrowded housing find it challenging to find a place to do homework and study, negatively impacting their life chances and keeps them trapped in a cycle of poverty. In 2020/21 only 13% of families on the HOMEArgyll housing waiting list required a three-bedroom property and less than 5% required 4 or more bedrooms.

Housing condition

Tackling housing in poor condition will improve children and young people's standard of living. Research suggests a relationship between poor housing and lower educational attainment, and if this is so, then the life chances of children and young people are affected. Hence, it affects the standard of living for children and young people at this time and reduces their standard of living as adults and or parents. The Council supports discretionary repair and improvement work as well as mandatory disabled adaptations to private sector properties via the Private Sector Housing Grant while housing associations carry out planned cyclical maintenance and improvement works on their stock and deliver necessary adaptations with investment from the Scottish Government, all of which can benefit local residents and property owners including those with young children to improve health and well-being and tackle poverty.

Link between housing age and fuel poverty

The age of a property has a significant impact on whether the household will be in fuel poverty. Fuel poor households and those in extreme fuel poverty are more likely to live in homes constructed pre-war rather than post war, as can be seen by the table below.

Table 1: Age and type of housing of those in fuel poverty

		Age of Dwelling		House or Flat		Bedrooms	
Fuel Poverty	**% of LA**	**Pre-1945**	**Post 1945**	**House**	**Flat**	**1 or 2**	**3+**
A&B	32%	33%	32%	29%	40%	42%	25%
Scotland	24%	26%	24%	21%	30%	29%	20%
Extreme Fuel Poverty							
A&B	19%	22%	18%	20%	17%	21%	18%
Scotland	12%	16%	10%	11%	13%	13%	11%

Source: SHCS- LA Analysis, 2017-19 (published 2021)

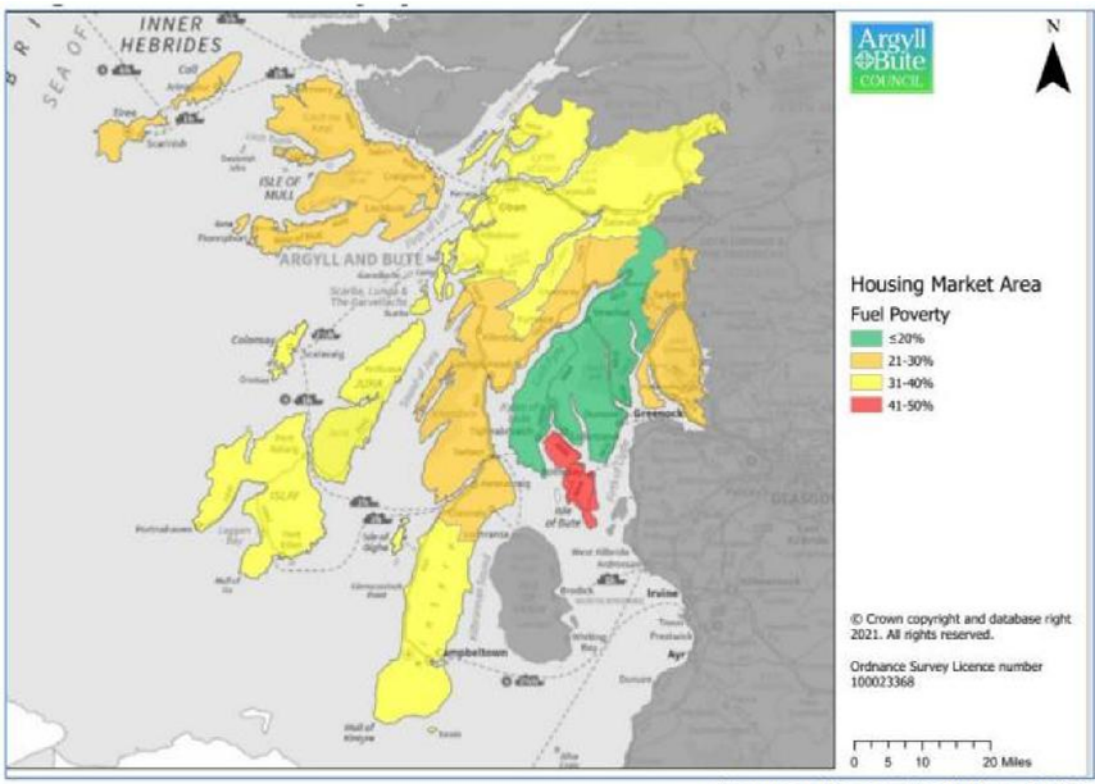
Link between housing type and fuel poverty

Table 1 shows that households in fuel poverty are also more likely to live in a flat (40%) compared to those who live in a house (29%). This is also the case nationally. Conversely, in Argyll and Bute those in extreme fuel poverty are more likely to live in a house.

Link between housing location and fuel poverty

Fuel poverty is not equally distributed throughout Argyll and Bute but rather more marked in some housing market areas. For example Figure 1 shows that Bute has 4150% of the population in fuel poverty whereas Cowal has less than 20% in fuel poverty. Fuel poverty hot spots are in the islands, Kintyre and Oban and its hinterland. We will work in partnership to address fuel poverty and prioritise fuel poverty hot spot areas.

Figure 1:



Source: Home Analytics, 2021

Energy Efficiency and Affordable warmth

The Government has recently raised the Energy Price Cap, which has resulted in a sharp rise in energy costs adding hundreds and, in some cases, over a thousand pounds to a household's energy bill. These cost increases will push many families into poverty. Housing Services are working with partners to ensure that households reduce energy consumption to alleviate the spiralling costs of energy in their homes. The LHS outlines a series of actions to reduce energy consumption, such as:

Houses developed through the Strategic Housing Investment Plan (SHIP) will be energy-efficient new build homes. One of the Council and Scottish Government prioritisation criteria for awarding SHIP funding is that these affordable new build homes should be designed and built to Greener Standards. In this authority, Registered Social Landlords (RSL) pioneered the development of the innovative Passivhaus model of housing at Innellan in Cowal. Currently, another RSL is utilising SHIP funding to finance a new Passivhaus scheme in Garelochhead, which requires the home to have a 75% reduction in space heating requirements than a standard new build home. Several other energy efficiency measures and initiatives are being developed and piloted within SHIP new builds, such as district heating systems. There is a presumption that all future new builds delivered by the SHIP partnership will achieve these standards. However, new build homes only account for a small portion of housing stock.

Minimising all families' energy consumption will require existing homes to be retrofitted with measures to improve the fabric of the building and increase energy efficiency. Consequently, the building will require less energy to reach a comfortable temperature. Reducing the heating demand in homes will contribute to lower heating bills and hence help to alleviate child poverty. The Local Housing Strategy outlines the tools and programmes to improve Argyll and Bute's energy efficiency. These are as follows;

The council has advocated taking a "fabric first approach", which ensures that the building's fabric is improved before insulation measures are installed. The insulation programme is financed by Home Energy Efficiency Programme Scotland: Area Based Scheme (HEEPS: ABS) and managed by the council. This scheme offers residents in Council tax bands A-C properties energy efficiency measures. The scheme is also open to properties in higher council tax bands, which were extremely energy inefficient. HEEPS: ABSs has invested almost £7.25m of energy efficiency measures in the local housing stock. Since 2017, 1,147 households have received insulation measures through the HEEPs ABS programme. Insulation measures make homes warmer while reducing energy bills.

RSLs have implemented the Energy Efficiency Standards for Social Housing (EESSH) in most properties. In 2021 88% of properties were EESSH compliant. EESSH set out the minimum energy efficiency rating that social landlords were expected to achieve across their housing stock by 2020. Not all social housing stock can be made compliant with EESSH due to the building fabric, location, or mixed-tenure issues resulting in some exemptions or abeyances. The new EESSH2 proposals include further energy efficiency targets for social rented homes and incorporate a set of energy efficiency standards for Private Rented Sector (PRS) homes and owner-occupied homes.

Since 2020, Argyll and Bute Council has supported ACHA with their Warm Homes Project. £1million is funding external wall insulation to private homes in mixed tenure blocks. This supports ACHA's broader programme where they are installing over 1,000 air source heat pumps across Argyll and Bute. ACHA has also secured Scottish Government Social Housing Decarbonisation Funding to pilot a demonstrator project.

Installing renewable energy solutions is another lever that can reduce energy consumption. The council is currently working with HIE, Scottish Government and the local community on Islay to explore feasible options and scenarios that would assist in delivering local energy networks on the island to overcome grid capacity challenges. Additionally, there is a proposed Heat Network project in Iona, and both projects would aim to reduce energy costs and take some of the burdens from family finances. Registered Social Landlords are installing heat pumps to reduce the amount of energy used by households to heat their homes.

Energy efficiency measures are essential to keep homes warm with minimal energy usage, reducing most energy bills and reducing families' financial burden. However, when households move from gas heating systems to electrical heating systems used by heat pumps, this can increase bills due to 1KWh of electricity being more expensive than 1 kWh of gas. To avoid this effect will require action at the Governmental level to reduce the price of electricity relative to gas which could be achieved by axing the "Green Levy" on electricity. Improving energy efficiency and providing affordable homes will address some of families' most significant expenses and the drivers of child poverty.

Housing vulnerable families who are more likely to be in poverty

The Local Housing Strategy recognises that children and families in particular situations are more likely to experience poverty, and hence the LHS outlines a series of actions to address disadvantage and alleviate poverty, such as:
Preventing families and young people from becoming homeless. The housing options service assists families and individual young people aged 16-18 to identify the type of home they need and can afford, which reduces the number of failed tenancies, thus ensuring more tenants can remain in their homes. This preventative work reduces incidences of homelessness which contributes to reducing child poverty.

There was a significant decline in the number of homeless children in Argyll and Bute over the last five years from 319 in 2017/18 to 175 in 2021/22. In 2021/22, 374 homeless cases were closed, of which 119 involved households with dependent children (amounting to 196 children in total) and 87 of these households received a positive outcome.

ALIenergy

Fuel Poverty

The current crisis of fuel poverty and cost of living is worse in the rural north west of Scotland than anywhere else in the UK. There are reasons why fuel poverty levels are particularly high: there is typically a dispersed population and poor infrastructure; we have elderly demographics, low incomes, poorly insulated housing and bad weather; the pandemic hit people hard, because there is normally a heavy reliance on tourism; and crucially, there is a lack of mains gas, so people are forced to use more expensive heating

options. Electric heating is typically 3-4 times as expensive as gas heating, but many households across Argyll and Bute have no choice but to use it.

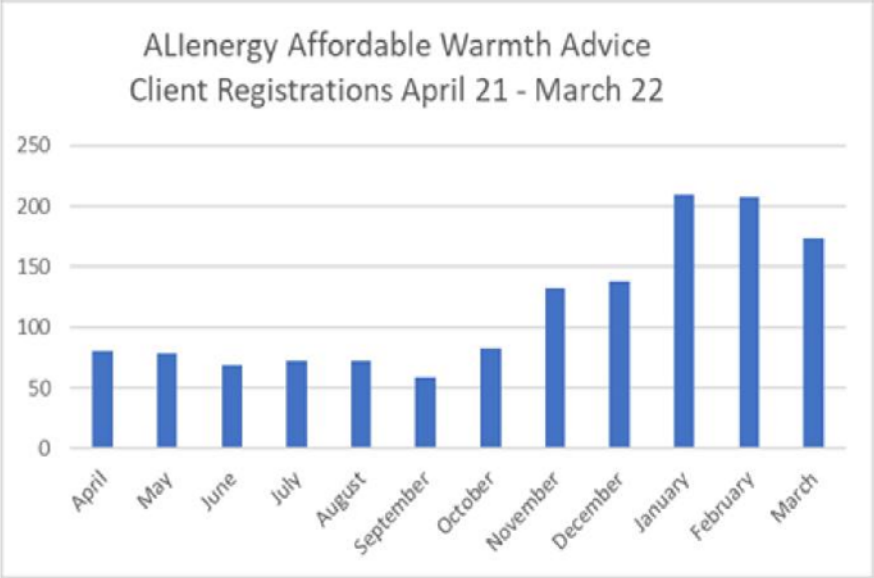
Regional statistics for fuel poverty in Scotland from the Scottish House Condition Survey show that in 2019, before Covid-19, fuel poverty already affected about one in three households in Argyll and Bute, and one in five were in extreme fuel poverty. Recently, revised Scottish Government figures show that fuel poverty is now estimated to be 43% higher than in 2019. This means that in the Argyll & Bute and Highland regions, fuel poverty is likely to be approaching 50% and extreme fuel poverty, probably almost 30% of all households – and further significant price increases seem likely yet to come. Enhanced media coverage has heightened awareness of the appalling and widespread nature of the challenge facing rural Scotland: many more households are now finding themselves in an increasingly desperate situation, many are self-rationing to the extent that they are seriously risking their health and wellbeing – and/or becoming deeply indebted to their energy suppliers in order to keep warm. Argyll, Lomond and the Islands Energy Agency (ALIenergy) has been working to alleviate fuel poverty in Argyll and Bute for over 20 years.

ALIenergy's advisors offer in-depth advice and support, typically involving several sessions working with the client, and sometimes also with their support worker or carer, or other referral partners, over a period of several weeks/months. This involves a dual approach, first to identify and access any available immediate and urgently required financial assistance to pay bills or clear debts, or to provide emergency prepayment meter vouchers, fuel deliveries, or any essential electrical appliances that are missing or broken – and then to support ongoing resilience through a range of advice topics including using home heating and appliances more efficiently; helping to understand energy bills and meter readings; discussing options for suppliers, tariffs and meter types; setting up online accounts; addressing damp and condensation issues; and helping to access the Scottish Government funded heating replacements and insulation schemes through Home Energy Scotland. ALIenergy also provides a range of advice leaflets and also small useful 'cosy kit' household items to help people to keep warm, such as blankets, socks and hot water bottles.

Beneficiaries are typically vulnerable or disadvantaged for reasons such as low income, poor health, disability, unemployment, single parent households and the elderly. However, recent price rises have been so severe that many households that would not normally be described as particularly vulnerable or disadvantaged, are now finding themselves struggling for the first time, unable to afford to heat their homes adequately, and having to choose between eating and heating. Fuel poverty is associated with multiple deprivations: poor health, loneliness and isolation, poor educational outcomes, low employability and debt, and ultimately, shockingly, loss of life through excess winter deaths.

ALIenergy takes direct client enquiries and also works closely with a range of other organisations including Home Energy Scotland, food banks, housing associations, advice agencies, health and social care professionals and other charities, all of which commonly encounter clients in fuel poverty and refer clients. This is an extremely effective method to engage with otherwise hard-to-reach client groups, who might not otherwise come forward.

ALIenergy had 1237 clients registering in the year Apr21 – Mar22 with a significant increase over the winter months as prices went up and the weather became colder.



Immediate financial gains measured by ALIenergy in 2021-22

ALIenergy is a registered referral partner with Fuel Bank Foundation. Through the Fuel Bank Foundation, prepayment meter vouchers and bulk heating fuel deliveries can be accessed. In the period April 21 – March 22, 773 prepayment meter vouchers were accessed to a total value of £33,108, supporting 950 adults and 597 children in Argyll and Bute, whose households were close to or already using the emergency credit facility on their electric and/or gas meter, or had already self-disconnected. 36 bulk heating fuel deliveries (oil, coal, firewood) were also secured worth around £9,000 in total, direct to households who could not afford heating fuel deliveries.

ALIenergy is a registered referral partner for the Scottish Government Home Heating Support Fund – this scheme provides financial relief for energy debt and ongoing costs to energy consumers who are experiencing significant financial hardship regardless of the fuel or payment method used. This year's scheme opened in January 22 and by 31/3/22 we secured 54 awards totalling £47,390in debt write off and contributions to ongoing costs.

ALIenergy is a registered partner of the Glasspool Trust, allowing access to funding for free white goods (cookers, washing machines, fridges, freezers) for low income households where an essential electrical appliance is missing, faulty, or very old and energy inefficient. 67 free appliances were successfully applied for from the Glasspool charity in the year March 21 – April 22, worth £20,808 in total, to households where essential appliances were broken, missing, or very old and energy inefficient.

Since October 21, ALIenergy has been able to access some financial assistance for clients from Argyll and Bute Council's Flexible Fund, and awards have been made to 71 households in Argyll and Bute to the end of March, totalling £18,988, towards energy debt relief and ongoing costs.

Social Security Scotland

The Scottish Government's 2nd Tackling Child Poverty Delivery Plan (*Best Start, Bright Futures*), backed up by up to £113m extra investment this year, sets out bold action to drive progress on the national mission to tackle child poverty.

The actions set out are projected to drive child poverty in Scotland to the lowest levels in 30 years, with current projections suggesting 60,000 fewer children could live in relative poverty by 2023 compared to 2017 (to 17%, from 24%).

This includes lifting an estimated 50,000 children out of relative poverty in 2023 through the Scottish Child Payment.

By the end of 2022, the Scottish Government's package of five family benefits for low income families, administered by Social Security Scotland, will be worth up to a maximum of over £10,000 by the time a family's first child turns 6 – and £9,700 for second and subsequent children.

Social Security Scotland is responsible for administering a number of benefits that have been devolved to Scotland.

Currently, Social Security Scotland administers twelve benefits, seven of which are brand new. The benefits include:

Carer's Allowance Supplement – an extra payment of £245.70 paid twice a year for people in Scotland who get Carer's Allowance on a particular date.

Best Start Grant - is a package of three payments that will give extra money to families on certain benefits or tax credits during the early years of a child's life.

Best Start Grant - Pregnancy and Baby Payment –one off payment of up to £642.35 from 24 weeks in pregnancy up until a baby turns 6 months for families who get certain benefits. This goes up to 1 if you've taken over looking after a child, such as if you've adopted. You get £642.35 for your first child or £321 for any subsequent child. Best Start Grant - Early Learning Payment – one off payment of £267.65 when a child is between two and three years and six months. People can still apply if your child is not taking up a place at nursery

Best Start Grant - School Age Payment – one off payment of £267.65 for eligible families around the time a child normally starts Primary 1. People can still apply if they are deferring school entry.

Best Start Foods - a prepaid card for families to help buy food for children under 3 or during pregnancy. It replaced the UK Government's Healthy Start Vouchers in Scotland.

Funeral Support Payment - a payment available to people in Scotland, who are on certain benefits or tax credits, and need support to meet the costs of a funeral.

Young Carer Grant - a yearly payment of £326.65 for young carers aged 16 to 18 who live in Scotland and care for people for an average of 16 hours a week or more.

Job Start Payment - a one off payment of £267.65 for 16 to 24 year olds, or £428.25 if the main carer of any children, who have been out of work and on certain benefits for six months or more to help with the costs of starting a job.

Child Winter Heating Assistance –a payment of £214.10 to help disabled children and young people and their families with increased heating costs over winter.

Scottish Child Payment – a benefit unique to Scotland of £80 every four weeks to eligible families and carers to help towards the costs of looking after each child under 6. There are no limits on the number of eligible children supported by the Scottish Child Payment.

Child Disability Payment - provides support for the extra costs that a disabled child might have, whether mental or physical disabilities. People can apply for Child Disability Payment for a disabled child under 16 however Social Security Scotland will pay Child Disability Payment until the child is 18.
Adult Disability Payment – is extra money to help people who have a disability or long-term health condition that affects your everyday life. This benefit is currently live in 3 pilot areas in Scotland and will be available in Argyll and Bute from 29th August 2022.

Coming up

Subject to parliamentary approval, Scottish Child Payment will extend to under 16 year olds and rise by a further £5 to £25 per week, per child, later in 2022. By that point around 430,000 children living in low income households could be eligible – a fourfold increase on the 104,000 children we are already helping.

At this point the Best Start Early Learning Payment and Best Start School Age Payment will be paid automatically to parents and carers receiving Scottish Child Payment when their child becomes eligible.

Social Security Scotland is working in close partnership with organisations across Argyll and Bute to maximise the take-up of these benefits, including:

FIAG (financial inclusion and Advice Group);
Child Poverty Action Group;
All our Children Group;
Carers Centres;
Early Years including nurseries;
Schools;
Midwives and Health Visitors;
Child Health and CAMHS;
Skills Development Scotland;
Employability;
Living Well Networks;
Welfare Rights staff;
Housing Associations;
Home Energy organisations;
Health and Social Care Partnership;Health Improvement staff.

Free School Meals and Holiday Provision



Since the last Action Plan Update, free school meals support for entitled pupils has remained a key way of tackling the cost of living challenges for families with children: All children in receipt of 1140 hours of childcare in early years' settings receive a free school meal, along with free milk and a healthy snack.

Work continues to implement the extension of universal free school meals to all Primary school pupils, with all pupils in P1 – P5 now entitled to a free school meal. In preparation for forthcoming roll out of free breakfasts, a survey is being undertaken to map the current breakfast provision across all schools in Argyll and Bute.

National work has been undertaken between ASSIST FM and SPIRU to better understand the decisions made by and opinions of secondary school pupils at lunchtime. A survey was undertaken which over 15,000 pupils in Scotland responded to, and four Secondary Schools in Argyll and Bute received bespoke, school-specific reports on the views of their pupils, so that decisions can be made around provision based on pupil feedback.

Cash payments in lieu of free school meals for those in receipt on the basis of need have and will continue throughout all future holiday periods, funded by Scottish Government. In Argyll and Bute, the payment made is the equivalent of £3 per pupil per day, paid by BACS transfer.

Pupil feedback continues to be the basis for the development of school lunch menus, and they continue to meet the revised Food and Drink in Schools standards which came into effect in April 2021.

Free school meal uptake remains higher than the Scottish average, though it has been affected by changes to services due to schools utilising their dining halls and other spaces differently during the pandemic. Most schools are now returning their lunch service to pre-pandemic provision.

In line with Scottish Government funding requirements, a programme of holiday food and activities took place during summer 2021, and plans are developing for provision during summer 2022.

The Council's Catering Service continues to hold its Soil Association Food for Life Served Here Award at Bronze level, demonstrating its commitment to providing locally produced, sustainable, ethical and locally prepared food, serving food that's good for pupil's health, for the environment and for the local economy.

Food cost inflation as a result of EU Exit, the pandemic and the war in Ukraine continue to put significant pressure on both public sector food provision and on household finances.

Argyll and Bute Community Food Forum

The Argyll and Bute Community Food Forum continues to operate as a mutual support service for food banks across Argyll and Bute. Bute Advice Service provides the coordination role, bringing the forum together as a collective of independent organisations. The Council supports the initiative which is a network through which existing independent food-banks, food waste and community food initiatives can share experience, advice and ideas. Their work is closely linked to the Council's Cost of Living and financial inclusion work, and officers meet with representatives of the Community Food Forum on a regular basis, providing support as required.

Argyll and Bute Council are represented on the Scottish Government's Working Group tasked with developing ways of ending the need for Food Banks in Scotland.

Foodbank	Information
Kintyre Foodbank	Kintyre Food Bank opens Tuesdays and Fridays from 10.30 - 11.30 or till all clients have been dealt with. We gave out 271 parcels of about 4 carrier bags. depending on the number of people in the families, sometimes considerably more, during 21st April -22 March We had 54 families. We are noticing a huge increase in the number of clients over the last 2-3 months. The main problems families had was that the benefits they received was not enough to cover food, heat, school uniforms, clothes, shoes etc.

	The food given by the council during holidays did help but quite often it was not appropriate. The main issues facing the food bank last year was the constant need to fund raise, volunteer numbers went down as people were either shielding or recovering from Covid-19. It is very distressing for us to witness the anxiety clients feel that benefits don't cover their needs.
Bute Oasis	Food bank is open 10-4 each day. Numbers have doubled in the last few months from on average 80 households per month to now 160 households. 75% are families; the remaining 25% are single individuals, equally shared across the sexes. The rise in food prices is having a knock on effect on the cost of providing the service. Before price increases the average food spend for the food bank was £1350, this has now risen to £1850 per month. Despite the challenges, the foodbank is able to support rising numbers and provided over 100 households Xmas hampers and the Easter event provided families a fun day out with face painting, painting and decorating boiled eggs, sack races and hundreds of chocolate eggs being given out.
Hope Kitchen	Hope Kitchen support the Mull and Iona food bank, therefore stats include both foodbanks. In the period April 2021-Mar 22 1271 food parcels were given out supporting on average 105 household each month. In April of last year 102 families were supported compared to 155 in March of this year, indicating a rise in the number of households struggling. Where the reasons for using the service is usually recorded as low benefits or low income, a rising number of recipients are giving unexpected bills as their reason for using the service due to the increase in fuel bills. On average around 300 Xmas hampers are provided to families to support them at this pinch point. A concern is the dropping number of contributions as households have less to share with the community as they face their own rising food and fuel bills.
Tarbert Pantry	Food hampers are given to an average of 50 families each week. Supplies are also given to the Multiple Sclerosis support service. Should anyone be in need support can be offered that day. As the cost of living bites deeper many households are struggling to manage on their restricted budgets and need support.
Helensburgh & Roseneath Food Bank	Helensburgh & Lomond food bank serves those living within the Helensburgh and Lomond Council Area boundary. We are an independent community Foodbank run entirely by unpaid volunteers and the majority of food distributed is donated by the local community. We operate on a drop-in no referral necessary basis. We are located at the Helensburgh Community Hub where we have a donation drop off point and storage area. We are open for clients on a Monday from 10.00am until 12.00 and Thursday from 3pm until 8pm. We provide an outreach Foodbank at the Howie Pavilion Rosneath on a Wednesday from 1pm until 3pm.

During the period 1st April 2021 to 31st March 2022 we issued 2427 bags of food. Each bag provides a nutritionally balanced diet for an individual or family for 1 week. We provide fresh fruit, vegetables, cheese, eggs and bread as well as a selection of non-perishable food items. The estimated cost of each bag £37.98p. We also include a toiletry such as soap or toothpaste as well as a toilet roll in each bag.

Many of those who attend are single householders we do not collect specific data on the number of families attending. During the reporting period we supported 2940 adults and 823 children. A total of 3763 were supported by the food bags provided.

The primary problem facing families is low income making it impossible to cope with food inflation, debt and high home heating and energy costs. The loss of the £20 Universal Credit uplift in October was particularly difficult for many. Since this was withdrawn we have seen an increase in demand which is on-going. We are seeing a marked increase in requests for help with home energy costs. Many are at risk of self-disconnection as they have no money to top up their prepayment key/cards. This trend is likely to increase in the autumn.

The main issue facing food banks is sustainability given the increase in demand and likelihood of this upward trend in demand continuing.
We compared the number of Bags Issued in the month March 2019 (pre-Covid-19) 170 bags with the number Issued in March 2022 it had increased to 260. An increase of 52.9%. A 6% increase in the cost of food and the high cost of home energy will drive even more children into poverty. We are also seeing a drop in donations as those who donate to the Foodbank are also seeing an increase in their own living costs. We are having to purchase additional food weekly to provide a well-balanced bag of food for all who request help. In common with Foodbanks across the country this additional demand is stretching the resources and good will of those who donate, manage and volunteer at foodbanks.

We are grateful for the financial support for clients made available via the Argyll & Bute Flexible Food Fund. Being able to signpost clients to Bute Advice for a Benefits Review and Alienergy for help with home energy is very helpful. We also see the positive benefit of providing cash first options for people via FFF and the school holiday lunch payments. These initiatives afford families the dignity of choosing and buying their own food ensuring it meets their personal and cultural preferences. Previously we had to provide additional food for children during the school holidays since the

introduction of the school holiday payment this has not been necessary.

Moving On Mid-Argyll	Before April 2022 an average of 2/3 families would be supported each week, since then this has increased to some weeks there are 8 households. As the cost of living increases a rise in client need is anticipated. Client can call directly or be referred in to the project for support.
Solar Tiree Foodbank	Food bank Opening Days and Times: by appointment, but visit on Sunday afternoons Allocations of Food from April 21-Mar22: frozen food surplus from the Coop and around £3000 in Coop vouchers No of families supported 8 Primary problems facing families with children: Currently travel off the island Has the lunch support from A & B Council over the holidays had an impact on families (if you are aware): Yes, it was very helpful Main issues facing the foodbank in the last year: making contact with potential clients and fundraising
Dunoon foodbank	Food bank Opening Days and Times Thursday 4.30-6pm, Friday 10-12noon, Other times by arrangement. Allocations of Food from April 21-Mar22 2500 food parcels; 1800 take away meals. No of families supported - 230 different clients. Primary problems facing families with children; School holidays, meals and endless snacks. Has the lunch support from A & B Council over the holidays had an impact on families (if you are aware); It has helped Main issues facing the foodbank in the last year; Food supplies with supermarket shortages and restrictions on buying. Higher expectations - meals for 5 rather than 3 days; Premises restrictions
Jeans Bothy Helensburgh	A community hub project awarded “Community Project of the Year 2021” focussing on mental health and well-being offering a vast array of support and interests including mindfulness sessions, beach cleans, gardening, art classes etc., all in a bid to support recipients. As a part of that food parcels can also be issued.
Islay Food Bank	Food bank Opening Days and Times - n/a We deliver in response to email/texts/calls. Allocations of Food from April 21-Mar22 - 32 households received parcels (most of them multiple occasions); 64 individuals including 10 children. No of families supported -1 (5 parcels delivered over the year).

	Primary problems facing families with children - separated father struggling when he has his two boys staying; reduction in Universal Credit stated as tipping point. Has the lunch support from A & B Council over the holidays had an impact on families (if you are aware) - not known Main issues facing the foodbank in the last year - getting people to use it; we know the need is there, but in a small community people are reluctant to admit need.

Good Food Nation and Food Strategy

The Good Food Nation (Scotland) Bill is currently at stage two in the Parliamentary process, and work has been underway over the past 12 months to ensure that the Bill is designed to create a more sustainable food system for everyone in Scotland. Key strands of the Bill are expected to deliver or support:

A requirement for all Local Authorities and Health Boards to produce Local Food Action Plans
National and Local Governments and Health Boards will need to write and consult on plans every 5 years
Food insecurity is recognised, with a right to food either enshrined in this legislation or clearly linked to other legislation to ensure that food produced in Scotland is sustainable
A number of targets and designated functions should be identified

Public Sector food is clearly identified as a driver for systemic change, and over the past year, officers have been actively involved in discussions around the Bill and its implementation, with the Council's Executive Leadership Team up to date on the current progress. Officers have given evidence and shaped the recommendations of the Scottish Parliament's Rural Affairs, Islands and Natural Environment Committee, thus ensuring that the needs of rural communities are considered. Officers have also presented at the Scottish Parliament's Cross Party Group on Food about the impact that the Bill will have on Local authorities and Health Boards, and attended the Day of Action for the Good Food Nation Bill.

It is expected that this Bill will become law during the course of 2022.

In addition to this, the Scottish Government undertook consultation in December 2021 on the benefit of each Local Authority having a Local Food Strategy, which would cover issues such as growing food locally, and local food procurement. Officers from Argyll and Bute Council have been assisting in the development of this work, and have responded to the consultation.

With both of these legal requirements expected in the coming year, since January 2022 Commercial Services, Economic Development and Highlands and Islands Enterprise have been working with a local consultant to develop the first ever Argyll and Bute Food and Drink Strategy, with food insecurity, community wealth building and public sector food being key components of that paper. This Strategy will be published shortly.

Bute Advice Service

Bute Advice Centre staff and committee have been working extremely hard for communities across Argyll and Bute in the last year. Throughout the COVID pandemic staff have worked from home, offering a comprehensive telephone service with regards to Welfare Rights. Staff have also supported clients who have been facing financial difficulties with debt. Staff remain motivated to deliver our mission statement with the intention of “relieving poverty and distress”.

Argyll Community Housing Association Welfare Rights Service

Bute Advice Centre is very proud to be responsible for the welfare rights arm of ACHA in the Bute & Cowal region which supports tenants to maintain their tenancies through welfare rights provision. ACHA was able to tap into fuel vouchers for tenants through the Housing Association Charitable Trust. In the last financial year (Apr 21-Mar 22) the client gain across all 4 ACHA regions was £4million+. BAC staff work very closely with local ACHA teams to target particular vulnerable groups who may need support, e.g. supporting those of pensionable age to access pension credits. Each week BAC staff meet with area staff from Lomond, Oban & Lorne and the Isles, and Mid Argyll & Kintyre, where updates on welfare reform issues are discussed and face-book posts are created to keep tenants up to date with changes.

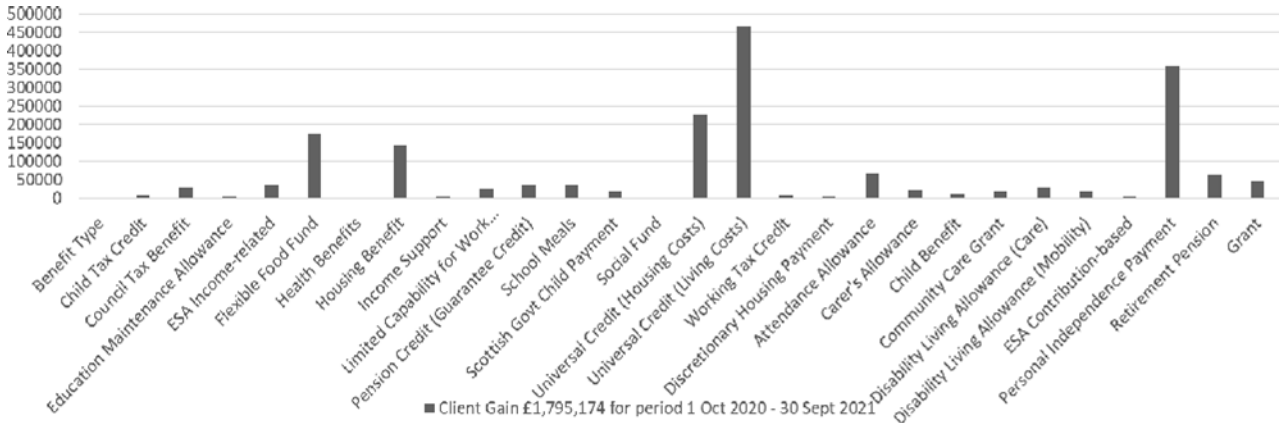


Syrian Refugee Project

Bute Advice Centre staff have worked closely over the last 6 years with families who have come from Syria to make a new life on Bute. For some families it was a place to set down roots and make a home, for others it was a safe stepping stone to move on with their lives to other places. Staff are responsible for delivering all welfare rights and money advice services to the families, with scheduled appointments every month. As families arrive an intense support package is offered, reducing as they settle in and no longer need the same level of help.

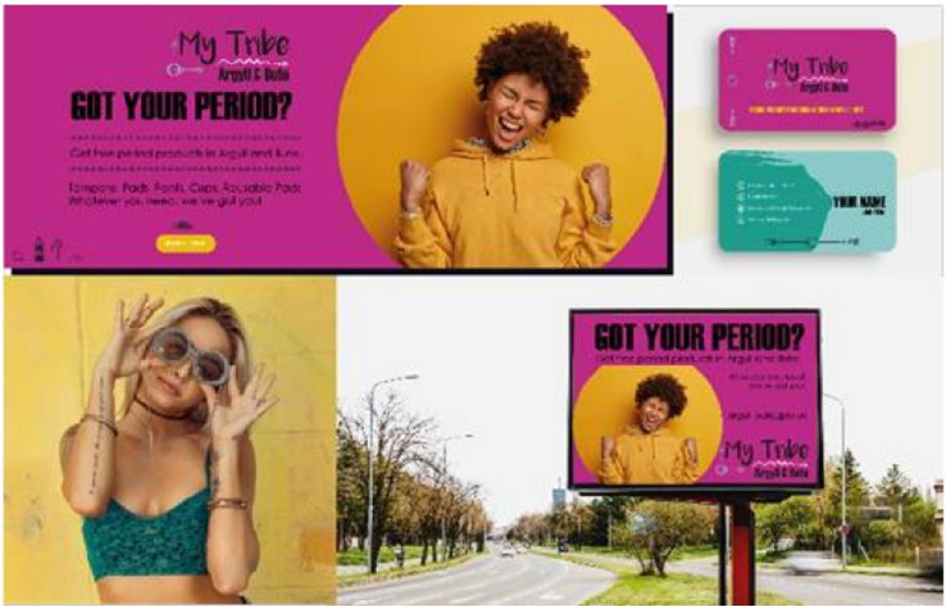
Advice Book

In May 2022 a small book with advice and information around welfare rights, money advice and energy advice was distributed across the region to support those struggling on tight budgets. Priority was given to those using foodbanks.

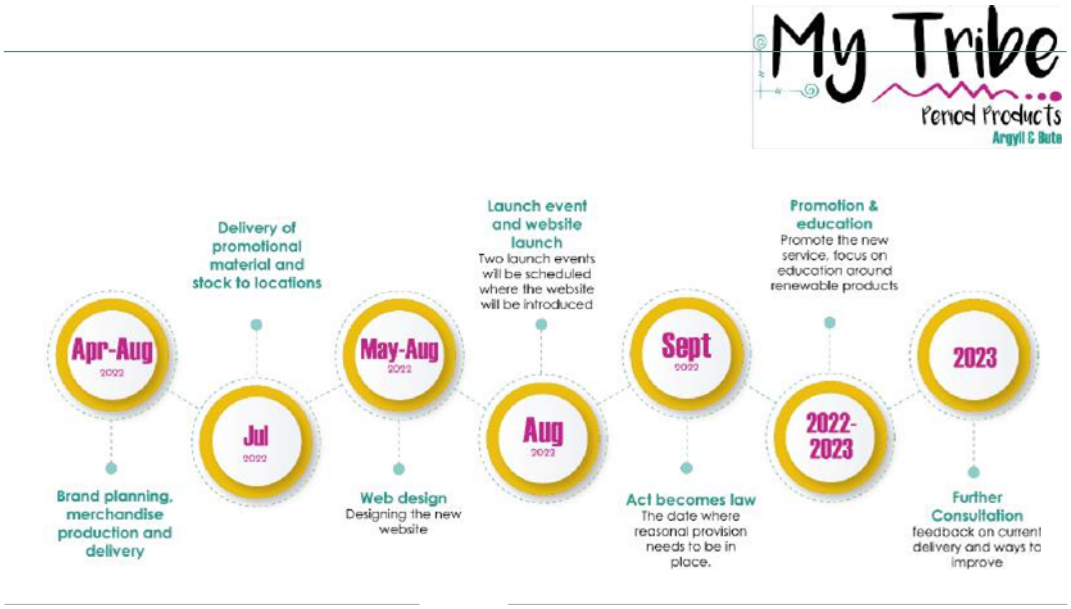


Free Period Products

In November 2021, Argyll and Bute Council appointed a Project Lead – Period Products to ensure that the consultation, launch, roll out and compliance required by the Period Products (Free Provision) (Scotland) Act 2021 was achieved. Argyll and Bute is the first Local Authority area to specifically recruit a post to support this work. During the early part of 2021, the post holder undertook considerable consultation to develop a Statement on Exercise of Functions, a brand identity and a provision and launch plan, with consultation being done with both young people and adults across communities.



Work is underway to ensure that the new statutory duty will be achieved by 15th August 2022, with a timeline as follows:



Products remain available in a range of public buildings as identified on the Pick Up My Period App, as well as continuing to be available online:

https://www.argyll-bute.gov.uk/sanitaryprovision
It is interesting to note that over the past 12 months, more reusable products have been provided to people in Argyll and Bute than disposable products, which is in line with the original sustainability aspirations of the project.

School Clothing Banks

We have great engagement between schools and community groups in Campbeltown where the Council is working with the schools, Kintyre Recycling Limited Shopper Aide to implement a school clothing bank to cover 6 primary schools and a secondary school in South Kintyre.

There has been positive engagement in both Dunoon and Rothesay and it is anticipated that Sustainable Use School Clothing Banks will be setup by June 2022 in all of these areas.

The GRAB Trust (Group for Recycling in Argyll and Bute)

The GRAB Trust are offering free 'sew your own' period pad workshops. These are to be held monthly across Argyll to support and enable communities to take control of their own cycle by providing information and practical skills to sew their own reusable period pad, using refurbished sewing machines. There will also be opportunities at each workshop to learn more about reusable period products and how they can benefit their health, the environment and finances.

ReStyle Argyll

ReStyle Argyll is a collaboration of four partners to bring quality re-used furniture to all areas of Argyll & Bute. They offer a collection service for donated household furniture and white goods. ReStyle Argyll have a Zero Waste ethos, items that need major repairs or refurbishment will be sent to a ReUse & RePair Hub. **ReStyle Bute, 100 Montague Street, Rothesay, Isle of Bute**

The objectives of this social enterprise are to:

- Improve environmental sustainability
- Support training, skills development and relieve unemployment
- Fyne Futures operate a number of activities including:
- Recycling (kerbside and bring site collections, processing and onward sale to market)
- Car Club (providing affordable and sustainable access to vehicles for individual and corporate members)
- Bute Produce (affordable fruit and vegetables, training in horticulture and heritage varieties)
- Restyle (collection of unwanted furniture and sale of affordable reuse furniture, with local delivery)

LORI, Oban, Moleigh Recycling Site, Ariogan, Oban, Argyll

Lorn and Oban Reuse Initiative (LORI) opened to the public in 2009, now part of The GRAB Trust, whose aims are to:

- Divert and reuse furniture and other household objects before they reach the waste stream.

- Provide volunteer job and training opportunities for the long-term unemployed and community service offenders.
- Provide low cost furniture to the homeless to furnish their new property at 50% discount on normal prices.

Kintyre Recycling, 67 Glebe Street, Campbeltown, Argyll

Kintyre Recycling Limited provides recycling services to the Kintyre peninsula. By operating as a social enterprise, Kintyre Recycling provides employment to people with special/social needs and learning disabilities.
Kintyre Recycling has two main objectives:

- To provide employment to persons with special needs and learning difficulties.
- To provide waste management services and access recycling facilities to a disadvantaged area in Argyll + Bute by operating as a social firm.

Re-Jig, Unit 11, Whin Park, Bridgend, Isle of Islay

The core objectives of the company are:

- to reduce landfill on Islay and Jura,
- to protect the natural environment,
- to reuse as much resource as possible
- to create long term employment in the local community.

ReStyle Argyll supports development in skills for volunteers, work-based trainees and seeks to create sustainable employment.

D. Helping Families in Other Ways

Infant and Perinatal Mental Health Services

The infant and perinatal mental health service has been developing since late 2021. We now have a Perinatal Mental Health Nurse and Parenting and infant Mental Health therapist in post, supported by "champions " in Health and 3rd sector, who are assisting in raising awareness and doing training across the HSCP. See below from most recent progress report

"PNMH & IMH will work together around families and community. Perinatal Mental Health (PNMH) nurse led team will accept referrals directly from primary care, maternity and health visiting professionals, as well as other mental health services including Community mental health and Crisis teams. Relationships and support will be developed with the north of Scotland PNMH leadership resource. The service will continue to work with colleagues in the Levendale MBU and regional support once in place.

The service is built on the foundations of Children and Families in Argyll and Bute which brings together the core universal services of Maternity and Health visiting around the child **.**GIRFEC is well embedded in the family pathway and services are integrated around the family in their community. All women have a primary midwife and continuity of carer is above 75%. There are close links with the CMHT and social work with local support from addictions in localities. Primary mental health teams are linked to services and electronic CBT and text base service are promoted (silvercloud).

Face to face and virtual parenting groups exist and one to one care is provide with TEC available to support. There are two nurturing and parenting support workers currently being developed into roles to support early intervention. Regular clinical supervision is undertaken across the HSCP using teams. A strength based approach to care starts with the wellbeing tool in the antenatal period within the wider GIRFEC family pathway.

The Service objectives are to develop:

- *Capacity to assess and case manage women with new or pre-existing moderate to severe mental illness occurring in the perinatal period;*
- *Pre-conception assessment service;*
- *Assessment and facilitation of mother-infant relationship in context of maternal mental illness liaison to maternity services.*

Maternity Teams have attended "Money Counts" training run by A&B Council to develop a broader understanding of services available and how to refer and access. Maternity Services have remained an essential service throughout the pandemic so this has ensured support, advocacy and continuity for our families in A&B.

Youth Work Education Recovery Learning Programme

The Community Learning Service is listening to Young People and their concerns around returning to school/education during COVID-19 and the impact this was having on their health and well-being. We successfully accessed funding from the Youthwork Education Recovery fund to provide activities that enabled us to address some of these issues and to support young people to return to or remain engaged in their education and learning provision.

Youth workers have been able to provide youth work and outdoor learning in 8 of the 10 high schools in Argyll. 1 other high school had the outdoor learning element of the project, this was due to Covid restrictions on travelling to Island communities. This funding provided the opportunity for coordinated youth work support across Argyll. The support was targeted and worked with those young people schools had most concerns about due to the impact of Covid. At least 90%of the young people participating weren't known to the Youth workers and this has led to increased youth work support for them as well as supportive relationships with new peer groups. The Youthwork partnership with Hebridean Pursuits gave 99 young people the opportunity to use outdoor learning as a way to explore their Health and Wellbeing as well as build on current or news skills. Most young people will have accessed outdoor learning previously, however rarely, with youth work support, this has enabled transferring of skills and learning across context's including school and family life. Different outdoor learning experiences offered opportunities for personal and learning skills development in areas such as

communication, problem solving, and information technology, working with others and thinking skills.

Key outcomes

- 99 young people participated in the programme.
- Awards/accredited qualifications gained included 45 SQA Health and Wellbeing, 23 Dynamic Youth Awards and 14 Hi5 awards.
- Key stakeholders have identified increased confidence and skills in participants. They have seen improved health and wellbeing and an awareness of and ability to seek support where required.
- Evidence of increased attendance at school, positive engagement with learning and with peers in school and at home.
- Increased attainment through recognition of wider learning and achievement.
- Outcome star was used to monitor learner's journeys in key areas, the figures below show percentage of learners who reported progress:

47% - making a difference
46% - Hopes and Dreams
80% -Wellbeing
53% - Education
40% choices and behaviour
47% in 3+ outcome areas
93% in 2+ outcome areas
100% 1+outcome areas 2.9 average number of areas showing progress
82.8% achieved accredited qualification

Youth Voice/Participation

Youth Participation continues to be a priority for the Community Learning service. Article 12 of the UNCRC states it is a right that children, as embodied in the Lundy model, have the space to express their views; their voice is enabled; they have an audience for their views; and their views will have influence. We have a number of initiatives we will be supporting this year including.

Scottish Youth Parliament

We are supporting our 3 newly elected Members of the Scottish Youth Parliament to represent Argyll and Bute's young people at the Scottish Youth Parliament and on local strategic forums including the Community Planning Partnership. The MSYP will be conducting an Argyll wide roadshow to engage/consult with young people to identify their priorities and to represent these views locally and nationally.

Youth Action Groups (YAG)

After a youth led consultation we are relaunching/rebranding the youth forums to become Youth Action Groups. We are supporting the development of 6 YAG across Argyll.

There are three key aims for these groups:

1. To deliver an informal youth work activity that will support recruitment, engagement and relationship building.
2. To develop youth participation through a programme of personal development and capacity building opportunities for young people.
3. To provide social and recreational activities

YAG should be a safe space where young people have fun, build relationships and explore issues relevant to them and their communities. They will provide a focal point for the delivery of locality based personal development and capacity building opportunities for young people. They will consult with young people on their interests, needs and how they want to respond to those needs.

To support young people to engage and participate meaningfully we will be running a training programme twice this year for 120 young people. They will attend a training weekend at Ardroy Outdoor Centre where the local Members of the Scottish Youth parliament along with Youth workers will provide Youth Participation Training.

Northern Alliance/Argyll and Bute's Children Committee

We are supporting young people to lead and participate in the Regional Improvement Collaborative Youth Advisory Group and Argyll and Bute Children's Youth Advisory Panel. MSYP are involved in both of these forums and continue to influence their priorities for supporting young people in Argyll and Bute and across the 8 Local Authorities in the Northern Alliance.

What are Carers Centres and MAYDS doing to support Young Carers in Argyll & Bute?

Just over 500 young carers are currently being supported by Carers Centres in Cowal & Bute, Helensburgh & Lomond and North Argyll, whilst Mid Argyll Youth Development Service (MAYDS) offers educational and recreational services to young people in Mid Argyll.

Young Carers services provide support to unpaid young carers and their families from the age of 5 (with the exception of North Argyll who support young carers from 8 years).

Carers Centres & MAYDS are contracted by Argyll & Bute HSCP to undertake Young Carers Statements under the Carers (Scotland) Act 2016 on behalf of Argyll & Bute HSCP. This helps to identify how Young Carers feel about their caring roles, what young carers are doing in their caring roles and what support they need.
Carers Centres and MAYDS apply for charitable funding through organisations such as; The BIG Lottery, Comic Relief, Children in Need, Robertson Trust, Shared Care Scotland and the Army Covenant to provide a break from caring and support for young carers. In addition Carers Centres and MAYDS take opportunities to maximise their funding through charitable and community grants providing young carers with therapy and counselling, vouchers for activities, assistance and help towards food and fuel costs and other items.

Each Carers Centre and MAYDS are slightly different but may provide the following supports and services:

Young Carers Statements	Emergency Planning	Advocacy
Therapy/Counselling	After School Groups	School Drop ins
Homework Clubs	Signposting/Referrals	Saturday Activities
Holiday Activities	Trips	Residentials
One to one support	Training & Information	

During the Covid-19 Pandemic, Carers Centres and MAYDS provided Young Carers and their families with help in accessing food and prescriptions, Young Carers and their siblings were delivered activity packs, provided with laptops, iPads and tablets to maintain contact with peers, supports and access education.

A number of Young Carers and families were given supermarket vouchers, electricity top up and help towards living costs. This period meant Carers Centres and MAYDS adapted to providing Young Carers with a break from caring in a different way, moving from school support, physical groups and activities. Support was provided by telephone, online group sessions and one to one's, and doorstep visits.

Activity packs, games, equipment (indoor and outdoor) and a range of items – were sourced to provide Young Carers with an alternative break from caring. As lockdown restrictions eased, Young Carers where identified, were provided with therapy and counselling responding to individual need.

As a result of funding sourced by the Carers Centres and MAYDS during the Pandemic, a number of Young Carers and their families were provided with various items, for example; TV's, Games Consoles, Cookers, Sewing Machines, Garden Sheds, as well as, shopping vouchers and assistance with fuel costs. Centres are aware of families that are continuing to struggle and are helping to meet this need alongside signposting to appropriate partners.

Transforming Responses to Violence against Women and Girls

In September 2021 the Argyll and Bute Violence Against Women and Girls Partnership gained £68,857 from the Developing Equally Safe Fund for a Project aimed at transforming the responses to violence against women and girls. This will run over a two year period and take the form of a number of training and service development events that will improve services to women, and other victims, of domestic abuse. Staff skills and confidence will be improved through the delivery of training such as Routine Enquiry, Working with Men and Domestic Abuse Awareness Raising. In addition a research project will be carried out to capture the views and ideas of lived experience women and of staff.

A major part of this project will be the start of a roll out of the Safe and Together Model across Argyll and Bute. The aim of this is to improve practice and create better outcomes for children and families exposed to domestic violence. Key principles of the model are:

1.Keeping safe and together with the non-offending parent (safety / healing from trauma / stability and nurturance).

2. Partnering with non-offending parent as de-fault position (efficient / effective / child centred).

3. Intervening with perpetrator to reduce risk and harm to the child (engagement / accountability / courts).

For more information go to https://safeandtogetherinstitute.com

It is hoped that these changes in services will help to keep children out of care and with the non-offending partner. These changes marry up well with the whole family approach of The Promise and offer supports that will benefit children and families.

Free School Meals Delivered by Drones

Pupils in remote parts of Argyll and Bute could soon have their school meals delivered by drone. In a UK first, Argyll and Bute Council is teaming up with leading drone specialists Skyports to trial the use of Unmanned Aerial Vehicles (UAVs) in delivering school meals. Flying from Oban Airport, the trial involves delivering meals freshly prepared in Park Primary School in Oban to Lochnell Primary, which is 1.5km away.

Argyll and Bute is Scotland's second largest local authority with 23 inhabited islands, the most of any UK authority. While the majority of schools have kitchens on site preparing meals, the provision of school meals to some rural and remote schools currently relies on traditional methods of transport including vans, taxis and ferries, which can be affected weather conditions.

The use of drones would help the council to deliver meals to all remote and island schools reducing current delivery times and costs, and help contingency planning in emergencies. The drones also offer an alternative carbon free mode of transport, as they are fully electric. The trials are part of plans for the council to create an Unmanned Aerial Vehicle (UAV) Innovations logistics Hub at Oban Airport. The council received £170,000 of UK Government Community Renewal funding to create a detailed planning application with full design and costings in order to bid to the UK Levelling Up Fund. New funding will enable the construction of the hub by March 2025.

Universal Pathway Quality Improvement Collaborative Financial Inclusion Practicum (UPQIC)

Background - In our last review we informed that In October 2019, teams, consisting of money advisors and Health Visitors from across Scotland came together to work with Improvement Advisors from the 'Children and Young People Improvement Collaborative'. The aim was to implement or improve the processes already in place in relation to financial inclusion discussions between Health Visitors and families as part of the Universal Health Visiting Pathway, referring them for financial advice where required. The project originally commenced in October 2019 and was due to finish in 2020 however, due to the Covid-19 pandemic, the project was put on hold until January 2021, when work was able to re start. The team from Argyll and Bute consists of 2 Health Visitors from Bute and Cowal, and Bute Advice Service. They have developed a referral pathway between the services, where Health Visitors refer families directly to Bute Advice for further advice and support.

Project Aim: 'By September 2021, Health Visitors in Argyll and Bute (Bute & Cowal), will have a financial discussion with parents at 80% of contacts on the Health Visiting Pathway, and where a need is identified 100% will receive the requested money advice and benefit support'. From January – May 2021 in conjunction with Bute Advice Centre the Health Visitors in Bute developed a financial referral pathway which allows them to directly refer families with 'money worries' into the local money advice service (Bute Advice). This has provided a single point of contact for families to a money advice service. Client financial gain has been significant having been supported through access to The Flexible Food fund and ALIenergy.

It was hoped that by 2022 the Financial Referral Pathway and the learning from this project would have been implemented in other areas in Argyll and Bute. However due to staff shortages and other issues this has not proven possible. It is hoped that development of the Financial Referral Pathway will be taken forward once these issues have been resolved.

Flexible Fund - Support for Vulnerable People affected by tier 4 lockdown

In June 2021 the Council agreed to support a total of 20 projects using funding provided by the Scottish Government to support vulnerable people affected by tier 4 lockdown in relation to Covid.

During the year the projects have delivered;

- Poverty Awareness Training delivered by the Poverty Alliance to 220 staff across the Council and its community planning partners. Participants described the course as informative, thought provoking, eye-opening and enlightening (See section on Training in this report). A full report on outcomes will be delivered to the Council's Leadership Team and plans to take actions related to the feedback will be made from there.
- School Clothing Banks (SCB), proposal is to have a sustainable use school clothing bank available across Argyll and Bute by December 2022. Plans are moving quickly in Campbeltown, Rothesay and Dunoon at present and SCB will be established in advance of the new school term in August 2022.
- School Clothing Grant Top-Up of £75 per eligible pupil was paid out in January 2021. A total of £128,000 was issued to 1,711 children to help provide them with money for clothing over the winter period.
- Grant funding of £10,000 was provided to Women's Aid and Rape Crisis support agencies given the increases in customer contact through the pandemic.
- Funding of £20,000 was provided to support young carers groups throughout the pandemic.
- Computer hardware and Wi-Fi networking works of £10,000 were undertaken in facilities where people with physical and learning disabilities and suffering from mental health issues where seeking support.
- Grant funding of £30,000 was provided to village halls and wide community groups and organisations that were supporting vulnerable people throughout the pandemic

- Vulnerable adults and victims of telephone fraud were given call screening kits and support from Police Scotland to ensure that they were safe and protected in the future from scammers. The value of this support was £10,000.
- Funds of £40,000 were awarded for support groups of vulnerable people affected by addiction and substance misuse.
- Care experienced young people were supported with £39,750 used to grant gym and leisure memberships to help improve physical and mental health and driving lessons and provisional licences to improve inclusion and employability.
- Support for groups and classes in community venues and visits to people at home if they could not manage to get to the gym for those who have reduced confidence and ability to socially engage for various functional and psychosocial reasons. This includes the use of Physiotherapy at a total cost of £65,000.
- Grants of £85,000 were made to meet the increasing cost of energy and mitigate fuel poverty with £50,000 of this for those suffering from Cancer and other serious conditions.

E. Other Planned Work

Rural Growth Deal

The Rural Growth Deal (RGD) will deliver £50 million of investment from the Scottish and UK Governments with Argyll and Bute Council and key stakeholders seeking to contribute at least £20m of additional match funding in order to accelerate inclusive economic growth for the region. The next key milestone for the RGD will be signing the full deal agreement at which stage funding will start to be drawn down and projects delivered. Given the focus on inclusive economic growth, projects will also require integrated impact assessments to be undertaken as part of the approvals process. An Equalities Steering Group has been established for the RGD and the RGD Programme Management Office are also represented on the Council's Equalities Forum.

The RGD proposals are designed to deliver success across Argyll, based on three key drivers:

Connecting: our high value business sectors with national and international business markets; our local economic successes with national strategic priorities

Attracting: additional skills, training and learning opportunities; new residents, visitors and businesses

Growing: doing more of what works; making more of our natural and built resources
The deal will also be a key part of the Covid-19 recovery plan for the region by providing critical infrastructure and financial support which will accelerate the recovery of local sectors.
The RGD includes the following 8 key investment themes:-

Tourism – Creating a World Class Visitor Destination - proposal is to open up access to Argyll's coasts and waters to develop Argyll as a West of Scotland "must visit" location for the maritime leisure market;

Creating a Low Carbon Economy – Explore options for the decarbonisation of Islay using a 'whole systems' approach that will consider power, heat and transport as well as placing the needs of the individual and business consumer at its centre to ensure that future energy systems are sustainable and support inclusive economic growth;

Rural Skills Accelerator Programme -Inclusive Growth lies at the heart of City Region and Growth Deals and this Deal will drive future inclusive economic growth and tackle inequality with a strong focus on community wealth building, STEM skills, rural enterprise and the delivery of local education services. The Rural Skills Accelerator Programme is a vehicle that will provide the 21st century infrastructure and delivery mechanisms needed for skills, training, education and enterprise to facilitate collaborative growth in the rural economy. ;

Housing to Attract Economic Growth - The housing element of the Rural Growth Deal proposes to provide affordable housing of the right type and in the right place to support growing business sectors;

Clyde Engineering and Innovation Cluster - Through the Rural Growth Deal Argyll and Bute Council is seeking to maximise the local and national benefits of the Ministry of Defence £1.3bn Maritime Change Programme. The focus is on providing bespoke commercial and businesses accommodation proximate to the base as well as enhanced innovation and skills infrastructure;

West Coast UAV Logistics & Training Hub - This intervention involves working in partnership with industry leading research institutions to create an innovative research and development centre for unmanned aerial vehicle (UAV) technologies on the west coast of Scotland. This will create the West Coast of Scotland's first dedicated drone training centre with indoor facilities specialising in developmental, test and operational facility for UAV technologies. This facility could enhance the provision of services to local island communities following on from successful pilots working with NHS Highland and the Royal Mail. Another potential use being considered is delivery of school meals to remote and island schools;

Argyll - Digital Connectivity – This project aims to digitally future proof all RGD investments focusing on the provision of gigabit capable broadband and enhanced mobile connectivity in rural areas;

Marine Aquaculture Programme – This is a programme of projects aimed at making Argyll and Bute the leading region for innovation in marine aquaculture in Scotland, UK and globally, by underpinning sustainable, inclusive business growth through investment in world-class marine science and technology.
Given that the RGD is not yet in the delivery stages, the impact on child poverty will have been limited to date however, there are projects that could have positive impacts moving forward.

A key focus of the Creating a Low Carbon Economy project is helping to reduce high levels of rural fuel poverty. This is likely to include improved energy efficiency measures in local housing stock to try and reduce energy consumption / costs. The

RGD funding will also seek to provide additionally to existing energy efficiency schemes to maximise the funding available.

The RGD housing project is focused on providing affordable housing with a mix of tenures required to support local people and workers in some of our most rural communities. Housing will also be constructed to be as efficient as possible to reduce energy costs and we aim to ensure that potential sites are located close to local amenities to reduce the requirement for travel.

Digital inclusion is a key driver behind our RGD digital project. We will look to enhance digital connectivity across the region and facilities such as the STEM hubs may also include community spaces which will be fully digitally connected. We are investigating the potential to utilise fibre and 5G connectivity to provide immersive, interactive learning environments for local school children. We will also try and maximise community benefits from any digital investment via the RGD.

The Rural Skills Accelerator Programme includes a focus on providing enhanced STEM education for local school children which will be delivered via a series of physical STEM hubs and associated outreach activity to ensure all local schools can benefit from this.

A key focus of the wider RGD programme will also be growing local skills, training and job opportunities in growth sectors such as the blue economy, defence and tourism. We will invest in key infrastructure such as a new Marine Industry Training Facility at Dunstaffnage, commercial and innovation space serving the expansion of HMNB Clyde, enhancing UHI Argyll College's estate in Dunoon and a series of STEM Hubs across the region. We will also be undertaking a series of marine tourism and place based regeneration projects that should enhance infrastructure in a number of our key coastal towns and villages. This will include measures to improve civic pride by providing enhanced community spaces, new active travel links and associated employment opportunities (e.g. linked to growth in tourism, construction, apprentices etc.)

Local Authority Covid-19 Economic Recovery Fund (LACER)

In April 2022 the Council approved a range of options to support local economic recovery and cost of living impacts on low-income households.
The following suite of options were agreed and are being implemented this financial year 2022/2023.

Issue Scotland Loves Local Cards to Households in Receipt of Council Tax Reduction (CTR).

Cards of a value of £120 will be issued to around 6,500 CTR recipients in June 2022

Support for the Gypsy Traveller Population with Food and Fuel Costs

Funding of £10,000 has been provided to Minority Ethnic Carers of People Project (MECOPP) to engage with Gypsy Travellers to review the cost of living challenges faced by the group given factors such as their remote rural location and the facilities available to the for their everyday living. Costs for engagement activities and food and fuel vouchers will be met by the fund.

Working with the third sector to provide additional fuel poverty advice and support the increased demand due to the cost of living crisis.

A total of £130,000 to support the increased demand for advice services and to top up funding for fuel vouchers to give to those most in need of support with energy bills. This covers the provision of £40,000 each to Argyll Lomond and the Islands Energy Advice group, Bute Advice Centre and Argyll and Bute Citizens Advice Bureau to support them with the increased demand due to the cost of living crisis. In addition the provision of an additional £10,000 to the Fuel Bank Foundation to cover the cost of fuel vouchers for vulnerable people.

New Enterprise Support Grant

£120,000 fund to help new businesses start up and become established. Monies to assist up to 40 new businesses start up and become established in our area.

Small Business Development Grant

£200,000 allocated to help existing micro and small business improve their resilience or growth assisting them to:

- implement green initiatives e.g. change packaging;
- implement digital development e.g. improve their website;
- implement marketing improvements e.g. advertising and trade fairs;
- improve efficiency and innovation e.g. capital equipment.

Argyll and Bute Shop Local Card

£40,000 funding to continue the card scheme for another two years and also increase marketing and uptake. This is money on cards that can only be spent in Argyll and Bute thus boosting our local economies.

Sector Specific Support Grant for Businesses

£150,000 to implement projects that contribute to the sector as well as benefitting businesses e.g.

- Tourism and hospitality – support businesses with a project that improves visitor experience and facilities. Cafes that improve their seating and outdoor facilities.
- Food and drink, new product development grant to support testing, packaging and labelling to target new markets.
- Retail. Support retailers moving into an empty shop.
- Regional support for additional specialist advice and tailored grants to support businesses in hard hit areas with higher than average unemployment.
- Support the increased demand due to the cost of living crisis.

Child Poverty Group:

In the coming year the Argyll and Bute Child Poverty Group will:

- Deliver more training to staff, young people and other stakeholder groups;
- Form a Communications and Engagement Group and further develop these areas of work;
- Use child poverty and related data to identify people and places where support requires to be focused;
- Link to the work that will be happening both locally and nationally, to embed the UNCRC and children's rights into law, good practice and public awareness.

This report was produced by the Argyll & Bute Child Poverty Action Group.

For more information contact:

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Agenda Item 15

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 November 2022**
Title:	**Plana Gàidhlig – Gaelic Plan**
Responsible Executive/Non-Executive:	**Pamela Dudek/Boyd Robertson**
Report Author:	**Nicola Thomson**

1 Purpose

This is presented to the Board for:

- Decision – Approval for submission to Bòrd na Gàidhlig

This report relates to a:

- Government policy/directive – Gaelic (Scotland) Act 2005

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

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	**X**	Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

The NHS Highland Gaelic Plan needs to be approved by Bòrd na Gàidhlig by the end of March 2023. NHS Highland Board members are being asked to approve this Final Draft for submission to Bòrd na Gàidhlig, who will assess it and respond formally. If they require the plan to be modified, NHS Highland will

be given 2 months in which to do so. It is important, therefore, that this Final Draft can be approved at the meeting, to keep to the timetable.

2.2 Background

This is the draft 3rd Gaelic Plan for NHS Highland. All Public Bodies are required to publish a Gaelic Plan every 5 years. Following approval of the draft at the NHS Highland Board meeting on 27th September, the plan went to public consultation during October and November.

An internal capacity audit around Gaelic skills and more general views around Gaelic also took place during late October/November. Results of both surveys have now been included in the final draft plan.

There are no substantive changes to the Plan. The Chair and Chief Executive's introduction has been amended so as not to refer to the consultation, the internal capacity audit paragraph is now included (p8) and the results from the consultation and further details of the staff capacity audit are now included on pp26-33.

2.3 Assessment

The highest risks are that the objectives within the plan are not achieved, as this could result in NHS Highland being referred to Ministers. There are named responsible officers for each area of aims/objectives and the re-establishment of a Gaelic Implementation Group will ensure continued monitoring and progress reporting.

Other risks to the success of implementation are around staff buy-in and reputational risk, from opposite viewpoints - either from those who wish to see more active Gaelic developments within the organisation (which may include Bòrd na Gàidhlig) and those who feel that NHS should not be spending money on Gaelic when so many other services are under pressure.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The delivery of the Gaelic Language Plan requires buy-in by relevant staff and budgets. Furthermore, organisational communication, active engagement by the Gaelic Implementation Group, and funding from Bòrd na Gàidhlig are essential components to the Plan's success.

Once the Gaelic Implementation Group has been formally re-established with confirmed membership, and following the staff and public consultation, the final plan would hopefully be presented with substantial assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

There are plans to develop services in relation to Gaelic, in family, maternity and dementia services, initially, to show that there could be clinical benefits to the health and social care of patients.

3.2 Workforce

Staff have been engaging with Gaelic content over the last 6 months and there are now a number of staff signed up to the new suite of Gaelic classes available both online and face-to-face. The Gaelic Plan details aims and objectives for staff across the organisation to get involved with. The Gaelic Awareness modules also help provide some context to all staff joining the organisation of the importance of Gaelic in modern Scotland.

3.3 Financial

Resourcing the Gaelic Language Plans includes spending from the organisation's own budget and applications to the GLAIF (Gaelic Language Act Implementation Fund). Once the Plan has been approved by Bòrd na Gàidhlig (January 2023) a new application for funding for specific areas of the plan will be submitted). £16,000 was received in 2019 for previous plan projects, and the final report for this was successfully submitted in September 2022 following its implementation.

3.4 Risk Assessment/Management

Reputation Risk - The highest risks are that the objectives within the plan are not achieved, as this could result in NHS Highland being referred to Ministers. There are named responsible officers for each area of aims/objectives and the re-

establishment of a Gaelic Implementation Group will ensure continued monitoring and progress reporting.

3.5 Data Protection

The Plan is a public document and includes the names of senior staff tasked with objectives, as laid out in the plan.

3.6 Equality and Diversity, including health inequalities

This report does not require an equalities impact assessment however any future Gaelic training to be offered to colleagues will be assessed to ensure equality of access for all. Appropriate expert advice will be sought.

3.7 Other impacts

No other impacts.

3.8 Communication, involvement, engagement and consultation

- Gaelic open staff meetings: Apr 21, Mar 22
- Regular updates in Weekly Round-up, since March 2022
- Information to EDG around High-level aims – July 22
- High-level aims to Board – July 2022
- Detailed information around objectives – EDG – Sept 22
- Individual discussions with relevant staff (Mar-Sep 22)
- Regular reporting to Fiona Hogg, People and Culture (Mar – Sep)
- Staff internal audit survey – September 22 (live)
- Public Consultation of draft – October 22 (planned)
- Teams channels for interested staff
- Staff and public consultation – 17th October – 18th November 2022

3.9 Route to the Meeting

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

- EDG, High level aims, July 2022
- Board & Board Development Session, High-level aims, July 2022
- EDG, detailed aims September 2022

4 Recommendation

The Board take **assurance** on the work of the Gaelic Plan, which has been undertaken in conjunction with the Executive, Heads of Service, interested staff and officers at Bord na Gaidhlig to ensure that it is appropriate, proportionate and achievable.

The Board are asked to **approve** the Final draft (which now includes information from the consultation and staff capacity audit) for submission to Bòrd na Gàidhlig.

PLANA GÀIDHLIG – GAELIC PLAN

NHS na Gàidhealtachd Highland

Gaelic Plan - 3rd edition

2023-2028

This plan has been prepared under Section 3 of the Gaelic Language (Scotland) Act 2005 and was approved by Bòrd na Gàidhlig on [approval date]

The Bòrd na Gàidhlig logo should be added to the front cover of the approved plan only and not to any drafts.

Facal bhon Chathraiche – Foreword from the Chair



Tha sinn glè thoilichte an treas eagran de Phlana NHS na Gàidhealtachd fhoillseachadh.

Nì sinn cinnteach gum bi gnìomhachd agus seirbheisean NHS na Gàidhealtachd a thathar a' tabhann sa Ghàidhlig, aig an aon ìre agus càileachd ris an fheadhainn a tha sinn a' toirt seachad sa Bheurla.

Nì sinn cinnteach nuair a bhios seirbheisean Gàidhlig rim faighinn leinn, gum bi fios aig luchd-cleachdaidh na Gàidhlig gu bheil iad ann, agus gum bi iad air am brosnachadh gu gnìomhach gus an cleachdadh.

Nì sinn cinnteach gun àrdaichear cothroman do dh'euslaintich, don phoball agus don luchd-obrach againn a' Ghàidhlig a chleachdadh, mar thaic don Phlana Cànain Nàiseanta Ghàidhlig ùr, a thathar ag aontachadh an-dràsta, agus na h-amasan leantainneach gum bi a' Ghàidhlig air a cleachdadh nas trice, le barrachd dhaoine agus ann an raon nas fharsainge de shuidheachaidhean.

An t-Oll. A G Boyd Robasdan
Cathraiche, NHS na Gàidhealtachd

We are very pleased to publish the third edition of the NHS Highland Plan.

We will ensure that the operations and services of NHS Highland being offered in Gaelic will be of an equal standard and quality as those that we provide in English.

We will ensure that where Gaelic services are made available by us, Gaelic users are made aware of their existence, and are actively encouraged to use them.

We will ensure that opportunities for patients, the public and our staff to use Gaelic are increased, in support of the National Gaelic Language Plan currently being approved, and the continuing aims that Gaelic is used more often, by more people and in a wider range of situations.

Professor A G Boyd Robertson
Chair, NHS Highland

Facal bhon Àrd-oifigear – Foreword from the Chief Executive



Tha sinn toilichte an treas Plana Gàidhlig againn fhoillseachadh, agus a dh'aindeoin an iomadh dùbhlan a bha romhainn anns na trì bliadhna a dh'fhalbh, le COVID-19, bha sinn air adhartas a dhèanamh leis a' chiad dà phlana.

Tha sinn ag obair gu cruaidh gus ìre mhothachaidh na sgioba àrdachadh gus am bi luchd-obrach, euslaintich agus am poball gar n-aithneachadh mar bhuidheann a tha deònach Gàidhlig a chleachdadh, ionnsachadh agus a chur air adhart, far an urrainn dhuinn agus nuair a bhios seo comasach.

Tha na h-amasan àrd-ìre againn a' coimhead ri tuilleadh leasachaidhean Gàidhlig ann an seirbheisean leithid seargadh-inntinn, seirbheisean teaghlaich agus cuideachd a bhith a' brosnachadh agus a' leasachadh roghainnean tràth-dhreuchdail do luchd-labhairt na Gàidhlig aig a bheil ùidh ann an slàinte agus cùram sòisealta.

Pamela Dudek
Àrd-oifigear, NHS na Gàidhealtachd

We are pleased to publish our third Gaelic Language Plan, and in spite of the many challenges faced during the last three years, I am happy to report that progress has been made on the first two.

We are working hard to increase awareness so that staff, patients and the public begin to recognise us as an organisation willing to use, learn and promote Gaelic, where we can and when this is possible.

Our high-level aims look to develop further engagement with Gaelic in services such as dementia, family services and also to encourage and develop the early-career options for Gaelic speakers interested in health and social care.

Pamela Dudek
Chief Executive, NHS Highland

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1. RO-RÀDH - INTRODUCTION

Description of NHS HIGHLAND

NHS Highland covers the largest and most sparsely populated Scottish Health Board area, encompassing 41% of the country's landmass and a population of just over 320,000. We collaborate with people of all ages who need health and social care in both hospital and community settings. We try and support people to avoid a hospital admission whenever possible.

Our services cover the whole of North Highland and Argyll & Bute. Our diverse area includes Inverness, one of the fastest growing cities in Western Europe, and 37 populated islands (23 in Argyll & Bute and 14 in Highland, including the Isle of Skye).

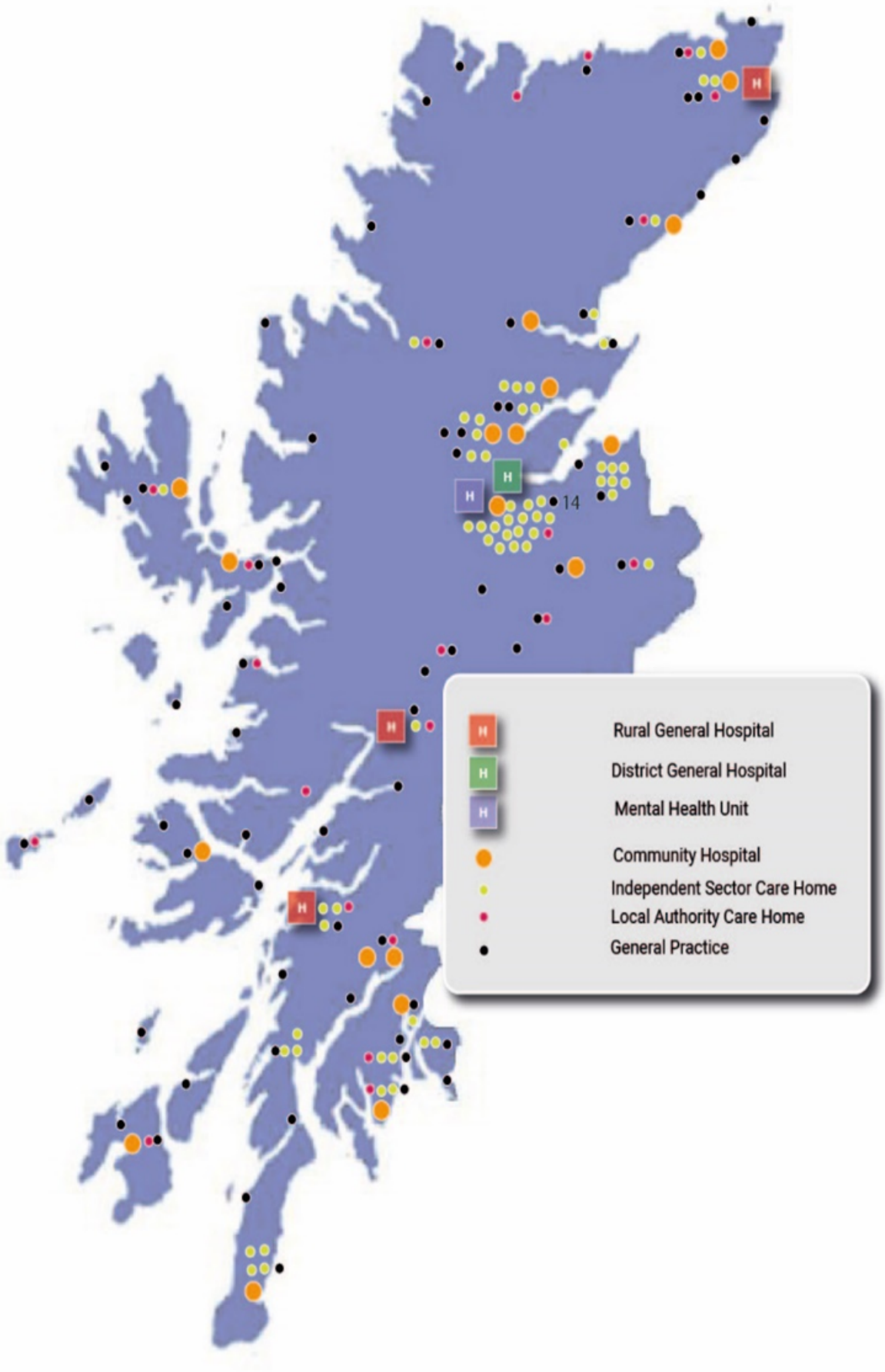
We provide services from our 20 community hospitals, our learning disability unit, specialist mental health hospital at New Craigs and our 4 rural general hospitals. *(see map on next page).* We also have a major acute hospital, Raigmore Hospital, in Inverness. Many of our services are delivered in partnership with primary care, social care and the voluntary sector.

Despite the often-popular image of a rural idyll, deprivation, fuel poverty and inequalities also affect the population of the area, producing diverse challenges for service delivery, and which are set to worsen in light of the current cost-of-living crisis.

In many parts of Highland, the NHS and other public sector agencies are major employers, and changes to services can adversely affect already fragile areas. As an important partner in maintaining the social and economic vibrancy of the areas, concerns around health service quality or changes can, and do, generate considerable attention from communities, local and national politicians as well as staff. The continued engagement and provision of services during the COVID outbreak was a real test of the skills and services within our team and whilst we have had to review how services are run and managed, we are very proud of the tenacity, loyalty and perseverance of our staff in light of the most challenging circumstances we have had to face in a generation.

We have a higher proportion of older people in the population than the Scottish average which provides its own challenges, largely in recruiting sufficient members of staff to provide services. Over the last few years, and specifically post-Covid and Brexit, there have been and continue to be considerable difficulties in recruitment.

Part of our challenge is to ensure we deliver safe and effective care and embed new models of care which will be sustainable and meet future needs, in a post-pandemic environment. We have recently developed our Strategic Plan for the next five years, Together We Care | Cùram Còmhla which includes a range of outcomes looking at all stages of life.


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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

NHS Highland Structure and Governance

NHS Highland is managed by a Board comprising non-Executive and specific Executive Directors. The Board is accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. Board members are appointed by the Scottish Government. We employ 10,500 colleagues in a variety of roles across our organisation. Our greatest asset is our workforce and, as a Board, we strive to ensure the environment is conducive to ensuring a positive culture, supported and delivered through our NHS and Social Care values.

Board meetings are held every two months, and are open to the public and webcast. The Board has an annual review which is also open to the public. The Chair of the Board, Professor Boyd Robertson, is a native Gaelic speaker and is a strong advocate for the development of Gaelic across the organisation.

Gaelic within NHS Highland

At the time of the most recent census (2011), 87,100 people aged three and over in Scotland (1.7% of the population) had some Gaelic language skills.

Of these 87,100 people:

- 32,400 (37%) had full skills in Gaelic and could understand, speak, read and write Gaelic
- 57,600 (66%) could speak Gaelic
- 6,100 (7%) were able to read and/or write but not speak Gaelic
- 23,400 (27%) were able to understand Gaelic but could not speak, read or write it.

Of those who were Gaelic speakers, 40% reported using Gaelic at home, although the proportion varies geographically according to how widely Gaelic is used in the local community, with the highest being 79%.

The area covered by NHS Highland is home to almost 50% of the Gaelic speakers in Scotland. And whilst the NHS Eileanan Siar (Western Isles) Board area remains the stronghold for Gaelic language (from Lewis in the north down to Barra in the south), we, in NHS Highland, provide a number of services for people living there, particularly through Raigmore Hospital in Inverness, which plays a key role in the healthcare of many Western Isles patients.

Therefore, it is an important part of our service delivery, to ensure that Gaelic speakers can access health and social care, support and services, either through Gaelic or have access to someone with Gaelic who can support them. The positive uptake of our most recent Gaelic language class activity confirms that there is a real willingness on the part of staff to learn the language, and the breadth of role and location further confirms that there is no limit in terms of either locus or post, for those wishing to learn the language, with active learners from as far north as Orkney and as far south as Helensburgh.

During our internal capacity audit and our pre-consultative period, we have heard many anecdotal stories of how Gaelic has had a positive impact on patients and staff at times where patients may have been feeling at their most vulnerable, including examples in maternity and dementia services. We are very proud of the fact that some of our staff can contribute, in a positive way, through the use and exchange of Gaelic, in addition to their own relevant roles and skills.

There has been an increased focus on Gaelic in areas where there is still a prevalence of Gaelic in the communities and in local schools. Recruitment is increasingly bilingual in these areas, to encourage Gaelic speakers into roles within the organisation. Recruitment for the new Broadford community hospital on the Isle of Skye, for example, included bilingual recruitment and Gaelic as a desirable skill in that area. The same principle will apply to recruitment in Tiree and Coll, for example, where there remains a high number of Gaelic speakers within the communities.

The Gaelic Language (Scotland) Act 2005

The Gaelic Language (Scotland) Act 2005 was passed by the Scottish Parliament with a view to securing the status of the Gaelic language as an official language of Scotland commanding equal respect to the English language.

One of the key features of the 2005 Act is the provision enabling *Bòrd na Gàidhlig* to require a public authority to prepare a Gaelic language plan. This provision was designed to ensure that the public sector in Scotland plays its part in creating a sustainable future for Gaelic by raising the status and profile of the language and creating practical opportunities for its use.

This document is NHS Highland's Gaelic Language Plan, prepared within the framework of the Gaelic Language (Scotland) Act 2005. It sets out how we will use Gaelic in the operation of our functions, how we will enable the use of Gaelic when communicating with the public and key partners, and how we will promote and develop Gaelic.

Our Gaelic Language Plan has been prepared in accordance with statutory criteria set out in the 2005 Act and having regard to the National Gaelic Language Plan and the Guidance on the Development of Gaelic Language Plans.

The National Gaelic Language Plan

NHS Highland supports the aim of the National Gaelic Language Plan 2018-23 that "Gaelic is used more often, by more people and in a wider range of situations."

We are committed to achieving this aim by focussing our work on these three headings: -

- Increasing the use of Gaelic within our organisation and encouraging more people to use Gaelic more often when they interact with us
- Increasing the opportunity for people to learn Gaelic as part of our day-to-day operations
- Promoting a positive image of Gaelic whenever we can as part of our day-to-day operations as an organisation

We are also mindful that the Scottish Government recently consulted on its draft 2023-28 National Gaelic Plan and are cognisant of its revised aims.

Internal Gaelic Capacity Audit

During this process, we conducted our third staff survey to ascertain the knowledge and skills our workforce have in regard to Gaelic. Currently we have a number of employees who have self-identified as having some Gaelic language skills ranging from basic greetings to fluency in reading, writing and speaking Gaelic.

Key Summary Findings from the Gaelic Language Capacity Audit are as follows:-

41% had some ability in Gaelic, with 8% able to hold a conversation or fluent

57% of respondents were interested in accessing training in Gaelic language skills or Gaelic awareness, although only 2% had already accessed this as part of their employment

The response rate was lower than expected and did not provide a sufficient sample to create any meaningful comparisons to previous data. Full details relating to our Gaelic Language Capacity Audit can be found in Appendix One. There are currently 20 members of staff engaged in Gaelic language learning which has been arranged in conjunction with Ionad Chaluim Chille Ìle and The Highland Council.

2. PRÌOMH PHRIONNSAPALAN - KEY PRINCIPLES

Equal Respect

We will ensure that the operations and services of NHS Highland being offered in Gaelic will be of an equal standard and quality to those we provide in English.

Active Offer

We will make an active offer of our Gaelic services to our employees and the public. This will ensure that where Gaelic services are made available by us, Gaelic users are made aware of their existence, and are actively encouraged to use them.

This will take the responsibility away from the individual to ask for the service and will give Gaelic users the confidence to know that their needs will be met if that is their choice.

We will ensure that our Gaelic language services are as accessible as our English language services.

Mainstreaming

Our contribution to the development areas identified in the National Gaelic Language Plan will primarily be through the implementation of the actions in this plan.

We will ensure that opportunities for patients, the public and our staff to use Gaelic are increased, in support of the National Gaelic Language Plan 2018-23 aim that Gaelic is used more often, by more people and in a wider range of situations.

3. GEALLAIDHEAN A' PHLANA - PLAN COMMITMENTS.

High-Level Aims

The High-Level aims are intricately linked to the National Gaelic Language Plan 2018-23. As such, they are framed around the three National Gaelic Language Plan headings of: -

- Increasing the use of Gaelic
- Increasing the learning of Gaelic
- Promoting a positive image of Gaelic

INCREASING THE USE OF GAELIC

High-level Aim	NHSH will recognise Gaelic as a need within clinical and social care as part of its care for patients.
Desired Outcome	An increased understanding, acceptance and use of Gaelic with patients and service users by all staff within the relevant areas of the organisation.
Current Practice	There are already members of staff within clinical and social care departments using Gaelic in an informal way, but this is not being measured or captured in a formal way.
Actions Required	1. To map the areas and departments in which Gaelic is available for patients. 2. Collate and record Gaelic ability among Care at Home staff 3. To provide a clear and simple method of identifying Gaelic-speaking staff and patients 4. To collaborate with partners such as Alzheimer's Scotland, SEALL and others third sector groups, to maximise the opportunities available in providing Gaelic in a beneficial setting for dementia and Alzheimer patients, within care homes and elsewhere 5. Participate in national events such as Dementia Awareness Week 6. To include Gaelic within the patient media systems, through collaboration with Hospedia and to develop some Gaelic programmes for the hospital radio, to provide patients who wish to engage with Gaelic, the opportunity to do so and to expose patients to Gaelic while they remain in hospital care 7. In areas where at least 20% are Gaelic speakers or where there are Gaelic-medium schools, Gaelic will be treated as a desirable skill in recruiting into social care and clinical roles. 8. Staff will be asked to record use of Gaelic within clinical and social care to benchmark for future refence and organisational development purposes
Target Date	Dec 2026
Responsibility	Katharine Sutton, Chief Officer, Acute Services, NHS Highland Louise Bussell, Interim Chief Officer, Highland Health and Social Care Partnership Fiona Davies, Chief Officer, Argyll & Bute Health and Social Care Partnership

High-level Aim	NHSH will recognise Gaelic as intrinsic to improving health and wellbeing in its communities including its family and maternity services.

Desired Outcome	Patients will be aware of Gaelic services available within family and maternity services and their benefits.
Current Practice	There are a number of Gaelic speaking staff within NHS Highland, and in services collaborating with communities and families. However, there is no formal recognition of any of these services being available/offered in Gaelic.
Actions Required	1. Identify Gaelic speakers within the families (including children's services such as ophthalmology) and maternity services across the organisation and collaborate on best practice across the NHSH area 2. Engage with Bòrd na Gàidhlig and other partners to ascertain the most useful ways in which to embed Gaelic within these services 3. Gain feedback from patients and service users around the benefits of using Gaelic 4. Collaborate with *Comann nam Pàrant* and *Comhairle nan Leabhraichean* to ensure Gaelic resources are readily available to interested parents or leaflets to signpost them to Gaelic information 5. Gather views from services within the community regarding use of Gaelic with patients and service-users to contribute to considerations for future development of local and community services, i.e., community nursing, substance misuse services, community care and learning disabilities 6. Provide a Gaelic representative on the Community Planning Partnerships in relevant areas such as Skye and Wester Ross
Target Date	Dec 2024
Responsibility	Katharine Sutton, Chief Officer, Acute Services, NHS Highland Louise Bussell, Interim Chief Officer, Highland Health and Social Care Partnership Fiona Davies, Chief Officer, Argyll & Bute Health and Social Care Partnership

INCREASING THE LEARNING OF GAELIC

High-level Aim	NHSH will include Gaelic in any educational outreach work it conducts in communities.
Proposed Outcome	Where possible, Gaelic speakers will be involved in educational outreach and information will be distributed bilingually.
Current Practice	Gaelic is not currently a key consideration in educational outreach within NHS Highland.
Actions Required	1. Collaboration with SDS and other appropriate agencies around attendance and planning for recruitment and careers fairs, especially a presence at those specifically targeted at Gaelic speakers 2. Develop a programme of planned events around Gaelic and healthcare within the communities, including engagement with Gaelic schools and units 3. Encourage and support relevant teams to consider and include Gaelic in their events management and development i.e., Festival of Learning, Awareness Weeks etc
Target Date	Dec 2023
Responsibility	Jennifer Swanson, Head of Talent

High-level Aim	NHSH will collaborate with education providers to create Gaelic routes to qualifications in related health and social care in appropriate areas.
Proposed Outcome	There will be pathways available for those wishing to enter the Health and Social Care sector with Gaelic.
Current Practice	There are currently no health or social care courses being run specifically for Gaelic speakers.
Actions Required	1. Collaborate with SDS about developing a Health and/or Social Care module/qualification for Gaelic speakers 2. Identify and establish a network of Gaelic-speaking carers across specific areas to create cohorts who might be interested in piloting such a course 3. Work with Care Homes to establish an increased presence of Gaelic for their residents and a plan to provide Gaelic music, interaction, videos 4. Work with Sabhal Mòr Ostaig as the education provider, to develop appropriate learning materials for Gaelic speakers/learners
Target Date	Course pilot up and running for 2026
Responsibility	Fiona Hogg, Director of People and Culture

PROMOTING A POSITIVE IMAGE OF GAELIC

High-level Aim	Gaelic will be included as part of NHSH's vision and strategy.
Proposed Outcome	NHS Highland will be recognised as an organisation where Gaelic is used on a day-to-day basis.
Current Practice	There is an increasing awareness and engagement within the organisation, in addition to a higher level of current Gaelic learners undertaking classes. Gaelic has now been introduced as an embedded part of our 5-year strategy and is being discussed in terms of communications, recruitment and other areas. Internal communications for all employees now regularly feature a Gaelic article or video.
Actions Required	1. Recruit a Gaelic-speaking member of the Communications team or create a partnership whereby bilingual communications will be possible, as required 2. Enhance the visibility of Gaelic within the organisation and our plans, making full use of the new website and Gaelic intranet site 3. Increase the number of opportunities being made available to staff, patients and the public bilingually 4. Increase visibility of Gaelic across the organisation 5. Use social media to engage in a wider Gaelic audience e.g., Instagram account specifically for Gaelic health and social care content
Target Date	Ongoing, website complete by Dec 2024, Comms team member as required
Responsibility	Ruth Fry, Head of Communications

Corporate Service Aims

STATUS

Desired Outcome	Logo and brand Render the corporate logo and branding in both Gaelic and English at the first opportunity and as part of any renewal process. The logo should demonstrate equal prominence for both languages.
Current Practice	To date, NHS Scotland have not sanctioned this and the Board has raised it at Director-General level and with the Health Secretary.
Actions Required	Secure permission from NHS Scotland by lobbying at senior levels.
Target Date	April 2023
Responsibility	Chair of Board, Chief Executive and Head of Communications & Engagement

Desired Outcome	Signage Prominent signage will include Gaelic and English as part of any renewal process.
Current Practice	All new capital development signage across NHS Highland is produced bilingually, with recent examples including Broadford Hospital and Badenoch & Strathspey Hospital.
Actions Required	Continued practice to ensure all parties are aware of this from the early planning stages. All vehicle livery to include the new bilingual signage on a renew and replace basis. Collaborate with NHS Eileanan Siar (Western Isles) to build upon the current database of Gaelic vocabulary to ensure consistency and agree any dialectical variation. Rewrite NHS Highland Gaelic poilcy to include reference to Estates signage
Target Date	Dec 25
Responsibility	Head of Estates, Head of Communications

COMMUNICATING WITH THE PUBLIC

Desired Outcome	Promotion Positive message that communication from the public in Gaelic is always welcome.
Current Practice	Gaelic feedback is welcomed and this is stated online.
Actions Required	Proactive and positive messaging in social media that Gaelic is welcome. Training and procedures for staff to deal with correspondence received in Gaelic. Collaborate with other public organisations to research best practice in this area, in terms of dealing with the requests given many staff do not have Gaelic. Bilingual events within communities where appropriate.
Target Date	Dec 2024
Responsibility	Head of Communications, Director of People and Culture

Desired Outcome	Written Communication Written communication in Gaelic is always accepted (post, email and social media) and replies will be provided in Gaelic in accordance with the general policy.
Current Practice	This is already made clear on the NHS Highland website and there is a Gaelic email address for any Gaelic correspondence which is staffed and redirected, as appropriate.
Actions Required	Continue to promote the availability of a Gaelic communication Our complaints and comments forms are bilingual and available on the website. Increased visibility in email signatures. Our automatically generated text such as email disclaimers will be bilingual The #cleachdi image is promoted regularly and staff with Gaelic will be encouraged to use it.
Target Date	Already in place, so continuously monitor and record volume of requests
Responsibility	Mirian Morrison, Clinical Governance Development Manager

Desired Outcome	Reception and phone Where Gaelic speaking staff can provide this service, they are supported to do so, and the service is promoted to the public.
Current Practice	There are some Gaelic-speaking staff at receptions in surgeries across the area but there is no formal network or forum for them.
Actions Required	Provide support to all reception staff to answer the phone in Gaelic. To support staff in responding to users when they do not have the skills to continue in Gaelic. Encourage Gaelic speaking staff to use their Gaelic confidently by providing videos around appropriate usage. Create a cohort of Gaelic-speaking surgery and reception staff to share ideas and best practice.
Target Date	Dec 2023
Responsibility	Jennifer Swanson, Head of Talent

Desired Outcome	Public meetings Opportunities to hold public meetings bilingually or in Gaelic are regularly explored and promoted.
Current Practice	Bilingual meetings have been held, where appropriate, including Broadford Hospital planning and the consultation on the 3rd iteration of the NHS Highland Gaelic Plan.
Actions Required	Planned events to be considered bilingual at an early stage through collaboration with the Communication and Engagement Team.
Target Date	Dec 24 – Increased number of meetings held bilingually.
Responsibility	Ruth Fry, Head of Communications and Engagement

INFORMATION

Desired Outcome	News releases High profile news releases and all news releases related to Gaelic are circulated

	in both Gaelic and English.
Current Practice	News releases have been circulated in specific areas, but wider circulation of bilingual press releases will be implemented.
Actions Required	Further implementation in additional areas to include Oban and the Isles, Skye, Raasay and Wester Ross.
Target Date	Ongoing and annual reporting
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Social Media Gaelic content distributed regularly through social media, guided by the level of actual and potential users.
Current Practice	There has been little social media activity in Gaelic to date
Actions Required	Create a Gaelic social media space for NHS Highland on Instagram, targeting a younger audience. Create a plan for bilingual social media postings and campaigns in conjunction with the Communications & Engagement Team. Work towards securing the services of, or employing, a Gaelic speaking communications assistant.
Target Date	Apr 24
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Website Gaelic content should be available on the public authority's website, with emphasis given to the pages with the highest potential reach.
Current Practice	There is little mention of Gaelic currently on the old website other than an invitation to the public to contact the organisation in Gaelic and some bilingual forms.
Actions Required	Agree a plan for the new website which creates an appropriate amount of Gaelic to include most prominent pages, menus, and a section dedicated to Gaelic.
Target Date	Apr 24
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Corporate Publications Produced in Gaelic and English with priority given to those with the highest potential reach.
Current Practice	There has been some Gaelic included in corporate documentation such as the Together We Care – Cùram Còmhla, Leatsa, Dhutsa – 5-year strategy document. However, consideration around Gaelic at the planning stages has yet to be embedded.
Actions Required	Approve a policy around bilingual corporate publications stating when, why and how often this will be appropriate.
Target Date	Policy Dec 23
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Language utility

	A process is in place to ensure that the quality and accessibility of Gaelic language in all corporate information is high.
Current Practice	Official translations are already arranged via professional organisations to ensure correct Gaelic. Ainmean Àitean na h-Alba is used as a reference tool for place names and translations use the most recent version of the Gaelic Orthographic Conventions. Where there is a local form used, this is applied consistently.
Actions Required	Continue to ensure consistency and high-standard translation.
Target Date	Already in place and continuing.
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Exhibitions Opportunities to deliver public exhibitions bilingually or in Gaelic should be explored on a regular basis with priority given to those with the highest potential impact.
Current Practice	There are not specific exhibitions but public meetings, conferences and careers fairs are currently held in English only.
Actions Required	Include Gaelic as part of the planning process for appropriate key events such as the Festival of Remote and Rural Learning or National Dementia Week, where Gaelic has a specific connection to the event/topic. Ensure there are Gaelic opportunities fed into recruitment, careers and succession planning strategies for events.
Target Date	Dec 23
Responsibility	Jennifer Swanson, Head of Talent Ruth Fry, Head of Communications and Engagement

STAFF

Desired Outcome	Internal audit Conduct an internal audit of Gaelic skills and training needs through the life of each plan.
Current Practice	The previous survey was carried out during the 2nd plan and a new survey was issued in September 2022.
Actions Required	Carry out at least one additional audit during the lifecycle of the plan. Add “ability to speak Gaelic” to forms for new employees so that the data can easily be captured and used for organisational development purposes and reporting to *Bòrd na Gàidhlig.*
Target Date	Dec 25 (for the 2nd audit of this plan).
Responsibility	Fiona Hogg, Director People and Culture

Desired Outcome	Induction Knowledge of the public authority’s Gaelic language plan included in new staff inductions.
Current Practice	There is currently a reference made to the Gaelic Language plan in induction materials. There is also reference to the Gaelic Awareness module for all new and current staff.

Actions Required	Ensure that there is a link in the induction which takes new employees straight to the Gaelic Plan on the NHSH intranet Create a list of handy phrases in Gaelic on the NHSH intranet.
Target Date	Apr 23
Responsibility	Fiona Hogg, Director People and Culture

Desired Outcome	Language training Gaelic language skills training and development offered to staff, particularly in relation to implementing the public authority's Gaelic language plan.
Current Practice	Gaelic classes are up and running and there are around twenty staff currently receiving Gaelic classes as employees of NHSH through active collaborations with The Highland Council and Ionad Chaluim Chille, the Gaelic Centre on Islay.
Actions Required	Develop clear pathways for staff learning Gaelic Collaborate with Sabhal Mòr Ostaig, the National Centre for Gaelic Language and Culture, on specific training needs and CPD. Encouarge staff to enrol onto the Gaelic workplace courses available via the University of Aberdeen.
Target Date	Dec 24.
Responsibility	Fiona Hogg, Director People and Culture

Desired Outcome	Awareness training Gaelic awareness training offered to staff, with priority given to directors, board members and staff dealing directly with the public.
Current Practice	A Gaelic Awareness module has been added to the NHS Highland induction modules, which is available for all staff.
Actions Required	Further communication about the module and active encouragement from Team Leaders for new starts to complete the training. Add the Gaelic Awareness modules to Board inductions and training plans.
Target Date	Dec 2023.
Responsibility	Fiona Hogg, Director of People and Culture Ruth Daly, Board Secretary

Desired Outcome	Recruitment Recognising and respecting Gaelic skills within the recruitment process throughout the public authority. Gaelic named as an essential and / or desirable skill in job descriptions to deliver the Gaelic language plan and in accordance with the Bòrd na Gàidhlig recruitment advice. Bilingual or Gaelic only job adverts for all posts where Gaelic is an essential skill.
Current Practice	Gaelic is already listed as a desirable skill for the Web Manager post. However, there are currently no Gaelic essential jobs, Adverts are being provided bilingually in the Skye, Raasay and Wester Ross areas.
Actions Required	Gaelic will be included as a desirable skill in all posts within the Oban and the Isles, Skye, Wester Ross and Raasay areas. Continue to provide bilingual adverts in these areas.

	Gaelic will be added as an essential skill for the Gaelic communications team member.
Target Date	Dec 2024
Responsibility	Jennifer Swanson, Head of Talent

GAELIC LANGUAGE CORPUS

Desired Outcome	Gaelic Orthographic Conventions The most recent Gaelic Orthographic Conventions (GOC3) will be followed in relation to all written materials produced by the public authority.
Current Practice	Complete and ongoing.
Actions Required	Continue to use suitably qualified translators who adhere to GOC 3.
Target Date	Ongoing.
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Placenames Gaelic place name advice from Ainmean-Àite na h-Alba is sought and used.
Current Practice	Placenames are already being used in line with the Ainmean-Àite na h-Alba database. Where names are unavailable, suitable qualified translators maintain quality.
Actions Required	Continue current practice. Build on the current database of placenames, building and location names for reference
Target Date	Ongoing.
Responsibility	Alan Wilson, Head of Estates, Ruth Fry, Head of Communications

5.CEANGLAICHEAN RI FRÈAMAN COILEANAIDH NÀISEANTA - LINKS TO THE NATIONAL PERFORMANCE FRAMEWORK

We fully support the Scottish Government's national outcomes and ensure our work contributes to:

- opportunities for all
- increased wellbeing of people living in Scotland
- sustainable and inclusive growth
- reduced inequalities and equal importance to economic, environmental and social progress

Our own recently approved 5-year strategy, **Together We Care – Cùram Còmhla,** includes 20 outcomes (NHS) and additional commitments, which can be mapped against the Scottish Government's national outcomes (SG) as follows:

SG-01 Children and Young People: We grow up loved, safe and respected so that we realise our full potential
NHS-01 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 **NHS-03 Thrive Well** - We will collaborate with our families, communities and partners to build joined up services that support our children and young people to thrive
SG-02 Communities: We live in communities that are inclusive, empowered, resilient and safe
NHS-04 Anchor Well: Be an anchor by working as equal partners within our communities to design and deliver health and care that has our population and where they live as the focus **NHS-09 Care Well:** Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart
SG-03 Culture: We are creative and our vibrant and diverse cultures are expressed and enjoyed widely
NHS-07 Nurture Well: Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected
SG-04 Economy: We have a globally competitive, entrepreneurial, inclusive and sustainable economy
NHS-15 Value Well: Improve experience by valuing the role that carers, partners in the third sector and volunteers bring along with their individual skills and experience **NHS-17 Perform Well:** Core activities providing golden threads throughout our system that support the delivery, resilience and sustainability of our services supporting our strategy and our annual delivery plan
SG-05 Education: We are well educated, skilled and able to contribute to society
NHS-08 Plan Well: Create a sustainable pipeline of talent for all roles and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally

NHS-18 Progress Well: Ensuring the organisation and partners are future proofed and at the forefront of development working collaboratively regionally and nationally where required
SG-06 Environment: We value, enjoy, protect and enhance our environment
We will work to prevent the wider environmental influences in which people live and work that result in health inequalities, such as low income, poor housing, low education or a lack of access to services. We are committed to creating healthy, inclusive, resilient and nature-rich healthcare environments that nurture good health and wellbeing for patients, staff and the wider community and minimise our impact on the environment. We will work to make it easier to walk, wheel, cycle and take public transport to NHS services. We will also look to reduce the need to travel where appropriate and support the shift to active travel. We will work to create circularity in our supply chains and reduce waste by maximising repair and reuse, and improve how we deal with equipment, material and goods at the end of their useful life We will work to reduce harm and waste, creating sustainable care pathways, reduce pharmaceutical waste, use green theatre space, and support primary care. We will work to establish and embed green health partnerships and similar approaches to increasing the use of nature-based solutions to deliver health outcomes
SG-07 Fair Work and Business: We have thriving and innovative businesses, with quality jobs and fair work for everyone
NHS-05 Grow Well: Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan NHS-07 Listen Well: Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engaged with the wider organisation, listening to, hearing and learning from experiences and views shared NHS-19 Enable Well: Ensuring the organisation is transformational and with clear lines of governance and assurance processes in place whilst understanding the risk and resilience of the organisation and its partners.
SG-08 Health: We are healthy and active
NHS-10 Live Well: 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 NHS -03 Stay Well: We will collaborate with our partners by developing sustainable and accessible health and care focused on prevention and early intervention NHS-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
SG-09 Human Rights: We respect, protect and fulfil human rights and live free from discrimination

NHS-11 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 **NHS-12 Respond Well:** Ensure that our services are responsive to our population's needs by adopting a "home is best" approach **NHS-14 Age Well:** Ensure people are supported as they age by promoting independence, choice, self-fulfilment and dignity with personalised care planning at its heart **NHS-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
SG-11 Poverty: We tackle poverty by sharing opportunities, wealth and power more equally
We will work to undo the fundamental causes of health inequalities with a focus on the unequal distribution of income, power and wealth

For more information on Scotland's National Outcomes
visit:http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome

6. CEANGLAICHEAN RI FRÈAMAN IONADAIL AGUS SGÌREIL - LINKS TO LOCAL AND REGIONAL FRAMEWORKS

Highland Health & Social Care Partnership (Lead Agency Model)

The Highland Partnership (HSCP) covers the Highland Council area. The population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outside Inverness and the Inner Moray Firth, there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the Southwest, Skye in the West, Aviemore in the South and Nairn in the East.

These areas function as local service centres for the extensive rural areas which make up most of the region. NHS Highland is the Lead Agency for Integrated Health and Social care for Adults, while The Highland Council is the lead agency for Integrated Health and Social care for Children.

There are four coterminous managerial areas for NHS Highland and The Highland Council children's services, and there are nine local Community Planning Partnerships. The governance of the partnership is managed by the Joint Monitoring Committee which consists of the two lead agencies, representatives from the Third Sector, Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

Gaelic Language Plans are owned by many of the representatives on the Community Planning Partnerships and provide opportunities to work on Gaelic developments in a collaborative way. Recent examples include the joint classes for The Highland Council and NHS Highland employees wishing to learn or improve their Gaelic language skills. Another example includes the sharing of the Gaelic Awareness Raising modules for NHS Highland staff, through collaboration with the Scottish Fire and Rescue Service.

Argyll & Bute Health and Social Care Partnership (Integration Joint Board)

Argyll & Bute Integration Joint Board (IJB) is the public body that has strategic oversight and direction of the integrated services across Argyll and Bute. Through the Health and Social Care Partnership (HSCP), 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 Rural General Hospital in Oban)
- Mid Argyll, Kintyre and Islay
- Cowal and Bute,
- Helensburgh and Lomond

Argyll and Bute HSCP also manages its own corporate services. Argyll and Bute IJB has approved, in May 2022, a 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 works with NHS Highland collaboratively and these are detailed and planned each year as part of our Annual Delivery Plan.

A recent example of collaboration with local partners, is the development of a range of Gaelic classes with the Gaelic Centre on Islay, as an online learning resource for staff across the two Boards.

7. FOILLSEACHADH - PUBLICATION

INTERNAL

The Gaelic Plan has been re-introduced over a period of months in the Weekly Round-up internal communication, which goes out to all staff. In addition, there are Teams channels for Gaelic Matters and a new staff intranet site specifically for Gaelic information. The Gaelic Plan has also been added to the induction for staff with reference being made to the Gaelic Awareness Module, which sits within TURAS, our eLearning platform. Specific areas within the Gaelic Plan will be highlighted according the to work being implemented. Minutes of the Gaelic Implementation Group will also be available on the staff intranet Gaelic pages and the Group will be officially reformed upon approval of this plan.

EXTERNAL

Our Gaelic Language Plan will be published in Gaelic and in English on our website.

In addition, we will: -

- issue a bilingual press release announcing the plan
- publicise the plan through a variety of social media platforms
- distribute digital copies to arms-length organisations and other third-party organisations, explaining their role in the delivery of the plan
- distribute digital copies of the plan to key stakeholders in the public, private and third sectors
- distribute digital copies of the plan to relevant Gaelic organisations and other interested bodies
- make hard copies available on request

8. A' CUR AN GNÌOMH A' PHLANA - RESOURCING THE PLAN

The plan will primarily be delivered from within existing resources through budgets such as Estates, Communications & Engagement and Staff Development. Any services that translators provide will be delivered in the same way as any other translation services. Many actions are low cost or no cost but will have some staff and management time implications.

There may be some resources required in terms of delivering training, for example, or Gaelic materials and these will be considered on a case-by-case basis and suitable funding streams identified or funding applications prepared.

There will be opportunities annually to apply to the Gaelic Language Act Implementation Fund (GLAIF) for specific projects to support the implementation of our High-level Aims.

9. A' CUMAIL SÙIL AIR A' PHLANA - MONITORING THE PLAN

The Gaelic Implementation Group will prepare an annual progress report for the Board, which will be submitted annually to Bòrd na Gàidhlig.

10. AM PLANA TAOBH A-STAIGH NHS NA GÀIDHEALTACHD - THE GAELIC LANGUAGE PLAN WITHIN NHS HIGHLAND

Overall responsibility for the plan

The Board and the Executive Directors have endorsed this Plan. Ultimate responsibility for ensuring this Plan is delivered lies with the NHS Highland Chief Executive; currently Pamela Dudek. The senior officer with operational responsibility for overseeing preparation, delivery and monitoring of our Gaelic Language Plan is the Director of People and Culture, currently Fiona Hogg. Support with implementation and delivery is currently being provided by a Gaelic support contractor. Staff are informed of their duties via internal communications, meetings and conversations with line managers. Questions in relation to the plan should be emailed to the dedicated Gaelic inbox, in the first instance, nhsh.gaelic@nhs.scot

Gaelic Language Plan Implementation and Monitoring Group

The Gaelic Implementation Group is being re-established upon the approval of this plan and will have a focus on managing the progress and implementation of the Gaelic Language Plan.

The remit and membership of the group will be as follows:

Remit

The Gaelic Language Plan Implementation Group is the key forum for oversight and monitoring of NHS Highland's Gaelic Language Plan and any additional and related activity.

Terms of Reference

To monitor the development and implementation of the NHS Highland Gaelic Language Plan;
To report to the NHS Highland Board and to Bòrd na Gàidhlig, on their behalf, annually and as requested;
To have oversight of Gaelic Language focused activity within the organisation;
To review documentation and other public information produced for staff, patients and other stakeholders and make appropriate recommendations;
To meet annually with Bòrd na Gàidhlig staff to review progress relative to the Gaelic
Language Plan and to receive and share relevant updates and information.
The Gaelic Language Plan Implementation and Monitoring Group (NHS-GIG) will report, in the first instance to the Executive Directors Group. Reports to other groups and committees will be provided as requested.

Frequency of meetings and reporting

The Gaelic Language Plan Implementation Group shall meet at least four times per year in the first instance. Meetings will be arranged by the People and Culture Directorate.

Membership

Chair

Director of People and Culture, Fiona Hogg

Members

Head of Communications and Engagement
Head of Talent
Nominees from:

- Maternity or family services
- Dementia services
- Highland HSCP
- Argyll & Bute HSCP
- Public Health
- Estates and Facilities
- Education, Learning and Development
- Staffside

Arms length organisations and third parties

Those who deliver services/goods on behalf of NHS Highland will be made aware of our commitment to the delivery of the Gaelic Language Plan through stating the requirement in the tendering and contracting of services/goods as a matter of best practice.

CÙL-PHÀIPEAR 1: IN-SGRÙDADH COMASAN GÀIDHLIG - APPENDIX 1: INTERNAL GAELIC CAPACITY AUDIT

The staff internal capacity audit was open to all staff within NHS Highland during October 2022. 85 responses were received, which is remarkably lower than the previous survey back in 2016 (582 responses) although slightly higher than the first back in 2012 (73 responses). The sample is too small to provide any meaningful baseline or comparison and it will be carried out again during the lifetime of the Plan. It should be noted that the capacity audit coincided with the public consultation and other NHS surveys which could be a contributing factor, in addition to the current and varied pressures on NHS staff across the Board area.

A summary of the responses is detailed here:

41% had some ability in Gaelic, with 8% able to hold a conversation or fluent

Almost 50% of respondents were interested in accessing training in Gaelic language skills or Gaelic awareness, although only 2% had already accessed this as part of their employment

It is encouraging that some who are not fluent are still keen and confident enough to use what they have with other patients:

Examples of Gaelic being used within NHS Highland

"I actively ask patients if they have Gaelic then greet them and start simple conversations with them. My Gaelic isn't good enough to do the whole consultation in it."

"To make patients feel more at ease and to build relationships."

"Any colleagues I know have Gaelic, I greet them in Gaelic."

"I use some Gaelic with all Gaelic Medium Education children in the [clinic]. Often I know they are in GME from their school uniform but sometimes it will come up in conversation or I may know the family already."

"I know a few colleagues with Gaelic and we use it in the passing but not for long conversations."

"Elderly patients whose first language is Gaelic speak to me in Gaelic and I can understand their needs."

Visitors speak to me in Gaelic, colleagues also speak to me in Gaelic. We try to promote the use of Gaelic in our everyday living..."

"My colleague is fluent and another a keen learner so we have used Gaelic in our meetings occasionally"

Staff were also asked about their general views around usage and visibility of Gaelic within the organisation:

USAGE

Views were mixed around the Usage, Promotion and Visibility of Gaelic. Those who were not in support of the Gaelic Plan felt that money should not be spent on Gaelic, when the NHS is faced with so many other priorities and challenges; everyone with Gaelic already speaks English and concern around the offering of services in additional languages considered equally, if not more, important. Those in support, however, welcomed the Plan and the opportunities to learn and use more Gaelic. Some felt it of most importance to staff who have links with communities and nurseries, within their roles. They felt included by having Gaelic plans within the workplace and encouraged to learn and use what they had.

VISIBILITY

There were mixed reviews around visibility, with some welcoming an increase in visibility within the organisation during the last 12 months, but others not aware of anything in Gaelic. Others felt Gaelic visibility was not necessary as everyone with Gaelic could access services in English. Those who had positive views around Gaelic welcomed the increased visibility as it made them feel included. Work was still needed on simple measures to identify Gaelic-speaking patients and staff. Simple ideas for promotion included information posters in maternity services and family clinics. Most felt there was more that could be done to improve visibility.

CÙL-PHÀIPEAR 2: CO-CHOMHAIRLEACHADH POBLACH - APPENDIX 2 – PUBLIC CONSULTATION

A public consultation was held during October and November 2022. Information was disseminated via the NHS consultation web pages, on social media and via internal communications across the staff.

Two public meetings were arranged, one in Gaelic and one in English. A survey was also available in Gaelic and English.

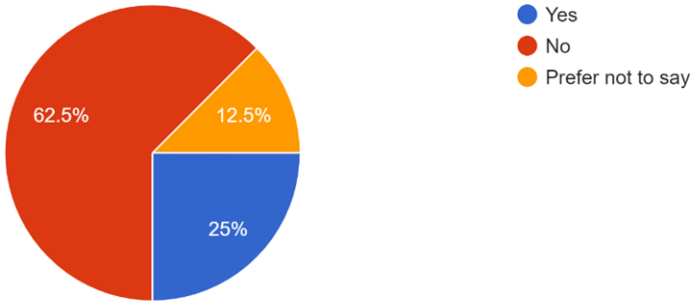
The response rate was very low and could be attributed to the increasing and demanding pressures on the organisation and the prevalence of online surveys in the public, generally. Only 9 responses were received (1 Gaelic and 8 English). A summary of the responses is detailed below. There were also a range of - mostly negative - comments on social media around use of public money and priorities for health and care services.

There seems to be an assumption that money being spent on Gaelic is money taken away from the health services and this could be clarified through better communication across the teams. Some were grateful that work was being done to increase Gaelic within the organisation, and appreciated this happening, however the most common view submitted, was that Gaelic was not considered important in light of all the other priorities facing NHS Highland and health services more generally.

The responses are listed below.

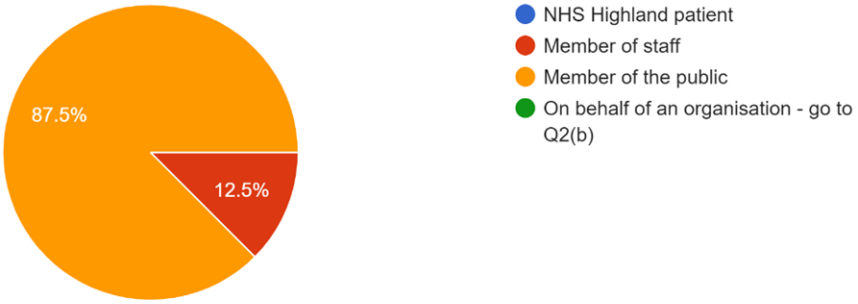
Q1: Are you a Gaelic speaker?

8 responses



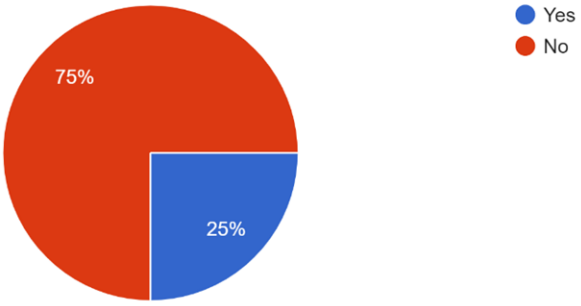
Q2: I am participating in this survey in the following capacity:

8 responses



Q5: Are you of the opinion that the aims and actions around Increasing the Learning of Gaelic, contained within this Plan, are appropriate?

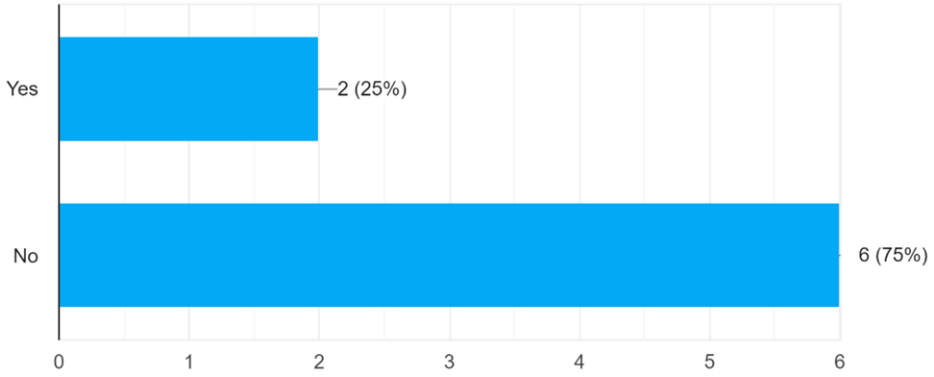
8 responses



- I believe that the goals and activities in your plan make the case for bringing growth to the Gaelic language, and I am very happy that they are being organised for the Gaelic language. However, with the current state of health and care services - the lack of them and the difficulties we have in getting the right services - I wonder the services themselves are not given the same kind of attention, and then provided in both Gaelic and English.

Q3: Are you of the opinion that the aims and actions around Increasing the Use of Gaelic, contained within this Plan, are appropriate?

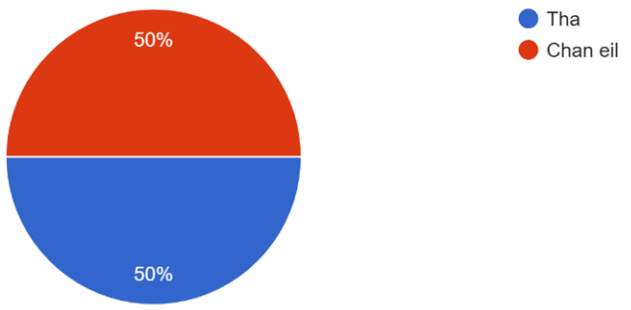
8 responses



- As a former staff member, I would be pleased to see some availability of Gaelic classes for NHSH staff
- Complete waste of money and resources
- Can we afford it? People can choose, it doesn't need forced or that will put people off hearing and reading other languages
- Completely waste of time and particularly money!
- Inappropriate use of time and money
- I learned Gaelic and am always happy that other people would want to learn it too, I would be happy to speak to people in the NHS in Gaelic, and I would be very happy to see and read Gaelic in the hospital etc - but I don't think it's appropriate to spend money on it or to detract funds from more important and critical health and care services. We hardly get the services that we should anyway, it surprises me that you would consider this more than saving the services, so that Gaelic can be used and learned in them.

Q7: Are you of the opinion that the aims and actions around Promoting a Positive Image of Gaelic, contained within this Plan, are appropriate?

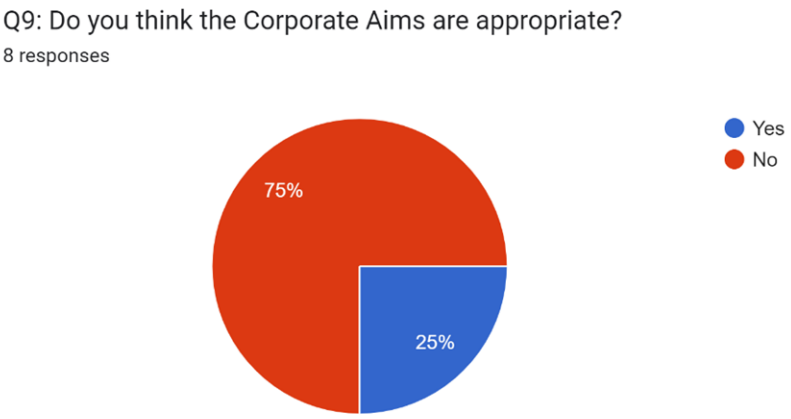
8 responses



Please provide any comments around the aims and objectives around **Promoting a Positive Image of Gaelic** below.

2 responses

- All language has a positive image - I find this a strange aim & objective
- Inappropriate use of time and money
- There is a positive image for Gaelic itself here, and I am happy to see that. That is different from projecting a positive image to the NHS though, more attention needs to be paid to that.



Please provide any comments around the **Corporate Aims** 3 responses

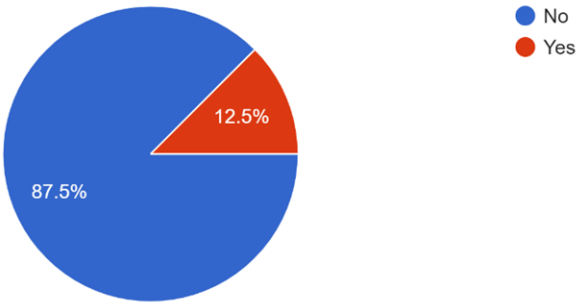
- It really doesn't seem like it should be a priority given the other challenges the Board is facing
- Can we afford it?
- Inappropriate use of time and money

If you would like to make any further general comments around the Plan, please use the space provided.

- I wish it went further and I wish I had confidence that NHSH will follow through
- Concern about mis diagnosis if English isn't used unless there is an only Gaelic patient

Q12: In accessing and using NHS Highland services, have you ever been able to use Gaelic? e.g. Doctor's consultation, support from staff, provision of information.

8 responses

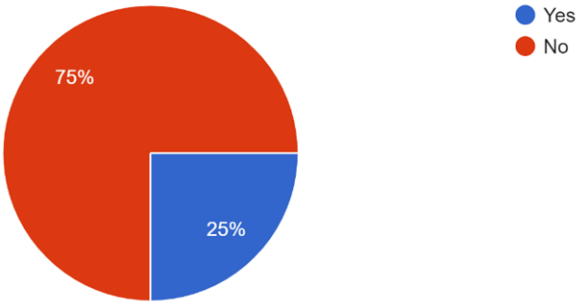


Q12 (b) If you answered yes, it would be helpful to find out more about your experience including the service and location, where Gaelic was provided. This information helps us in planning.

- Letter and nurse although my 1st language is English, it was nice to chat in a different language
- A nurse with Gaelic at some point when I was in hospital

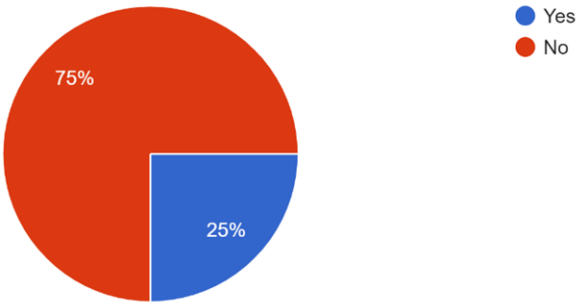
Q13: Would you be interested in using more Gaelic as part of your experience with NHS Highland services?

8 responses



Q13: Would you be interested in using more Gaelic as part of your experience with NHS Highland services?

8 responses



Q13 (b) In which services and where, would it be useful to have increased Gaelic provision?

- Everywhere! It's about accessibility - it's rare to see Gaelic on signage other than outside in somewhere like Raigmore. Why only have Gaelic as desirable for jobs in certain areas?
- I think for minimising risk of inaccurate information, English should be a primary common source of use. Conversational Gaelic is nice.
- .... I would be happy to see more Gaelic in [our services] as well as our care and health services themselves. My medical team won't be coming to [here] now because they can't get a place in the hospital, and I need to see them, not to travel a distance when I'm sick. I absolutely love Gaelic, and I will always support it, but first my support is with our health services. Many in my community would agree with me.

Agenda Item 16

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 November 2022**
Title:	**Review of Committee Memberships and Chair positions**
Responsible Executive/Non-Executive:	**Prof. Boyd Robertson, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective

This report relates to the following 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 to make changes to Governance Committee memberships and Chair positions.

2.2 Background

At the meeting in July 2022, the Board revised the membership of its Governance Committees to take account of newer members being appointed to the Board following the Local Government elections in May this year.

Most existing Chair positions have been held since before June 2020. At this time several changes were made to memberships and chair positions to reflect the changing composition of the Board. The Board also agreed to remunerate the

Board Vice Chair and Chairs of all governance committees to reflect the additional time commitment and responsibility involved in discharging these roles. The

The Board is now able to review Committee memberships and Chair positions to derive longer term benefit from the experience of Board members and to address the need to plan for the future.

2.3 Assessment

Discussions have been held with all the Non-Executive Board members whose memberships and chair positions are proposed to be changed from 1 January 2023.

Appendix 1 to this report sets out the proposed changes to memberships and Chair positions, with the changes highlighted.

Appendix 2 shows a table illustrating the spread of Non-Executive memberships across all governance committees.

Audit Committee

- Gaener Rodger to take the position of Chair
- Alasdair Christie, former Chair to remain as a member
- Garret Corner to be appointed to the Committee

Clinical Governance Committee

- Alasdair Christie to take the position of Chair
- Gaener Rodger, former Chair to remain as a member

At the request of the incoming Chair, the following changes are proposed to dates of Clinical Governance Committee meetings in 2023:

Original date	Proposed new date
2 March 2023	8 March 2023
29 June 2023	22 June 2023

Finance, Resources and Performance Committee membership

Given the current financial and performance challenges facing the organisation, it is deemed appropriate to increase the Non-Executive membership of the Committee from four to five members. The Terms of Reference for the Committee require to be revised to reflect the increased membership and this change is set out in Appendix 3 to this report. It is proposed that Gerry O'Brien be appointed as the fifth Non Executive member of the Committee.

Pharmacy Practices Committee

- Chair position to be changed
- Gaener Rodger, former Chair to remain a member
- Jean Boardman, Susan Ringwood and Joanne McCoy to be appointed to the Committee membership.
- Alasdair Christie to leave the Committee

Highland Health and Social Care Committee

- Gerry O'Brien to take the position of Chair
- Ann Clark, former Chair, to remain a member of the Committee

The Highland Council Health, Social Care and Wellbeing Committee

In terms of the Highland Health and Social Care Partnership, Board and Council members are included in the membership of the relevant strategic Committees of each lead agency. We continue to await confirmation from The Highland Council regarding Board membership of its Health, Social Care and Wellbeing Committee.

Changes to NHS Highland membership of the Joint Monitoring Committee.

JMC membership is in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Monitoring Committees) (Scotland) Order 2014. Section 3 of the latter states that the Integration Joint Monitoring Committee must include *at least three members* of the Board who are Non Executive Board members.

To create parity with membership from The Highland Council, it is proposed that NHS Highland increases its representation on the JMC to four Non-Executive Board members.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

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

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

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

4 Recommendation

The Board is asked to:

(a) take moderate assurance from the report,
(b) **agree** the changes to the FRP Committee Terms of Reference as shown in Appendix 3,
(c) **agree** to the changes proposed for Committee memberships and Chair positions to take effect from 1 January 2023, and
(d) **agree** the proposed Clinical Governance Committee date changes in March and June 2023.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 Proposed Committee memberships – changes shown highlighted
- Appendix 2 table illustrating the spread of Non-Executive memberships across all governance committees
- Appendix 3 Proposed changes to FRP Committee Terms of Reference highlighted.

Memberships of Committees November 2022 **Appendix 1**

Committee	Current Membership
HHSCC **5 Non Executives including The Highland Council nominated appointee to the Board**	• Gerry O'Brien - Chair • Ann Clark • Philip MacRae V Chair • Joanne McCoy • Muriel Cockburn
Argyll and Bute Integration Joint Board	• Sarah Compton Bishop – Chair • Jean Boardman • Graham Bell • Susan Ringwood
Audit Committee **5 Non Executive members**	• Gaener Rodger – Chair – new chair position • Alasdair Christie stay as a member • Alex Anderson • Susan Ringwood V Chair • Garret Corner • Independent Lay Member
Finance, Performance and Resources Committee **5 Non Executives**	• Alex Anderson - Chair • Graham Bell - V Chair • Ann Clark • Garrett Corner • Gerry O'Brien
Clinical Governance Committee **4 Non Executives** ***And*** **Chair ACF**	• Alasdair Christie– Chair – new Chair position • Gaener Rodger stay as a member • Joanne McCoy • Muriel Cockburn • Catriona Sinclair, ACF Chair
Staff Governance Committee **4 Non Executives** ***And*** **Employee Director**	• Sarah Compton Bishop – Chair • Jean Boardman – V Chair • Bert Donald • Philip MacRae • Elspeth Caithness (Employee Director)
Endowment Funds Committee **4 Non Executives *including* Employee Director**	• Philip Macrae (Chair) • Jean Boardman • Elspeth Caithness (Employee Director) • Gaener Rodger
Remuneration Committee **5 members *including* Board Chair, Vice Chair and Employee Director**	• Ann Clark (Chair) • Boyd Robertson • Elspeth Caithness (Employee Director) • Gerry O'Brien • Bert Donald
Pharmacy Practices Committee **At least 2 trained Non-Executives**	• *Chair position to be reconsidered* • Gaener Rodger stay as a member • Jean Boardman • Susan Ringwood • Joanne McCoy

Joint Monitoring Committee

• 4 Non-Executive Directors	• Boyd Robertson (Co-Chair) • Ann Clark • Gerry O'Brien • Alex Anderson
• **Director of Finance** • **A registered medical practitioner** whose name is included in the list of primary medical services performers prepared by the Health Board**;** • **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; • **A registered medical practitioner** employed by the Health Board **and not providing primary medical services;** • **Staff representative** • **Chief Executive** • **Chief Officer**	• Heledd Cooper • Tim Allison • Kate Patience Quate (Interim Nurse Director) • Tim Allison • Elspeth Caithness • Pam Dudek • Louise Bussell

Memberships of other Groups etc.

The Highland Council Health, Social Care and Wellbeing Committee	• To be Confirmed • •

Membership of Committees of Argyll and Bute IJB

Board members also sit on several Groups and Committees associated with the IJB. Board members' commitments in that regard are shown in detail in Appendix 2 *

Highland Community Planning Partnership Core membership as described in the ToR: 1 Non-Executive Board Member, Chief Executive, Director of Public Health	• Ann Clark • Pamela Dudek • Tim Allison
Public Protection Chief Officers Group Chief Executive of NHS Highland Director of Nursing	• Pam Dudek • Kate Patience Quate (Interim)

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**	• Fiona Davies as CO IJB • Alison McGrory, Public Health • Graham Bell • Fiona Davies • Liz Higgins Assoc Nurse Director • Jillian Torrens, Head Adult Services • John Owen Public Health

Operational Groups etc.

Caithness Redesign Project Board	• Alex Anderson • Ann Clark
Lochaber Redesign Project Board	• Gerry O'Brien • Graham Bell

Locally appointed Champions

Environmental and Sustainability Champion	• Gaener Rodger
Anti-Fraud Champion	• Gaener Rodger
Child Protection and Looked After Children	• Vacant
Dementia	• Vacant
BAME	• Vacant
LGBTQI+	• Vacant
Disability	• Vacant
Mental Health	• Vacant
Smoking Cessation	• Vacant
Organ Donation	• Vacant
Healthy Working Lives	• Vacant
Veterans	• Jo MacBain, Associate Director Allied Health Professionals

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	1 extra day per month each

• Finance, Resources and Performance	

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.

Appendix 2

Membership Chart July 2022

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

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

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

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

Appendix 3

Sections added	Sections deleted
Sections moved	

FINANCE, RESOURCES AND PERFORMANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

1. PURPOSE

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

2. ROLE

2.1 To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:

- resource allocation
- performance management
- strategic planning
- all digital functions
- environmental sustainability workstreams

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

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

3. COMPOSITION

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

- Five *Four* Non-Executive members (one of whom will be the Chair).
- Chief Executive
- Director of Finance
- Medical Director
- Director of Public Health
- Director of Nursing

- Director of Estates, Facilities and Capital Planning

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

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

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

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

4. QUORUM

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

5. MEETINGS

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

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

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

6. REMIT

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

- compliance with statutory financial requirements and achievement of financial targets;
- such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;

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

Arrangements for Securing Value for Money

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

Allocation and Use of Resources

6.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board;
- reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
- monitoring the use of all resources available to the Board; and
- reviewing all matters relating to Best Value.

6.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the

Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

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

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

The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.

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

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

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

Performance

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

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

6.9 To monitor and review risks falling within its remit.

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

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

General

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

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

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

7. AUTHORITY

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

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

8. REPORTING ARRANGEMENTS

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

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

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

- Asset Management Group
- Digital Health and Care Group
- NHS Highland Environmental & Sustainability Board
- Financial Recovery Board
- Performance Recovery Board

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**20 October 2022 at 2.00pm**

Present	Alexander Anderson, Chair Tim Allison, Director of Public Health and Policy Graham Bell, Non-Executive Director Ann Clark, Non-Executive Director, Chair of HHSC Committee Heledd Cooper, Director of Finance Pamela Dudek, Chief Executive
In Attendance	Louise Bussell, Chief Officer. HSCP Garret Corner, Non-Executive Director Lorraine Cowie, Head of Strategy & Transformation Alasdair Christie, Non-Executive Director Jane Gill, PMO Director Heidi May, Board Nurse Director Brian Mitchell, Board Committee Administrator Gerard O'Brien, Non-Executive Director David Park, Deputy Chief Executive Boyd Peters, Board Medical Director (from 2.10pm) Prof Boyd Robertson, Board Chair (ex officio) Iain Ross, Head of eHealth (from 3.30pm) Andrew Ward, Divisional General Manager (from 2.05pm) Elaine Ward, Deputy Director of Finance Nathan Ware, Governance and Assurance Coordinator Alan Wilson, Director of Estates, Facilities and Capital Planning

1 WELCOME AND APOLOGIES

Apologies were received from Fiona Davies, Bert Donald and Sarah Compton-Bishop.

2 DECLARATIONS OF CONFLICT OF INTEREST

There were no formal Declarations of Interest.

3 MINUTE OF THE MEETING HELD ON 25 AUGUST 2022

The Minute of the Meeting held on 25 August 2022 was **Approved**.

4 FINANCE

4.1 Cost Improvement Programme Update 2022/2023

J Gill spoke to the circulated report and advised, at Month 5, the forecasted outturn for the programme was £4.74m (£2.3m delivered to date), an increase of £1.19m from Month 4, against the overall target of £26m. It was reported that 34 schemes had been identified and approved, with £12m of unadjusted savings (£8.5m risk adjusted) identified against the overall target. An indication of the cumulative phasing of savings by month was also provided.

There was discussion as to the following areas:

- Projects Expected to Deliver In Year. Advised these mainly related to prescribing, small procurement schemes; Clinical workforce; Estates; Argyll & Bute; Adult Social Care and other associated housekeeping activity.
- Non- Recurrent/Recurrent Split. Advised anticipated to be 60% Non-Recurrent, in line with previous years.
- Programme Management Office. Advised now part of the Strategy and Transformation Team, with an increased focus on transformation activity.
- Impact of Non-Savings Delivery. To be covered by later Recovery Plan discussion.

After discussion, the Committee Noted the reported position.

4.2 NHS Highland Financial Position 2022/2023 (Month 6) and Financial Recovery Programme

E Ward presented an outline of the NHS Highland financial position as at end Month 6, advising the Year-to-Date (YTD) Revenue over spend amounted to approximately £19.3m, with a forecasted overspend of £39.9m at 31 March 2023. The YTD position included slippage against the Cost Improvement Programme (CIP) of £7.83m, with slippage of £15.31m being forecast through to financial year end. It was reported the current position had deteriorated by £6.32m from the previous month, reflecting a lower savings delivery forecast and a lower than anticipated allocation for Scheduled Care. The overall funding position was outlined, noting confirmation of a number of allocations was awaited, 29 having been confirmed to date and assumptions made that further allocations would be broadly in line with previous years. Members were then taken through the underlying financial data relating to Summary Income and Expenditure. Specific detailed updates were also provided in relation to Acute Services; Highland Health and Social Care Partnership area; Support Services; savings to date; Covid Related Costs; Adult Social Care Resourcing; and Capital Spend.

It was advised the NHSH Financial Recovery Plan had been submitted to Scottish Government at end September 2022, which indicated a minimum aim of delivery of the position set out in the NHSH Board March 2022/2023 Financial Plan, inclusive of Covid. All NHS Boards not able to deliver financial balance would be required to develop a financial recovery plan to set a path to return to financial balance within three years. NHSH had been requested to reduce the forecast overspend, reported at Quarter 1 from £33.45m to £16.27m. The underlying basis for development of the Recovery Plan was outlined including additional cost control measures, relevant potential mitigating actions, and wider associated risks and issues. The report proposed the Committee take **Limited Assurance**.

The following points were raised in discussion:

- Reduction in Waiting Time/Scheduled Care Resource. Advised £6m spent to date, with £2m remaining available against original plan for £12m resource. Choices to be made in relation to future in-year expenditure. Discussion ongoing with Scottish Government on current priorities. Existing target relating to reducing Outpatient waits to 78 weeks by end December 2022 remained on track. Achieving 52-week Outpatient waits by end March

2023 would be challenging. Advised resource reduced across all NHS Boards, leading to national discussions being held as to conflicting messaging regarding achieving greater capacity efficiency whilst simultaneously improving applicable financial efficiency. Limiting activity to match the £2m resource available would likely result in prioritisation of existing recurrent posts, then Cancer and Urgent Care activity and little else.

- Agency and Locum Expenditure. Advised recruitment challenges remain in addition to ensuring cover for sickness and long-term absence. Geography aspects mean NHSH continues to pay a premium for short term cover arrangements. Position being reviewed at a national level.
- Existing Financial Position/Ability to Recruit High Skilled Practitioners. Advised NHSH not an outlier at this time, with further escalation unlikely across NHS Boards.
- Nurse Agency Position. Advised spend position mirrored across Scotland, raising the suggestion of a need for a national approach to be agreed. Noted agency spend has impact on profile of permanent substantive positions. Local activity underway to better understand underlying issues and what action can be taken to improve position. Local activity welcomed. Stated breakdown of all staff levels requiring agency/locum cover would be beneficial to wider consideration by members. Further stated this highlighted need to proceed with relevant transformation activity.
- Transformation Activity. Questioned what changes were envisaged and what was required to ensure plans were developed and appropriately taken forward. Stated need to maintain focus on here and now, in addition to considering future change. Question as to how best to prioritise all activity, ensure relevant clinical engagement and define what may and may not be possible. PMO and Programme Boards will have key role to play in supporting consideration of these points across the full range of NHS Services. Emphasised internal engagement will be key to any success, with leadership required at all levels in all areas, and clinicians being engaged in relation to the financial impact of the actions they take. Need for honest discussion with general Highland population also highlighted. Agreed an update on the Annual Delivery Plan/Transformation activity be brought to the next meeting.
- Upcoming National Chairs Meeting. Noting Unscheduled Care and Finance on agenda, Chair requested he be furnished with a position statement on the reduced funding impact on Unscheduled Care activity ahead of attending that meeting.
- Clawback of Monies Previously Received and Applied to Reserves. Advised this related to Covid elements only. This was likely to lead to a more targeted allocation of relevant financial resource to NHS Boards, based on evidenced spend profiles etc.

After discussion, the Committee:

- **Noted** the reported position.
- **Agree** to share the presentation content with members following the meeting.
- **Agreed** an update on the Annual Delivery Plan/Transformation be brought to next meeting.
- **Agreed** to take **Limited** assurance.

4.3 Care Home Activity Update

On the point being raised, it was stated NHSH was in line to take over a single Care Home at this time, although it was recognised the number of facilities to be considered for such take over may rise in due course. An overarching strategic approach to such action had been considered at an earlier NHS Board Development Session. Any decisions in this area would require to be taken in the context of future requirements, with a Joint Monitoring Committee workshop to consider these points to follow in early course. Noted NHSH not legally obliged to take on responsibility for Care Homes, all statutory obligations relating to associated care provision resting with Highland Council.

The Committee Noted the position.

5 DRAFT NHS HIGHLAND WINTER READY PLAN

L Cowie gave a presentation to members advising as to the context behind the accelerated planning approach to development of the draft NHS Highland Winter Ready Plan, and the setting of six Key Priorities. The overarching Winter planning checklist for this had been received the previous week and a relevant Task and Finish Group had been established to take this forward in line with the NHSH Urgent and Unscheduled Care Plan. Members were then provided with detail as to the overview of the Plan, relevant Key Performance Indicators, associated governance framework and Resilience Plan aspects. Further detail was provided as to the relevant Communications Plan along with an indication of relevant next steps.

Points raised in discussion were as follows:

- Key Performance Indicators. Advised Planned Date of Discharge (PDDs) not routinely utilised in NHSH. This was required for better patient management and further emphasised need for relevant transformation activity to be taken forward across the entire system.
- Scrutiny Arrangements. Advised had been scheduled for discussion at the November 2022 NHS Board meeting. Winter Ready Plan does not require NHS Board sign-off.

After discussion, the Committee otherwise Noted the position in relation to development of the NHS Highland Winter Ready Plan.

6 INTEGRATED PERFORMANCE REPORT

L Cowie spoke to the circulated report which provided the Committee with a bi-monthly update on NHSH performance and quality based on the latest available information, a summary of which would also be provided to the NHS Board. She advised the reporting detail had been suitably aligned to the Local Delivery Plan/associated Dashboards and now included a number of additional Indicators. Further Indicators would be added in due course, aligned to relevant Programme Boards. Members were then provided with specific updates on performance relating to vaccination activity; drug and alcohol waiting times; IVF waiting times; Maternity Services; CAMHS/NDAS/Integrated Children's Services; Urgent and Unscheduled Care; TTG performance; Outpatients; Diagnostics; Cancer Care; Delayed Discharge; Adult Social Care; and Psychological Therapies. It was proposed the Committee take **Limited Assurance**.

Matters raised in discussion were related to the following:

- Vaccination Rates (including staff). Noted reporting had been challenging, with comparison rates having only just been received. NHS Highland figures for Covid booster vaccinations were above the national average for Care Home residents and staff, and below for the national average for over 65s. NHSH remained ahead of trajectory.
- Vaccination Programme. Advised number of challenges in providing vaccination coverage, with uptake in remote and rural areas now showing improvement. Noted use of national scheduling tool had been challenging, with Highland issues a mix of local and national matters. Over 100 sites had been established in Highland, with the service continuing to be developed. Effective public communication would be a key aspect moving forward.
- Staff Vaccination Uptake. Advised number of drop-in clinics held in Rural General Hospitals and peer vaccination underway in Raigmore Hospital. Vaccination rate in Argyll and Bute noted as being ahead of North Highland. Issues remained in relation to reaching and vaccinating relevant Care Home and Care at Home staff. 90% of vaccination activity covered both Covid and Influenza in a singular event. Expressed concerns relating to future staffing capacity were recognised. Action to improve uptake was being considered.
- Cancer. Noted 31 Day performance had slipped and recovery plan in place to recover 62 Day performance relating to Breast Surgery, including Diagnostics activity. Downward trends relating to both Indicators were a concern.

After discussion, the Committee:

- **Noted** the position in relation to reported performance areas.
- **Agreed** to take **Limited** Assurance.

7 ASSET MANAGEMENT GROUP MINUTES

There had been circulated Minutes of the meetings of the Asset Management Group held on 21 September May 2022. A Wilson advised all relevant financial allocations had been attributed to respective schemes, with approximately £6m total spend to date. Additional allocations had been received relating to backlog activity/equipment and the overall position continued to be monitored by the Group. On the point being raised in relation to organisational ability to spend the available maintenance resource, it was confirmed plans were in place.

The Committee otherwise Noted the circulated Minute.

8 MAJOR PROJECT SUMMARY REPORT

A Wilson took members through the circulated report, providing the Committee with an update on all major Capital construction projects, in relation to both financial and programme management performance. The report provided a progress summary, an outline of key risks, an indication of upcoming activities and a cost update. It was reported the National Treatment Centre (NTC) remained on course to meet the revised completion date. Plans and schedule of works for the Raigmore Maternity Redesign Project had been agreed as had the relevant decant Strategy, the latter still having to be signed off. Activity relating to the Lochaber and Caithness Redesign schemes was being taken forward on a two team, one contractor basis and appointment of a main contractor was expected by end March 2023. Community feedback aspects would require to be managed both appropriately and sensitively. A programme of works had been agreed in relation to the Dementia Friendly upgrade of Ruthven Ward, New Craigs and it was anticipated this work would be complete by financial year end. Representatives from both NHSH and Highland Council had also met with Scottish Government officials in relation to the future levels of Capital funding and in return had been requested to develop a prioritised Capital Plan for the next 10 to 15 years. It was proposed the Committee take **Moderate Assurance**.

The Committee otherwise:

- **Noted** the progress of the Major Capital Project Plan.
- **Agreed** to take **Moderate** assurance.

9 MATERNITY AND NEONATAL BUSINESS CASE

L Cowie spoke to the circulated report outlining the work being taken forward to establish clinically safe and sustainable maternity and neonatal pathways for the women and families who reside in NHS Highland, and through this, be able to offer the choice to the women of Moray to deliver their babies in Raigmore Hospital. It was reported the NHS Board had agreed the submission of a Business Case to Scottish Government for the relevant associated Capital costs relating to Raigmore Hospital. The NHS Board had also noted the projected workforce required to establish clinically safe and sustainable services. A final Business Case, outlining the relevant revenue costs would also be presented to the NHS Board prior to financial year end, and would include a clear recruitment and retention plan.

The Committee otherwise Approved the circulated Capital Business Case, as previously presented to the NHS Board.

10 CORPORATE RISK REGISTER

L Cowie spoke to the circulated report, providing an extract from the Corporate Risk Register insofar as it related to this Committee. The report sought to provide assurance that the risks held on the Register relating to the Committee were being actively managed through the appropriate Executive Leads and Governance Committees and to give an overview of the current status of the individual risks. It was reported that the Corporate Risk Register was being refreshed in line with "Together We Care, with you, for you" to ensure alignment to the direction it sets for NHS Highland. Risk scores and management of these risks would be managed through the Executive Directors Group. A formal report was to be provided to the Audit Committee in December 2022. There were a number of recommendations for either removal or changes to the Risk Register as follows:

- Risk 123 (Performance of the System) – Recommended closure of current Risk in favour of New Risk relating to Transformation.
- Risk 830 (Sustainability of Funding) – Recommended closure of Risk in favour of two new Risks relating to overall financial position and ability to achieve savings.
- Risk ?? (Financial Balance) – Recommended for inclusion in Register.
- Risk ?? (Financial Efficiencies) - Recommended for inclusion in Register.
- Risk ?? (Transformation) - Recommended for inclusion in Register.
- Risk 666 (Cyber Security) – Recommended Risk level be kept as High.
- Risk 712 (Fire Compartmentation Works) – Recommended Risk level be kept as Medium.
- Risk 714 (Backlog Maintenance) – Recommended Risk level be kept as Medium.

The Chair suggested consideration of inclusion of an element relating to organisational reputational risk relating to Care Home issues moving forward. It was stated it would be important to assess both relevant harm and likelihood prior to inclusion although the points highlighted in discussion were recognised. Associated matters were likely to align to existing areas of identified Risk within the current Risk Register.

B Peters took the opportunity to highlight the Risk Register as remaining a dynamic and live document. He stated establishing a parallel issues log should also be considered, reflecting anticipated risks and seeking relevant mitigating actions. Overall, development of the Risk Register was welcomed, and it was noted a Final Corporate Risk Register, aligned to Strategy, would be presented to the NHS Board at their meeting to be held in January 2023. It was proposed the Committee take **Moderate Assurance**.

The Committee:

- **Agreed** to Endorse the relevant Risks to be both Closed and Added.
- **Agreed** to Maintain relevant Risk Levels where indicated.
- **Agreed** to take **Moderate** assurance.

11 AOCB

There was no discussion in relation to this Item.

12 FOR INFORMATION

The Committee **Noted** the following documents:

- **Procurement Annual Report**
- **Digital Health and Care Group Update and Update on Progress with NHS Highland Digital Delivery Plan 2022/2023**

13 2023 MEETING SCHEDULE

The Committee **Noted** the meeting schedule for 2023 as follows:

6 January 2022
3 March
5 May
7 July
8 September
3 November
(All meetings to be held from 9.30am to 11.30am)

14 DATE OF NEXT MEETING

The date of the next meeting of the Committee on 6 January 2023 was **Noted.**

The meeting closed at 4.10pm

STAFF GOVERNANCE COMMITTEE
Report by Sarah Compton-Bishop, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 9th November 2022 with attendance as noted below.
- **Approve** the report and agreed-on actions resulting from the review of the specific topics detailed below.

Present:

Sarah Compton-Bishop, Board Non-Executive Director (Chair)
Jean Boardman, (Non-Executive) Vice Chair
Bert Donald (Non-Executive)
Philip Macrae (Non-Executive) (from 10.25am)
Elspeth Caithness, (Employee Director) (until 1.15pm)

Ex Officio:
Boyd Robertson (Chairman)

In Attendance:

Fiona Hogg, Director of People and Culture
Gaye Boyd, Deputy Director of People
Geraldine Collier, People Partner, A & B HSCP (10.30am until noon)
Bob Summers, Head of OHS (10.45 til 11am)
David Park, Deputy Chief Executive
Fiona Davies, Chief Officer, A & B HSCP (until 1pm)
Jennifer Swanson, Head of Talent (until noon)
Ruth Daly, Board Secretary
Arlene Johnston, Interim Head of Mental Health
Mike Hayward, Deputy Chief Officer, Acute (until 1pm)
Gaye Macrae, People Partner, Corporate Services (10.35 until noon)
Lori Pattinson, People Planning and Analytics Manager
Boyd Peters, Medical Director (from 11.35am)
Karen Doonan, Committee Administrator (minutes)
Natalie Booth, Committee Administrator
Ruth Fry, Head of Communications and Engagement
Nathan Ware, Governance & Assurance Co-Ordinator (from 11.45am)

Tim Allison, Director of Public Health (Item 4)

1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST

The Chair welcomed everyone to the meeting. Apologies were received from Kate Dumigan, Dawn Macdonald and Pam Dudek.

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 7th September 2022

Item 3.1 Terms of Reference – these were not formally approved at the meeting; it was agreed that these be brought back to the January meeting once the final items had been addressed.

Item 7.3 – Partnership Working and Facility Time, the assurance that was taken was limited.

The committee accepted the minutes with the above amendments.

2.2 ACTION PLAN

F Hogg explained the action plan:

Actions: 59, 78, 79, 81 – 83 are marked to close. These have all been completed.

The items marked amber:

Action 37 - Induction – delayed but this is on the agenda for this meeting

Action 64 – there is an ongoing discussion around Courageous Conversations, e-Learning and Part 2 training. This has been followed up with E-Learning and whether the title of "courageous conversations" is the appropriate title. This will be brought back to committee in January.

Action 77 - e-Health Spotlight, the issue of the quality and appropriateness of accommodation for e-Health colleagues was discussed previously and F Hogg asked D Park if there was any update on this. D Park explained that there was ongoing discussion between e-Health and Estates and work is continuing. This item will remain open at this time.

The Committee **Noted** the updates to the Action Plan.

2.3 REVIEW OF COMMITTEE WORKPLAN

The Chair explained that this document had now been tweaked slightly with a "hot topic" section added to the beginning of the document. F Hogg stated that for the next pre meetings they would be looking ahead to the meetings from May 2023 onwards as well.

The risk registers were due to be added to the workplan if this was agreeable to committee.

The Committee:

- **Approved** the minutes of the meetings held on 7 September subject to the changes noted
- **Considered** actions arising therefrom

- **Reviewed and Agreed** to the proposed updates to the Committee Action Plan
- **Reviewed** the Staff Governance Committee Workplan 2022 – 2023

3 MATTERS ARISING NOT ON THE AGENDA

Onboarding and Exit surveys

The Chair asked for an update on the progress with developing and launching onboarding and the exit surveys. L Pattison explained that this work had fallen slightly behind. The guidance for the exit survey has been reviewed and currently working with other Boards to compare. A test of change is due to take place by the end of the month. Hoping to get the exit survey launched in December.

Regarding the onboarding survey this is a new process that hadn't been attempted before so consideration of the content was needed, and it was hoped that this would be up and running around January next year.

Standard and Mandatory Training Compliance

F Hogg explained that the Health & Safety Executive have been in contact to advise of an inspection at New Craigs Hospital. They will also be looking at violence and aggression training compliance and Risk Assessments at ward levels are also to be looked at. This visit is due to take place at the end of November/beginning of December. It is likely that areas of improvement will be highlighted, and actions have begun to address these risks.

B Donald highlighted the importance of statutory and mandatory training. He explained that during his visits it had become apparent that this was not high on the agenda of managers or colleagues in some areas of NHS Highland. Whilst time constraints were a pressure, this culture needed to be addressed. F Hogg noted that here are many actions that the organisation can take to support compliance and improve capacity, but each colleague and manager has a personal responsibility to complete their statutory and mandatory training, and this is where focus has to be. This is a culture that needs to change, and colleagues must Complete what is required to keep themselves and their colleagues and patients safe.

Discussions were had around the various face to face training that was offered, and the question was asked as to whether the training could be adjusted, could it be shortened or offered online or in person over shorter periods. Ongoing review of the training is carried out and work nationally is also being progressed in this space, but F Hogg cautioned that this cannot be an excuse for not managing compliance locally, as until any amendments are made, the training is a statutory requirement Discussion was had around the effectiveness of various means of communication to remind staff/managers of statutory and mandatory training, including a recent video that was developed for all colleagues which shows them what training is needed, where to find it and why it is important. .

4 SPOTLIGHT SESSION

Public Health – Tim Allison

T Allison spoke to his presentation. F Hogg welcomed the focus that Public health had

on having a good operating rhythm for team meetings, engagement and communications across the whole directorate. She highlighted the responsibility to ensure effective communication was shared between departments and the organisation both informally and formally. This structure in Public Health provides time to come together and to have conversations that was supportive for all.

The Chair highlighted the huddles and the team meetings part of the presentation. Whilst it was easier to share information at a higher level it was challenging for this information to cascade down through the rest of the organisation.

G Boyd explained that they were waiting for the Once for Scotland Policy on hybrid working but, in the meantime, there was guidance and a check list and risk guidance for managers who have colleagues working from home.

Discussions were had around whether there was a need to have a committee dedicated to Public Health and Governance. It was noted that there were many challenges regarding this and that there were many factors involved. Public Health by its nature covers a vast number of sectors that cannot be dealt with by one committee itself. R Daly asked if members of the committee felt that the Board had enough insight over the public health function to have confidence that everything is working. The Chair asked if this is something that could be spoken about in a development session and R Daly agreed to explore this further.

T Allison stated that there were various other channels that governance is dealt with but there is not one committee that oversees this in the round. Discussions were had around how public health is woven through various aspects of the organisation; the challenge was trying to identify public health as a singular aspect as it was so multi-faceted. The committee thanked Tim and Gayle Macrae for the work on the presentation.

5 WELL INFORMED

5.1 Communications and Engagement Update

Report by Ruth Fry, Head of Communications & Engagement

R Fry spoke to her report. Workload is still high, but they do have graduate intern support and admin support.

- Upskilling of staff is ongoing – speakers are coming in to speak to the team on areas of interest and development
- Developing brief to get support with social media
- Media collaboration is ongoing
- Consistent channels – weekly roundup has dipped slightly so are looking at ways to increase readership, investigating new pieces of software to use
- Priority campaigns – winter planning is ongoing, A & E campaign had to be set aside due to lack of response to requests for data to progress the campaign.
- Piloting new briefing form for campaigns.

The new website is now live, over 300 pages have been moved to the new site so far, once everything has been moved over the archive site will be closed.

B Donald asked about the funding for the colleagues that are currently providing extra support to the team and when this was due to run out and or be replenished. R Fry

explained that funding was in place until March 2023. Regarding the graduate intern this was being funded from the vaccination budget so the intern would be available to update information in relation to vaccination. Investigations are ongoing as to funding from another department that the intern is involved with supporting. F Hogg confirmed that the People & Culture directorate would be reviewing all the priorities and resource requirements for the coming year, and this would be picked up there. Various data was being looked at to make sure that what was required would be in place for the coming year.

The question was also asked around how information could be gathered more easily for the campaigns. R Fry explained that the new briefing form about to be launched would cover this, asking the relevant questions to work out how to prioritise the campaigns that are to be run.

F Hogg noted how accessible and functional the new website is and the level of hard work that was required to produce the website. B Robertson commended R Fry and her team on the work that they have been doing in respect of communication and engagement.

The Chair noted that engagement was not only the responsibility of the communication team but also those who were interacting with them and the need to upskill staff across the whole organisation.

R Fry thanked her team and the new website manager for all their hard work in getting the new website up and running.

The Committee **noted** the update and took **Moderate** assurance from the report

6 APPROPRIATELY TRAINED AND DEVELOPED

6.1 Corporate Induction Progress Update

Presentation by Jennifer Swanson, Head of Talent

J Swanson spoke to her presentation. B Donald asked how local induction would be supported as this would be more of a challenge than the corporate inductions. He explained that he received a lot of feedback in relation to the lack of consistent local inductions and the feedback was not very positive. J Swanson stated that it would be good to have feedback on specific areas as many managers were good at making sure staff had gone through induction. There was work ongoing that would allow feedback of what is going well to be discussed and this would further support the induction process.

F Hogg explained that this framework was an important start to the process. It was individual managers that required to take part in this and deliver the local elements. This was an important part of the process of having staff placed in teams, having statutory and mandatory training done and able to execute their role effectively. The Chair asked how this would be monitored to make sure that this training was being done as was outlined.

Discussions were had around the presentation and how this would impact how staff feel about the organisation and how supported staff feel. It was noted that the week-

long induction was important and that managers understood the need for the member of staff to have this time to be inducted into the organisation. The question was asked as to how interactive the training was with the need to have person to person rather than just e-learning in front of a pc. J Swanson explained that the courses would be as interactive as possible to ensure that the experience of colleagues coming into the organisation was as positive as possible and involved a wide range of people presenting their areas and information

F Davies highlighted the need for both the Together We Care Strategy and the A & B strategy to sit together as a pair to ensure that staff were aware of all the organisation and not just parts of it. She went on to explain that where staff had not been informed of Argyll & Bute and how and why it was different presented a challenge to them of how to approach issues which involved them. As there were differences between both it was important to explain this and to show how both worked together.

Action: F Hogg to add induction to the action plan so that this could be revisited at a future meeting.

The Committee **noted** the update on the content approach and timescales for the rollout of Corporate Induction.

7 INVOLVED IN DECISIONS

7.1 Area Partnership Forum minutes of meeting held on 26th August 2022

These were taken as accurate and correct and there were no comments or questions.

7.2 Staff Governance Standard Monitoring Standard for 2021/22

Report by Gaye Boyd, Deputy Director of People and Elspeth Caithness, Employee Director

G Boyd explained that over the last few years the Scottish Government had been amending the structure of the format used to submit the report as Scottish Government are already able to access some of the data that is required. The process has been streamlined due to this.

A short life working group was agreed by Area Partnership Forum (APF) in the August meeting to look at the questions and to produce a proposed response which has been circulated ahead of today's meeting, following receiving positive feedback at the APF in the October meeting. The submission is due back to Scottish Government by Friday 18th November.

There were no questions nor comments from committee.

The Committee **approved** the submission to Scottish Government and took **Substantial** assurance on meeting the standard

Comfort Break noon until 12.10pm

On returning from the break the Chair explained that as the meeting was running

slightly behind time the rest of the agenda would be taken in a different order from the one circulated.

8 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

8.1 Update on Structure and Governance of People and Culture Programme

Presentation by Fiona Hogg, Director of People and Culture

F Hogg explained that the presentation had been circulated for the committee to view and that the set-up of the People & Culture programme board was a work in progress. People & Culture is different to other elements of the strategy and the presentation shows the complexity of the areas covered, in the Annual Delivery Plan (ADP) but also the associated work from national and local priorities. The structure will not reflect the ADP and Strategy directly as a result but would be mapped to it and all of the data and reporting would align to this and to the Staff Governance Standards. There was more discussion to be had in the coming weeks and the first meeting of the People and Culture Programme Board was to take place in January. She also noted that an update on the progress against the People & Culture elements of the ADP was provided in the papers.

It was agreed to add this to the workplan for the next committee meeting.

The committee is asked to note the update

9 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENTS AND THE WIDER COMMUNITY

9.1 Minutes and assurance report from Health and Safety 11th October 2022

As the meeting had run over time by this point it was decided that these would be brought back to the next committee meeting.

9.2 Whistleblowing Q1 and Q2 report

Report from Fiona Hogg, Director of People & Culture

The Chair stated that as the meeting was no longer quorate it may be more appropriate to take this item back at the next committee meeting. Discussion was had around whether the Q3 report would then be available, but it was noted that this would be around March 2023.

B Donald stated that many people who are contacting him are not whistleblowing but there appears to be a theme emerging around patient safety, due to the pressures that people are working under and the shortages of staff. There are more queries and conversations being had around this locally and nationally. The Chair outlined that the information within the reports that was headlined patient safety is very broad and that it perhaps needs broken down further to understand more about the specifics of the situations. It was noted that patient safety covers more than one section of the data. The Chair invited B Donald to share some of the visits that he had done to bring the data to life at the next committee meeting.

F Hogg explained that discussions had been had with the Guardian Service and there could be further sub- categories to record data and information for both the speak up

and WB reports which would address this issue. Looking at some of the cases and then adding more categories would identify a clearer picture than was had now. E Caithness stated her concern around patient safety and agreed that further discussions and interpretation of data would make this clearer. There could be hidden risks that are not being captured and it was important that there was assurance that things were being put in place to address this.

Action: Update from Bert Donald on his visits and findings to be added to the Workplan
Action: Q3 WB report to have revised categories and trend information included

The Committee **noted** the attached reports and agreed to discuss at the next meeting

9.3 Risk Review including Corporate Risks and Level 2 Risk Registers
Report from Fiona Hogg, Director of People and Culture

F Hogg explained that many of the corporate risks covered by the Staff Governance Committee were linked to the ADP and the strategy. In order not to duplicate information in actions this report was to highlight the actions that would be taken and fed back into the strategy and the ADP. F Hogg explained that she had looked at the wrong section of Datix on the Culture Risk but on returning to the notes this had come down to 120 in April 2021. There is no proposal to change the level of this risk as a result.

It was noted that Argyll & Bute HSCP have a strategic risk associated with socioeconomics and this is now proposed for inclusion as a NHS Highland strategic risk register. With regard to risk 877 the level is lowering however it was decided that this is not a staff governance risk and that that when this is fed back to the Board there is an agreement of which Governance Committee and Executive should own this risk.

Once committee had agreed on the updated risks and the content then F Hogg would be writing out to the directorates to advise them of this, with the timetable of when the Level 2 risks will be looked at. There is a meeting schedule for 2023 to discuss this further. F Davies highlighted that in respect of risks for Argyll & Bute they would have to be fed back to the IJB and not this committee for any changes to the register. F Hogg confirmed that the role of the committee was to provide feedback or challenge on Level 2 Risks linked to their agenda, but that the ownership would always be with the responsible Executive and in this case, the IJB.

B Peters highlighted the need to make sure that the committee had oversight the Level 2 risks but don't own them. F Hogg confirmed the committee would look at whether the level was felt appropriate, how they were progressing, whether they were mitigating the relevant corporate level risk and if actions were progressing.

Discussions were had around the need to be clear what is a risk and what is an issue. This would be clarified as the process continued and would aid in keeping the risk register updated and the actions appropriate.

The Committee **reviewed** the report and progress made and took **Moderate Assurance** from the report.

9.4 NHS Highland and Argyll & Bute HSCP Workforce Plans 2022-5
Report from Lori Pattison, People Planning and Analytics Manager

L Pattison explained that the workforce plans circulated round committee had been to EDG and APF previously. Scottish Government asks that a 3-year plan is outlined for them, and this plan was worked on with colleagues from planning and performance. This was to ensure that as much as possible the workforce reports were aligned with the Together We Care Strategy and the joint strategy for Argyll & Bute

The reports were due to publish on the 31st October but Scottish Government has approved an extension to this to make sure that the relevant committees and forums approve the final versions of the plans. The feedback deadline was now Thursday 17th November.

F Hogg explained that although these were 3-year workplans they are being revised all the time in response to changing pressures and priorities. There is currently an audit of our workforce planning approach which will help us improve how we manage and deliver to the plan as well as the planning process itself. It was important that the whole system and a service level planning approach was addressed in the workforce plans and not just concentrated on separate disciplines and professions.

The Chair asked the question as why there were only 2 plans and not 3 as the guidance was for NHS Highland one for Argyll & Bute HSCP and one for Highland Health and Social Care Partnership as the SBAR stated all Boards and the HSCPs. F Hogg explained that Highland is unique in the way that the organisation was set up and G Boyd explained that this meant that the organisation did not fit into the format that the Scottish Government was looking for amd so the Highland HSCP plan was part of the wider NHS Highland Plan.

It was noted that since feedback was still open beyond this committee that any substantial changes to the reports would be circulated round committee for noting prior to submitting to Scottish Government.

The Committee **approved** the final versions of the plans and took **Substantial Assurance** as to the quality and content of the plans.

9.5 IPQR and Workforce Report
Report by Lori Pattinson, People Planning and Analytics Manager

F Hogg explained that the IPQR was the Staff Governance Committee assurance to the Board. The IPQR would therefore become part of the workforce reports presented to the Committee and it would continue to evolve. There is a bit of a gap with regards to the Culture Reporting now as they are in a transition phase. To address this the ADP updates that were sent to Scottish Government were included in the circulated papers.

L Pattison spoke to the circulated presentation on the workforce report. The Chair stated that although there was a slight lag in receiving data it was important that the trends were highlighted, so perhaps some elements of the report does not need to come to committee as often as the core metrics if they do not change that much. Regarding the information presented data around vacancies, staff turnover and sickness would be ones that would be of more interest to committee. It was noted that the sickness data may be helpful if it was broken down in different ways to analyse further. It was also noted that recruitment challenges were adding pressures in various departments, and it would help committee to know how this was being moved through.

Discussions were had around performance as opposed to output and the need to be

able to monitor the performance. The use of data and what the data can show was discussed and how important it is that managers are able to understand the figures and the data. L Pattison went on to share an example of some work that they were doing with NES around performance metrics with the committee. F Hogg stated that it was important to deal with the facts and figures in order to understand where the organisation was and what was required and that the reports revealed the amount of work that had been done and would continue to be done.

The Chair stated that this would come back to committee to be looked at more closely.

Action: Further information about sickness absence breakdown and recruitment data to be considered for adding to the reports, as well as performance metrics in addition to output metrics.

The Committee **reviewed and commented** on the proposed IPQR and workforce data and took **Moderate Assurance** as to the quality and content of the data

10 AOCB

There was no further business discussed.

11 Date of NEXT MEETING

The next meeting of the Committee will take place on Wednesday 11th January 2023 **at 10.00 am** on **MS Teams**.

11.1 Proposed dates for 2023

8 March 23
10 May 23
28 June 23
6 Sept 23
8 Nov 23

The meeting closed at 1.15pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held BY MICROSOFT TEAMS on WEDNESDAY, 21 SEPTEMBER 2022

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

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Lead AHP, NHS Highland
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Rebecca Helliwell, Medical Director, NHS Highland
Elizabeth Higgins, Lead Nurse, NHS Highland
Fiona Hogg, Director of Human Resources and Organisational Development, NHS Highland
Kenny Mathieson, Public Representative
Julie Hodges, Independent Sector Representative
Alison McGrory, Interim Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Kirstie Reid, Carers Representative, NHS Highland
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
David Gibson, Chief Social Worker / Head of Children & Families and Justice, Argyll and Bute HSCP
Lorna Jordan, Principal Accountant, Argyll and Bute Council
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
David Ritchie, Communications Manager, Argyll and Bute HSCP
Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Angus MacTaggart and Betty Rhodick.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 24 August 2022 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) Strategic Planning Group held on 8 September 2022

The Minutes of the meeting of the Strategic Planning Group held on 8 September 2022 were noted.

(b) Strategic Planning Group held on 8 September 2022 - Link to Argyll and Bute Community Directory

The Argyll and Bute Integration Joint Board noted the link to the Argyll and Bute Community Directory, a valuable resource mapping 1300 services across Argyll and Bute which would assist users to access services in their locality.

(c) Audit and Risk Committee held on 13 September 2022

The Minutes of the meeting of the Audit and Risk Committee held on 13 September 2022 were noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer reflecting on the wide range of activity taking place both in Argyll and Bute and nationally. The report expressed sadness at the death of Her Majesty the Queen; highlighted a recent Cabinet Secretary visit to Bute; an update on the HSCP's vaccination programme; operational challenges including a number of vacant GP contracts; good news stories; and staffing updates including the appointment of Morven Moir as Head of NHS Finance.

Decision

The Integration Joint Board noted the content of the submitted report.

(Reference: Report by Chief Officer dated 21 September 2022, submitted)

6. FINANCE

(a) Budget Monitoring - 4 Months to 31 July 2022

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 31 July 2022 and a forecast for the year. The report also provided an update on the delivery of the savings programme and utilisation of reserves.

Decision

The Integration Joint Board noted –

1. that there was a small forecast revenue overspend of £575k as at 31 July 2022 and that it was anticipated that the HSCP would be able operate within budget in the current year;

2. progress with the savings programme and confirmation of £2.8m in savings delivered, 46% of target;

3. that earmarked reserves of £3m had been committed for spend in 2022/23; and

4. that at the time of writing the net cost of the revised local authority pay offer was not known but was expected to add a further cost pressure to Social Work Budgets.

(Reference: Report by Head of Finance and Transformation dated 21 September 2022, submitted)

7. HEALTH CARE FRAMEWORK FOR ADULTS LIVING IN CARE HOMES

The Board gave consideration to a report providing an introduction to the NHS Highland response to the recently published Healthcare Framework for Adults Living in Care Homes.

Decision

The Integration Joint Board noted –

1. the publication of the Health Care Framework for Adults Living in Care Homes (June 2022); and

2. the planned approach to response to Healthcare Framework for Adults Living in Care Homes by the Care Home Oversight function.

(Reference: Report by Lead Nurse for Care Homes and Care at Home dated 21 September 2022, submitted)

8. ARGYLL AND BUTE CHILD POVERTY ACTION PLAN REVIEW 2021-2022

The Board gave consideration to a report presenting the current Child Poverty Action Plan Review 2020 – 2021 setting out the current situation in terms of child poverty in Argyll and Bute and making particular reference to areas such as children's rights, sustainability and the challenges facing island communities.

Decision

The Integration Joint Board noted the content of the review.

(Reference: Report by Head of Children & Families and Justice dated 21 September 2022, submitted)

9. YEAR 2 (2021/22) ANNUAL REVIEW OF THE CHILDREN AND YOUNG PEOPLE'S SERVICES PLAN 2020 - 2023

The Board gave consideration to a report presenting the first annual review of the Children and Young People's Service Plan 2020-2023. The review reported on performance and progress to date in delivering the outcomes set out to achieve.

Decision

The Integration Joint Board noted –

1. that both NHS Highland and Argyll and Bute Council were jointly and equally responsible for children's services planning;

2. Argyll and Bute's Children and Young People's Services Plan 2020-2023 Year 2 review for the period 2021/22; and

3. the submission of the Children and Young People's Services Plan Year 2 review to Scottish Government as per the legislative requirement.

(Reference: Report by Senior Manager Child Health and CMHS dated 21 September 2022, submitted)

10. PUBLIC HEALTH ANNUAL REPORT 2021-2022 AND LIVING WELL MID STRATEGY REPORT 2019-2022

The Board gave consideration to a report outlining the Public Health activity in Argyll and Bute to prevent ill-health and improve health and wellbeing outcomes for the population. The detail of the report covered the Public Health Team Annual Report for 2021-2022; Living Well Mid-strategy Report for 2019-2022; and an update on the strategic approach to prevention in the Health and Social Care Partnership.

Decision

The Integration Joint Board –

1. noted the reports on Living Well 2019 – 2022 and Public Health Team activity in 2021-2022;

2. noted the strategic approach to prevention in Argyll and Bute; and

3. endorsed the role of the IJB in providing leadership to prevent health and social care problems from arising.

(Reference: Report by Interim Associate Director of Public Health dated 21 September 2022, submitted)

The Integration Joint Board took a short comfort break from 2.35pm to 2.45pm.

11. GUARDIAN SERVICE ANNUAL REPORT

The Guardian Service Annual Report was before the Board for noting.

The Board were advised that the report circulated with the agenda was not the correct version of the report and that a verbal summary of the Annual Report would be provided at the meeting, with the correct version being circulated to the Board following the meeting and published with the Minutes.

Decision

The Integration Joint Board noted –

1. the verbal summary of the Guardian Service Annual Report; and

2. that the Guardian Service Annual Report 2021-22 would be circulated to members of the Board following the meeting and would be published with the Minutes.

(Reference: Verbal summary of Guardian Service Annual Report 2021-22)

12. NATIONAL CARE SERVICE CONSULTATION RESPONSE

A response to the National Care Service (Scotland) Bill consultation, which had been submitted to the Scottish Government, was before the Board for noting.

Decision

The Integration Joint Board noted the content of the response.

(Reference: Response to National Care Service (Scotland) Bill consultation, submitted)

13. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 23 November 2022 at 1.00pm.

The Integration Joint Board resolved in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 to exclude the press and public for the following item of business on the grounds that it was likely to involve the disclosure of exempt information as defined in Paragraphs 6 and 9 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973.

14. ACQUISITION OF KINTYRE CARE CENTRE

The Board gave consideration to a report in respect of the acquisition of Kintyre Care Centre.

Decision

The Integration Joint Board agreed the recommendations within the submitted report.

(Reference: Report by Head of Finance and Transformation; and Head of Adult Services dated 21 September 2022, submitted)

PHARMACY PRACTICES COMMITTEE MEETING – Wednesday 31st August, 2022
VIRTUALLY VIA MS TEAMS AT 1.00 pm

Report by Fiona Clark, Community Pharmacy Business Manager on behalf of Gaener Rodger, Pharmacy Practices Committee Chair

The Board is asked to:

- **Note** the decision of the Pharmacy Practices Committee.

NHS (Pharmaceutical Services)(Scotland) Regulations 2009
Provision on Control of Entry to Pharmaceutical Lists
Under these Regulations each Health Board must establish a Pharmacy Practices Committee (PPC) with membership defined as 3 pharmacists, 3 lay persons and a chair who is a member of the Board. If the application being considered is in a neighbourhood where there is a dispensing doctor then a further member is appointed by the GP Sub-Committee on behalf of the Area Medical Committee.

Under the Regulations the Board unconditionally delegates its function to assess and determine the need for additional pharmacy contracts or services to the PPC and the decision of the PPC is final. The PPC is concerned only with NHS contract services and the provision of NHS pharmaceutical services.

1 Background and Summary

The Committee was asked to consider the application submitted by Ms. J. Moncur, to provide general pharmaceutical services from premises sited at Invercauld House, Spean Bridge, PH34 4EP under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant's proposed premises were located.

2 Decision

The Pharmacy Practices Committee (PPC) was satisfied that the provision of pharmaceutical services at the premises of the Applicant was desirable at the current point in time and it was necessary in order to secure the adequacy of provision of pharmaceutical services into the future within the neighbourhood, as defined by the Committee.

The Chair invited members of the Committee to vote on the application by Ms. J. Moncur to provide pharmaceutical services at Invercauld House, Spean Bridge, PH34 4EP. The Committee unanimously agreed to grant the application.

Full notes of the hearing may be viewed on the NHS Highland website via the following link:-
https://www.nhshighland.scot.nhs.uk/News/Pages/NewPharmacyinSpeanBridge.aspx

Fiona Clark
Community Pharmacy Business Manager
29th September, 2022

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	**3 November 2022 – 9.00am (via MS Teams)**

Present
Dr Gaener Rodger, Non-Executive Board Director and Chair
Dr Tim Allison, Director of Public Health (from 9.05am)
Alasdair Christie, Non-Executive Board Director
Robert Donkin, Independent Public Member
Kate Patience-Quate, Interim Board Nurse Director
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director
Catriona Sinclair, Non-Executive Board Director and Area Clinical Forum Chair
Emily Woolard, Independent Public Member

In attendance
Louise Bussell, Chief Officer, HSCP
Robert Cargill, Deputy Medical Director (from 9.05am)
Lorraine Cowie, Head of Strategy and Transformation
Fiona Davies, Chief Officer, Argyll and Bute (from 10.40am)
Ruth Fry, Head of Communications and Engagement
Elizabeth Higgins, Associate Nurse Director
Karen King, Associate Director (from 9.45am)
Moranne MacGillivray, Service Manager (Medical & Diagnostics) (from 10am)
Marie McIlwraith, Project manager, Communications and Engagement
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Ian Rudd, Director of Pharmacy (from 10.40am)
Simon Steer, Interim Director of Adult Social Care
Catherine Stokoe, Infection Control Manager (from 10.45am)
Katherine Sutton, Director of Acute Services
Constantinos Yiangou, Deputy Medical Director (from 9.55am)

1 WELCOME AND APOLOGIES

Apologies were received from M Cockburn, S Govenden, R Helliwell and D MacDonald.

The Chair took the opportunity to recognise that the meeting held on 1 September had been the last attended by Heidi May in her capacity as Board Nurse Director prior to her formal retirement. She took the opportunity to pay tribute to her commitment to the work of the Committee and thank her for her input and formal guidance/advice provided throughout her tenure.

1.1 Declarations of Conflict of Interest

A Christie advised that being General Manager at the Citizens' Advice Bureau (CAB), he had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

2 MINUTE OF MEETING ON 1 SEPTEMBER 2022, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 1 September 2022 was **Approved**, subject to the updating of formal titles relating to E Gray and K Arrow, and removal of reference to M Cockburn as Present (maintain reference to being In Attendance).

Associated Actions (Including Actions 13 to 16 from last meeting) were considered as the meeting progressed, noting Actions 2 and 16 were now complete. Action 3 would be discussed in association with the Older People in Acute Hospital update scheduled for January 2023. Actions 6 and 8 would be scheduled for March and January 2023 meeting respectively. Item 13 would be reworded to reflect a CAMHS report would be brought to the March 2023 meeting, including an update in relation to Distress Brief Intervention.

In relation to the circulated Work Plan, members were advised this had been updated to reflect recently agreed changes. This would be further updated following this meeting.

The Committee otherwise:

- **Approved** the draft Minute, subject to the amendments discussed.
- **Noted** the updates on the circulated Committee Action Plan.
- **Noted** the updated Committee Work Plan.

2.1 MATTERS ARISING

There were no matters discussed in relation to this Item.

3 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. It was confirmed reference to NOK related to Next of Kin.

The following was discussed:

- Reporting from Short life Working Group (Discharge). Advised consideration would be given to current reporting arrangements.
- Positive Feedback Data Capture. Noted a Compliments Log in place and local teams captured this for their areas. Care Opinion feedback also captured and could be brought to Committee.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Noted** K Sutton would report back on Working Group reporting arrangements.
- **Agreed** consideration be given to positive feedback reporting at next meeting.

4 NHS HIGHLAND DRAFT ENGAGEMENT FRAMEWORK

R Fry spoke to the circulated report outlining the position in relation to development of an NHS Highland Engagement Framework, also circulated and advised this had been co-produced via a Short Life Working Group (SLWG) in accordance with a recommendation from the earlier Sturrock

Report. The Framework would fulfil the function of a strategic-level blueprint to shape and guide engagement activity across all service areas. It provided the relevant guidance, procedures, templates and training for services to implement appropriately and proportionately with support and advice from the Communications and Engagement Team. Key Performance Indicators were also included. The Framework would be submitted to the NHS Board for final approval and future reporting would be via an Oversight Group, supported by an engagement Advisory Group, to both this Committee on an annual basis and the Highland Health and Social Care Committee. The views of the Committee were sought in relation to the proposed governance structure, quorum for the oversight group and frequency/content of reporting. It was proposed the Committee take **Substantial Assurance.**

The following points were discussed:

- How specific elements are measured and recorded. Advised new reporting template aligned to elements contained within Annual Delivery Plan (ADP), further detail of which would be provided. ADP now a Standing Item on Committee formal agenda for reporting purposes.
- Review and Evolution of Framework. Layout and format of Framework welcomed. Confirmed will be subject to an engagement cycle and continual iterative improvement process, seeking to capture relevant learning where appropriate.
- Oversight Group. Noted membership required greater clarification. Had been suggestion quoracy should require either a Lay or Carer representative to be present. Agreed need to avoid reference to "Patient Representatives".

After discussion, the Committee:

- **Noted** and **Endorsed** the circulated draft Engagement Framework.
- **Noted** detail of measurement and recording elements to be provided to members.
- **Noted** reporting to Committee would be on an annual basis, reflecting Statutory duties relating to Community Engagement and providing relevant examples.
- **Agreed** to take **Substantial** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison presented to members, advising as to detail in relation to performance data around Complaints, Freedom of Information (FOI) requests, Adverse Events, Significant Adverse Events, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. It was reported Complaint's activity performance was the subject of a range of ongoing improvement activity; with high compliance being evidenced in relation to Freedom of Information requests. With regard to Adverse Events data, further consideration would be given to the categorisation of 'Other'. The number of Significant Adverse Event Reviews being declared continued to reduce significantly, a training event in relation to which had been held in August 2022. There continued to be a proactive focus on reducing the overall number falls across all settings, with incidents of Falls with Harm having been reduced over recent months, and positive outcomes and feedback received.

The following areas were discussed:

- Falls. Continued focus on reducing falls, with number of Falls with Harm coming down and positive outcomes and feedback being evidenced as a result of a more proactive approach.
- Tissue Viability. Detailed review ongoing in context of a current national focus on pressure ulcer incidents across all care settings, homes and Care Homes. A 20% reduction target was expected to be set by Scottish Government. Innovative research was being conducted in association with NHS Lanarkshire on pressure ulcers within Care Homes and wider teams on the effectiveness of early intervention activity.

- Managing FOI Requests. Advised level of requests can vary for number of reasons including specific areas of interest and current themes. Noted Highland Council had discussed profile of requests with MPs/MSPs to try and limit FOI numbers by ensuring individuals directed their requests in the most effective and appropriate manner. Formal FOI requests were not always the most effective way of gathering information. Suggested similar approach be taken due to the high number of requests received from this specific group. Noted monthly meeting held with local politicians to discuss areas of current interest etc.
- Medication Incidents (Prescribing). Noted Medicines Sub Committee receive detailed updates, meeting every two months. A range of monitoring systems and processes were in place. An update would be sought from the Director of Pharmacy for the next meeting.

After discussion, the Committee

- **Noted** the reported position.
- **Agreed** data visualisation be further considered in terms of providing clarity.
- **Noted** the Director of Pharmacy would be invited to provide a comprehensive update on all relevant matters to the next meeting.

6 NHS HIGHLAND ANNUAL DELIVERY PLAN

6.1 Introduction and Outline of General Committee Expectations

B Peters provided an introduction in relation to the Draft Annual Delivery Plan; outlining the existing position; the importance of quality standards and highlighting the work currently in progress. Work was in progress to develop comprehensive reporting and benchmarking against published Standards. It was reported regular updates would be provided to this Committee through relevant "Well" reporting processes. L Cowie advised the Quality Steering Group would lead on developing the Quality Framework then gave a presentation to members outlining relevant Local Delivery Plan Standards (previously HEAT Targets) advising these had been aligned to relevant "Well" Themes. The range of other, wider Indicators were outlined, and it was stated these further complimented the overall focus on improving quality through a holistic approach. She went on to provide an example of a Quality and Performance Dashboard (Start Well) in development and highlighted the aim to include further data relating to both Finance and Workforce aspects. An indication was provided as to the number of Indicators applied to each of the "Well" themes, noting over 200 metrics had been identified and were in the process of being developed. Specific reporting detail was then provided in relation to CAMHS Waiting Times; NDAS Waiting Times for Assessment (Thrive Well) and for teenage pregnancy; contraceptive prescribing rates; IVF Waiting Times; Drug and Alcohol Waiting Times; supply of THN Kits; and Palliative and End of Life Care. She concluded by advising whilst most quality indicators related to clinical aspects there was need to consider care aspects and joint working with partners. Further mapping work would be taken forward and all aspects would be tied into the Annual Delivery Plan and linked to relevant Strategy, Finance, Digital activity and Workforce considerations.

There was discussion of the following:

- Level of Detail of Reporting to Committee(s). Noting breadth of data can be overwhelming it was emphasised this was required to provide a wider assurance perspective. Need for Committee to reflect on the formal reporting aspect of future performance/assurance updates.

After discussion, the Committee:

- **Noted** the presentation content.
- **Agreed** to reflect on required level of reporting detail for future individual theme updates.

6.2 Start Well

K King spoke to the circulated report outlining that Start Well was the strategic driver for improving quality and performance of maternity and neonatal services and Highland. The aim was to give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before, during and after pregnancy. Start Well ambitions were directly aligned to the national strategy the Best Start Five Year Plan for Maternity and Neonatal Care in Scotland (2017), wider activity in relation to which had recently re-commenced. The relevant Programme Oversight Board, chaired by the Chief Officer (Acute) had launched in May 2022 to facilitate and support the delivery of Start Well, the Strategic outcomes related to which were outlined and in relation to which a robust governance and accountability structure had been established for escalation and strategic leadership oversight. It was reported whilst progress had been made, some challenges remained in relation to recruitment, retention, colleague experience and joint clinical alignment with NHS Grampian. Adequate staffing was critical in ensuring appropriate continuity of care. Future reporting would be based on relevant process and outcome measures, the dataset in relation to which was in the process of being developed and captured. The report proposed the Committee take **Moderate Assurance**, based on an incremental approach to service delivery improvement and associated mitigating actions.

There was discussion as to the following:

- Committee Reporting Requirements. View expressed clarity required as to the relevant dataset to be considered by Committee. Providing relevant data, comparator information, reasons for variation, detail relating to Community Midwifery Units, and associated complaints activity were initially suggested.
- Critical Areas. Stated staffing position regularly raised as key to ensuring continuity of care.
- Key Performance Indicators. Noted discussion at Acute Services Clinical Governance Group relating to suggested requirement for a Maternity Services Dashboard based on monthly data.

After discussion, the Committee:

- **Noted** reported position relating to Start Well activity.
- **Agreed** relevant mission critical aspects be defined and reporting proposals relating to the quality of clinical services be brought back to Committee for consideration.
- **Agreed** to take **Moderate assurance.**

K Sutton and C Yiangou left the meeting during discussion of the following Item.

7 PUBLIC HEALTH

7.1 Vaccination Update

T Allison gave a brief update in relation to the wider disease activity position relating to both Covid and Influenza. He then went on to speak to the circulated report outlining the autumn vaccination programme was well advanced and being delivered directly by NHS Highland. The programme was centrally supported and overseen by the respective Programme Board, although delivery was being taken forward separately within the two Health and Social Care Partnership areas by relevant community teams. In some island communities, vaccination activity continued to be delivered by GPs. The programme was designed to be delivered by early December 2022 (80%) so as to maximise protection and this was earlier than originally planned. Vaccination had moved from GP delivery to NHS Board delivery, with progress having been made in improving appointments and scheduling despite initial problems. There were 65 vaccination centres in North Highland, 28 in Argyll and Bute in addition to school, care home and domiciliary vaccination locations. At the time of reporting, 48% of the total eligible population in Argyll and Bute had been vaccinated, the figure being 34% for North Highland. Staff uptake levels remained low at the time

of reporting. Vaccination had taken place in all Care Homes in NHS Highland. The report proposed the Committee take **Moderate Assurance.**

The following was then discussed:

- Access to Vaccine Clinics. Accepted clinic arrangements can be problematic and subject to cancellation, with communication issues contributing to a sometimes, unsatisfactory position. On occasion lower priority individuals can be contacted before those with a higher priority level, even within the same household and thereby raising associated concerns. Relevant challenges were acknowledged, noting other NHS Boards had encountered similar issues with the national appointment system. Communication arrangements required improvement. Failsafe arrangement in place to ensure communication with all eligible residents.
- Enhanced Communication. Advised additional communications approaches to be taken forward with Head of Communication and Engagement, including local newspaper articles.
- Children with Underlying Conditions. Stated any advice issued in this area would be via the Joint Committee on Vaccination and Immunisation (JCVI). Advice may be subject to change.
- Anti-Viral Usage Uptake. Advised no statistics currently available within Public Health brief. Stated anti-viral service continued to be delivered, with treatments based on associated community viral levels. Further advised availability of clinical trial reports enabled targeted approaches to be delivered where appropriate.
- Potential for Extension of Vaccination Programme. Advised this was likely in some format, with targeted approaches for areas of relatively low uptake.
- Further Development of the Online Appointment System. Stated lack of appointments the main concern and could be assisted by ensuring relevant clinic arrangements were in place much earlier in the process. Not in gift of NHS Boards to drive improvement in the national portal.

After discussion, the Committee:

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

7.2 NHS Highland Screening Programmes Update

T Allison spoke to the circulated report, providing an update in relation to the nine screening programmes undertaken in Scotland and assurance in relation to the effectiveness of the screening programmes across NHS Highland. The report went on to discuss attainment of the required performance standards, Key Performance Indicators, associated benchmarks against Scottish national performance and the challenges faced by each programme. Attention was drawn to the national issues in relation to cervical screening and relevant follow-up activity being taken forward. It was reported all adult national screening programmes, excluding pregnancy screening, had been paused for varying periods during the COVID pandemic. Since remobilisation all programmes have had to address the needs of patients not invited during this gap while inviting newly eligible people to attend. Additionally, COVID had led to increased staff absences, new infection control restrictions and in some cases staff redeployment which had led to additional challenges. Pregnancy and Newborn screening programmes were maintained throughout the pandemic. Annual screening activity reports were provided to all NHS Boards. The report proposed the Committee take **Moderate Assurance.**

The Committee:

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

The Committee adjourned at 10.55am and reconvened at 11.00am.

8 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

B Peters took the opportunity to further acknowledge the commitment and contribution made to the work of the Committee by the previous Board Nurse Director and welcomed K Patience-Quate to her first meeting in the capacity of Interim Board Nurse Director. The following areas of interest were also referenced:

- Wider System Pressures. Advised discussion ongoing at all levels, with individual NHS Boards unable to influence matters greatly. Members were assured the NHS Board remained sighted on the relevant system pressure issues ahead of the approaching winter period.
- NHSH Winter Plan. Advised final planning workshop event to be held later that day. System-wide Plan being developed.
- Moray Maternity Plan. Noted group of relevant clinicians, midwives and doctors had written direct to Cabinet Secretary to outline a range of safety concerns and inviting a delay to implementation of relevant plans. An independent panel had been appointed earlier in 2022 and was to provide independent scrutiny and assurance to the Health Secretary on the plans to implement Model 4 and Model 6. Part of the panel's work would include ensuring modelling and planning was robust, safety concerns were fully considered, and all reasonable mitigations put in place.
- Planned Visits. Noted the Chief Medical Officer, Professor Gregor Smith and one Deputy Chief Medical Officer Dr Nicola Steedman were to visit NHS Highland in early December 2022. There would be a range of topics discussed and both had indicated a wish to have discussion with members of front-line staff.

The Committee otherwise Noted the reported position.

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

9.1 Argyll and Bute

L Higgins spoke to the circulated report advising the Argyll and Bute Clinical and Care Governance Framework review was complete and had been ratified on 26 October 2022. Further updates were provided in relation to identification and review of clinical incidents; identification of Health and Safety as a priority improvement area; an imminent IJB Development Session looking at improving engagement; actions relating to services within Lorn and Islands Hospital; work in relation to supporting 2C GP Practices; an approved plan relating to meeting Medication Assisted Treatment standards for treating drug and alcohol addiction; consideration of a paper regarding supply of medicines in Argyll to address non-conformance with Medicines and Healthcare Products Regulatory Agency (MHRA) good distribution practice, ongoing work relating to Dementia pathways; and introduction of patient initiated returns relating to services delivered from Oban. It was advised there had been agreement to purchase the Kintyre Care Centre thereby sustaining the only nursing home in the West of Argyll and Bute. An update had also been provided in relation to the NHS Education Scotland Deanery fact finding meeting relating to the standards of training and environment for junior doctors within Lorn and the Islands Hospital, and the Action Plan arising therefrom. The report proposed the Committee take **Moderate Assurance.**

The following points were raised in discussion:

- Deanery Fact Finding. Stated ensuring the correct hospital (non-bypass) staffing model was key, with further work required in relation to senior level clinician recruitment. Recent feedback from relevant trainees had been positive.

- Non-Bypass Definition. Advised this related to medical emergency arrangements, usually within remote hospital locations whereby medical emergencies are addressed by specifically trained clinicians prior to being transferred to their eventual end care destination.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to receive the Clinical and Care Governance Framework at the next meeting.
- **Agreed** to take **Moderate** assurance.

9.2 Highland Health and Social Care Partnership

L Bussell spoke to the circulated report outlining output from the Community Quality and Patient Safety (QPS) and Clinical Governance structure and advising weekly QPS Check-In meetings were being held. QPS Sub-Group meetings were also held on a monthly basis where Datix/case review/SAER and complaints were reviewed, and associated actions agreed. Updates were provided in relation to recruitment and on-boarding of clinical staff; development of a Mental Health Search Policy (circulated for information); development of a Standard Operating Procedure for mental Health/Learning Disabilities patients refusing observations (circulated for information); concerns raised relating to Nursing and AHP establishment agreements and clinical leadership; consideration being given to establishment of a NHS board-wide educational newsletter for sharing areas of good practice; and joint working undertaken to address an educational and staff support requirement relating to smear testing activity. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 13 September 2022. The report proposed the Committee take **Substantial Assurance.**

After discussion, the Committee:

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

9.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, indicating there had been reviews undertaken of national Audit Programmes relating to Neurology and Trauma Care. It was noted Delivery Directorate reports had been introduced, highlighting capacity and flow challenges in all Acute sites, and incorporating increased incident reporting. Issues highlighted by exception had related to a Multiple Sclerosis audit demonstrating higher NHSH activity and satisfactory benchmark performance; improvement work underway following a Trauma audit and exception report in reporting of CT brain scans following head trauma; increased reporting of Inpatient falls; the impact of nursing vacancies on clinical care delivery; use of day case and elective care areas leading to reduced elective capacity and poor patient experience; and the impact of a rising number and complexity of CAMHS patients in paediatric services especially at weekends and Out of Hours. Other matters highlighted had related to access to emergency and elective care as a result of delays in social care provision and the impact of reduced immediate access to the Emergency Department and Medical Admissions on the Scottish Ambulance Service. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 13 September 2022. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

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

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

K Patience-Quate spoke to the circulated Exception Report relating to Children's Services, providing detail in relation to the work of the NHS Highland Child Death Review Panel; the Assurance Framework for the new Scottish Government Child Protection Guidance; leadership; Perinatal Infant Mental Health Services across NHS Highland; NDAS Service governance arrangements; relevant NHS Board Strategy and Annual Delivery Plan elements; and publication of an updated Getting it Right for Every Child (GIRFEC) Policy. There had also been circulated Minute of Meeting of the NHSH Infants, Children and Young People's Clinical Governance Group held on 5 October 2022. The report proposed the Committee take **Moderate Assurance.**

There was discussion of the following:

- Child Death Review Activity. Advised very low number of child deaths within Highland on an annual basis. Suggested the Committee receive a formal update on the relevant governance structure and associated guidelines at a future meeting.

The Committee:

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

10 CLINICAL GOVERNANCE COMMITTEE RISK REGISTER

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

There had been circulated a report providing an update on action being taken in relation to the two Risks identified, highlighting Covid levels had shown signs of increasing in the population and more hospital patients were being diagnosed as positive. The number of people with serious illness from Covid remained low, with disease effects heavily mitigated by vaccination, with the risk of new variants and mutations remaining. It was noted the prominence of the influenza season in the southern hemisphere, combined with lower natural immunity in the population posed a significant risk of harm. It was also reported Covid vaccination programmes had been successful, although challenges for delivery and communication had remained. The autumn Covid and influenza vaccination programmes had started well but clinic capacity and staffing remain significant issues in some areas. Delivery was through Board clinics other than in some island areas where GP practice delivery continued. Comprehensive delivery of the Vaccination Transformation Programme (VTP) was not yet in place although progress was being made towards April 2023. Performance was monitored via the Vaccination Programme Board. It was proposed the stated levels of risk remain as High. The report proposed the Committee take **Moderate Assurance**.

During discussion, members were advised further consideration was being given as to the reporting of Level 2 clinical Risks at this Committee. Whilst the Committee would not manage such Risks, there was a role for provision of high-level oversight on an annual or biannual basis. This would serve to enhance Committee awareness of Operational level challenges.

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

- **Agreed Moderate** assurance be given to the NHS Board, based on the updates provided.
- **Agreed** the EDG be recommended to maintain the current Risk Level assigned to **Risks 715 and 959 as High.**
- **Noted** consideration was being given as to future Committee reporting of Level 2 clinical Risks.

11 INFECTION PREVENTION AND CONTROL REPORT

C Stokoe spoke to the circulated report which detailed NHS Highland's position against local and national key performance indicators to end September 2022. NHS Highland had been reporting a favourable position against the targets set for SAB, and CDI, however the target rate for Ecoli has not been met for the quarter July-September 2022 and was above target. No areas of concern had been raised by the Scottish Government. Antimicrobial prescribing targets were being met. Improvements had been made to compliance rates with Infection Prevention and Control mandatory training, with 80% compliance being reported. Over the previous month reporting of patients with COVID had increased and additional Infection Prevention and Control (IPC) staffing hours and posts continued to be supported to assist with the significant increase in workload for the IPC Team. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period although a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The Infection Prevention and Control team continued to work alongside staff and external agencies to ensure the delivery of national guidance in the management and control of Covid across NHS Highland. There had been no Healthcare Environment Inspections undertaken since the last update. The report went on to outline a number of areas of challenge and indicated good progress continued to be made in relation to the NHSH Infection Prevention and Control Annual Work Plan 2022/2023. The report proposed the Committee take **Substantial Assurance.**

K Patience-Quate took the opportunity to advise that funding to support Adult Social Care, Care Homes and Care at Home activity was not guaranteed beyond 31 March 2023. The World Health Organisation had recently launched their two-year HAI Strategy (and 5 year follow-up), the relevant health and social care implications of which were in the process of being considered.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Noted** the update on the NHSH Infection Prevention and Control Annual Work Plan 2022/2023.
- **Agreed** to take **Substantial** assurance.

12 SCOTTISH PUBLIC SERVICES OMBUDSMAN (SPSO) REPORT

M Morrison introduced the circulated report providing details on SPSO activity from April 2021 to September 2022, incorporating activity, issues raised, outcomes and themes emerging from relevant recommendations. It was reported existing challenges related to ensuring the NHS Board responded to SPSO enquiries on time and recommendations were actioned within the timescales set out by the SPSO. Open SPSO cases would be incorporated into the weekly complaints reports and cases would be included in weekly meetings with Operational Units. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the report content and welcomed inclusion of relevant trend data.
- **Agreed** to take **Moderate** assurance.

13 IMPACT OF UNFILLED SHIFTS INTERNAL AUDIT REVIEW

K Patience-Quate spoke to the circulated report outlining the Internal Audit review concerned had been commissioned by the NHSH Project Management Office (PMO). Following review of the

relevant findings by the Audit Committee, it had been agreed a paper on the report be submitted to the Executive Directors Group (EDG), Clinical Governance Committee and Staff Governance Committee to ensure the process and findings of the report were appropriately considered and managed within the Board governance structures and executive sponsorship was confirmed. It was reported the findings of the review suggested further analysis of the impact of unfilled shifts would be beneficial, with the Board Medical and Nursing Directors meeting with Internal Audit and PMO to review the methodology and discuss the findings/recommendations with the purpose of agreeing next steps and confirming the most appropriate Executive Lead. A number of suggested recommendations had emerged which would be incorporated into existing programmes of work to monitor the impact and mitigate the risk of staffing shortages on quality of care and staff wellbeing. A copy of the Internal Audit report was also circulated. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Percentage of Unfilled Shifts versus Expectation. Advised this represented one of the dataset issues that had arisen, impacted by Bank Staff and other associated contributory factors.
- Internal Audit Activity Commissioning Process. Emphasised key role of Executive Sponsors in commissioning such activity, noting this can carry a financial cost to NHSH. Internal Audit had taken activity forward as an advisory piece of work as opposed to a formal review. Acknowledged some of the findings and data had value and was worth further consideration.
- Taking Matters Forward. Advised findings passed to HIS as part of their ongoing work in this area. Some of the review findings would also be useful for Operational teams to consider. Further data validation may be required in some areas. Director of People and Culture to assume Executive Lead role, supported by wider Executive Team where appropriate. Further updates would be provided to the Audit Committee moving forward.
- Advantages of Group Learning. Noting earlier discussion, highlighted importance of recognising when move away from that approach. A supportive Group culture, based on the safety of members to seek learning, add value and drive improvement was key to success.

The Committee:

- **Noted** the reported position.
- **Agreed** the results of the Internal Audit report be shared with Chief Officers; Deputy Medical, Associate Nurse, Midwifery and AHP Directors for further review and consideration within their operational area senior leadership teams.
- **Agreed** the Clinical Lead for Health and Care staffing share the methodology used by the Internal Auditors in this review with HIS as part of the learning network in development of national common staffing methodology development.
- **Agreed** the Director of People and Culture as Executive Lead for workforce and Health and Care Staffing legislation take ownership and oversight of the actions within the People and Culture Programme Board and further considers the report as part of this Programme Board.
- **Agreed** to take **Moderate** assurance.

14 SIX MONTHLY EXCEPTION REPORTS

14.1 Health and Safety Committee

Consideration of this Item was deferred to the January 2023 meeting.

15 SAER Review Audit

There had been circulated a report outlining progress against each of the recommendations contained within the Action plan relating to an Internal Audit on Significant Adverse Event Reviews. The report included detail of the areas identified as requiring action, with members noting most actions were now complete. The final outstanding action was being taken forward by the Clinical Governance Support Team, with work having commenced in relation to reviewing and updating the "When Things Go Wrong "website. A small team were meeting weekly to draft a Newsletter to be issued in November 2022. The report proposed the Committee take **Substantial** assurance.

The Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Substantial** assurance.
- **Noted** a formal update would be provided to the Audit Committee.

16 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this Item.

17 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the following discussion areas:

- Strategic Risk Register recommendations relating to Risk levels.
- Ongoing system pressures.
- Clinical Governance Quality and Performance Data. Welcome the positive iterative development of Dashboard, allowing greater assurance for members and to the NHS Board.

The Committee so Noted.

18 DATES OF FUTURE MEETINGS

Members **Noted** the meeting schedule for 2023 as follows:

12 January
2 March
27 April
29 June
31 August
2 November

19 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 12 January 2023 at 9.00am.

The meeting closed at 11.55am

Agenda Item 8

NHS Highland	

Meeting:	**NHS HIGHLAND BOARD**
Meeting date:	**29 NOVEMBER 2022**
Title:	**WINTER PREPAREDNESS**
Responsible Executive/Non-Executive:	**KATHERINE SUTTON, CHIEF OFFICER ACUTE & LOUISE BUSSELL, CHIEF OFFICER, COMMUNITY**
Report Author:	**LORRAINE COWIE, HEAD OF STRATEGY & TRANSFORMATION**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

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

2 Report summary

2.1 Situation

Preparations for the 2022/23 Winter Ready Plan take place within a continuing context of uncertainty caused by the COVID pandemic and increased unscheduled care admissions.

The reach of the vaccination programme is providing protection to the population but the ongoing prevalence requires continuing precautionary measures and contingencies in addition to normal winter planning preparations. The usual rising prevalence of respiratory illness such as flu and pneumonia are central drivers of winter demand.

Winter Planning normally focuses on the period from December through to March with specific arrangements around the Festive public holidays and surge of demand from early January.

The Health and social care: winter resilience overview 2022 to 2023 - gov.scot (www.gov.scot) was published on 4th of October 2022 and a Winter Checklist on the 17th of October 2022 which gave us framework to form the basis of our Winter Ready Action Plan (WRAP).

The Board is being asked to take assurance from the content of this paper and to note that all actions that could have an impact on improving capacity and resilience in our key priority areas are being progressed. This work supported by responsive escalation processes through an agreed escalation framework which will support patient and staff safety this winter.

It is important to note that the plans will remain dynamic and will be responsive to emerging challenges based on staff availability, emerging issues etc and supported through system wide coordination and integrated working arrangements across NHS Highland.

2.2 Background

It is an annual requirement that a winter plan is prepared to ensure pre-emptive planning and the development of the best state of readiness to meet the projected demand that winter brings.

2.3 Assessment

A “Winter Ready” task and finish group was comprised in late September to bring together colleagues, 3rd sector and partners as a whole system approach to developing a Winter Ready Action Plan (WRAP).

Six key priorities were identified to support the system with key actions and outcomes.

Our preparations for Winter are built around the following key priorities:



This has allowed us to work collaboratively system wide to support the development and mutual understanding of the required outcomes for our population through an integrated approach.

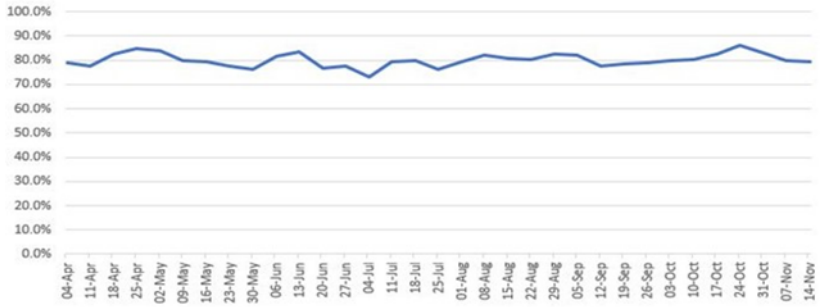
A supporting enablers plan has been developed outlining the key actions that have been identified to support whole system delivery:

Action No	Mission Critical Actions	Narrative
049	Internal and external communications plan	To support our population and our colleagues with the right information
050	Financial plan with value produced	Any additional funding agreed is to increase capacity or improve delayed discharge position
051	Business continuity plans in place across whole system and operational framework in place	Scenario testing on 14th of December in terms of OPEL and resilience across system
052	Key performance indicators agreed and dashboard being developed	KPIs agreed with all key priorities and system pressures report distributed and used for intelligence led decision making
053	Warm places framework including power outage plan	Head of Resilience continues to work with Highland Council and partners with this
054	Procurement contingency plan	Procurement has full contingency plans in place
055	Digital contingency plan	In place and will be reviewed as part of scenario on 14/12
056	Increasing volunteers to support with winter pressures	Requirements to be detailed to support deployment

REDIRECT

Our ‘front door’ comprises a range of services comprising but not exclusively made up of GPs, Emergency Departments (including Minor Injuries Units),Ambulatory Emergency Care units (AEC) (receiving GP referrals), Medical, Surgical, Orthopaedic, Mental Health, Paediatric, CAMHs and Social Care.

Our overall ED performance has remained stable from April this year as shown below and we have remained one of the top performing boards in Scotland.

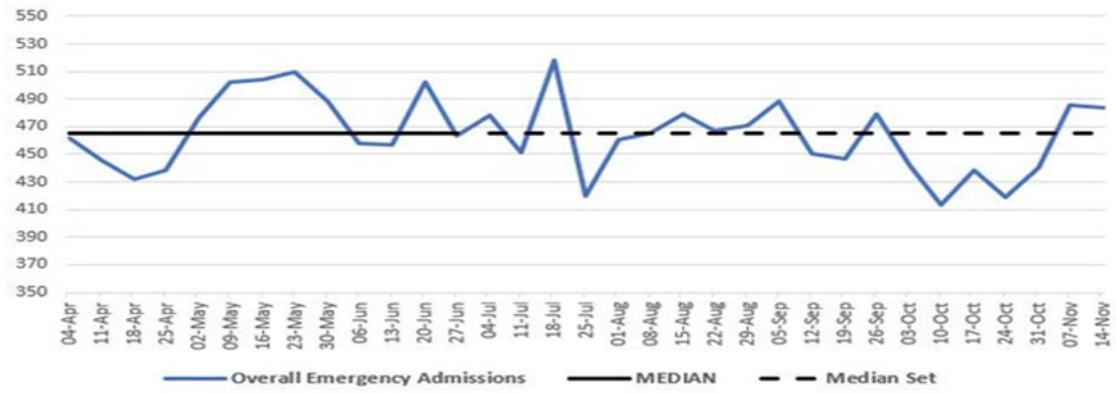


In order to maintain and ultimately improve ED performance ensuring the patient and staff risks associated with access block are minimized as far as possible over the winter period we have agreed the following key priority actions are enabled:

Action No	Mission Critical Actions	Narrative
001	Redirection and signposting at front door	Plan is in place practices to support require to be embeddeand fully supporting with communications to the public
002	SchedulingofFNC disposals to MIUs, AEC and alternatives to Emergency Department	Data to be collected through FNC to ensure impact can be understood
003	Direct access to Ambulatory Emergency Care	Rapid access stream created using AMS score for pre agreed pt groups
004	MHAU will provide an assessment for people experiencing an acute mental health crisis	MHAU provide 24/7 professional to professional advice. Can arrange for face to face or NearMe assessment if indicated.

REDUCE

Emergency Admissions from mid-June have fluctuated. Daily admissions for patients with COVID surged during August and September. As noted above, the requirement to ensure 'red' and 'green' pathways stretches our capacity, with dedicated staffing and facilities necessary for infection control. Continuing unpredictability implies that contingency for similar surges will need to be maintained through the winter. The following shows weekly emergency admissions from April 2022.



In order to stabilise our system we have agreed to establish key actions to reduce admissions where clinically appropriate through:

Action No	Mission Critical Actions	Narrative
005	ACPAs in place for the most vulnerable	Care Home Liaison Nurse Link with General Practice/EOLCT to ensure consistency of approach to provision of high quality ACP's. Aim to increase number of residents who have had an ACP review within the past year through GP
006	Stand up Care Home Help Line	For peer support to the teams in the care homes to avoid unnecessary transfers of care
007	Support vaccination uptake	Delivery programme in place through IJB/HHSCP
008	Anticipatory prescribing	Weekly communication bulletins in place with GP colleagues. Regular updates to be included over Winter.
009	GP Assessment Hub	Central support and sustainability for all practices and MDT response for all 24/7 service that would link in with the OOH GP hub.
010	Buddy Support	Buddy arrangements for practices unable to deliver core services due to staff absences/illness during Winter.
012	OPAT	OPAT has been expanded through U&USC care funding to support winter resilience

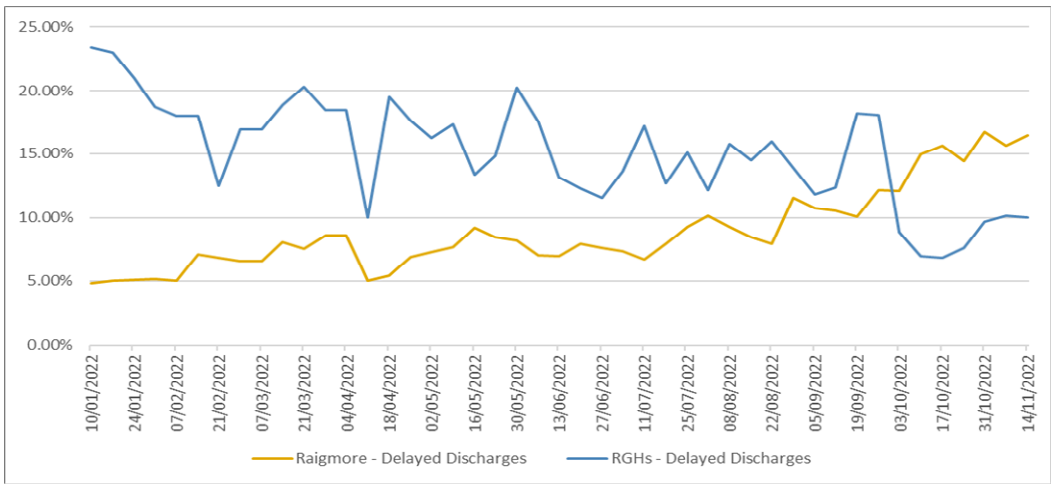
013	Rapid access cardiology clinics	To ensure maximized unnecessary admissions are reduced and length of stay is kept as short as possible for this patient group.
014	Acute Frailty In-Reach	Being implemented with current resource in January
015	Virtual Heart Failure Pathway	Admin of IV Frusemide to prevent admission
016	Urgent dental access	Arrangements in place to ensure appropriate access

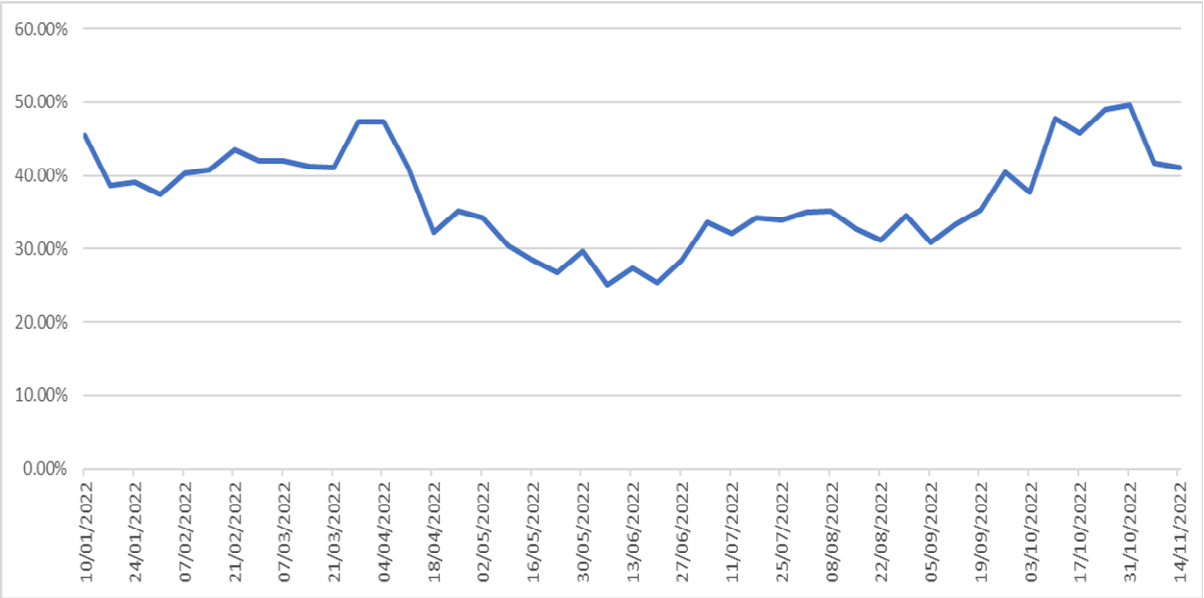
RAPID

Considerable cross system work is being progressed to revise and develop a standardised discharge policy which aligns practice across our hospital sites through planned date of discharge (PDD). The practice of "criteria led discharge" within our hospitals will be further expanded wherever possible to support early discharge and shorten length of stay where clinically appropriate. These policies are being implemented through locally owned clinical leadership and initiatives established to focus on closer working arrangements with hospital and community teams to address unnecessary delays.

Length of stay over the last two years has fluctuated with monthly variability. Given the number of patients that are currently presenting with increased acuity post pandemic through emergency pathways it is anticipated that length of patient stay will be a significantly confounding factor through the winter period. In addition access to routine care is anticipated to be significantly challenging over the winter period based on the experience of the social care sector over this last year.

Delayed discharges continue to be a significant pressure within our system occupying a significant amount of beds a day as below.





Delayed Discharges - Community

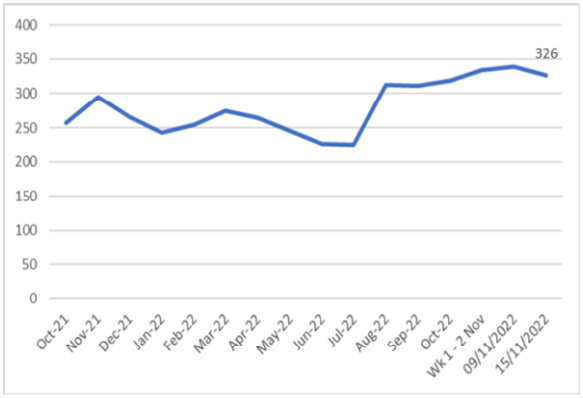
To facilitate a reduction in the number of bed days lost to patients delayed across the system the following key actions will be prioritised:

Action No	Mission Critical Actions	Narrative
017	MDT PDD setting in all acute in-pt units with 85% with a PDD in <72 hours	PDD set and monitored to adherence
018	MDT PDD in all community hospital setting with 85% with a PDD in <72 hours	PDD set and monitored to adherence
019	Development of whole system multi-disciplinary pathways for discharge including discharge by 12 noon and equal across 7 days a week	Workshop on 25/11 defining pathways.
020	Development of command centre approach focusing on our population who are not in the most appropriate setting to meet their need	Long Stay Patients Boarders Waiting for a Comm Hosp Delayed Discharges Choice policy applications
021	Implement additional capacity across our community hospitals and care homes	Maximise available capacity across the system which will come from the winter funding allocation to increase flow and improve right place of care
022	Co-hort patients who are delayed to discharge	Ward 5c being established to accommodate this population to offer focused care at the appropriate level

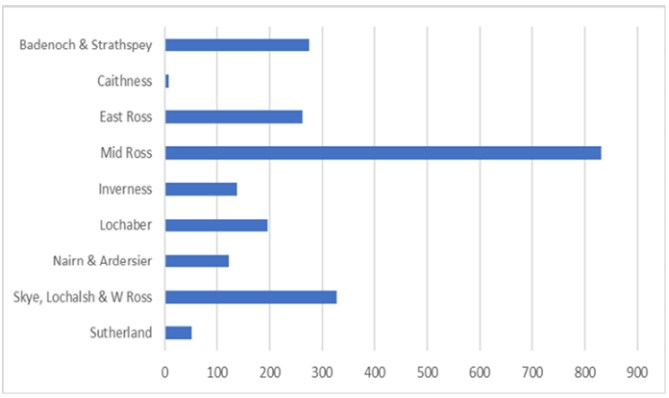
023	New Craigs admission and discharge plan	Ensure we are maximising our available capacity and reducing length of stay where appropriate
024	Clarity of response in the event of an outbreak or incident	Will be addressed as part of OPEL
025	Review of realistic discussions between family and person to be discharge about care expectations	Posters to be developed and a standard approach across the system adopted
026	Ongoing review of care packages for those who are waiting on a discharge to review level of care required and discussion with family about previous level of care	Current intelligence being looked at to assess demand and ensure appropriate levels of care

RESPOND

All Community and Social Care teams have been increasingly stretched over the pandemic period, supporting patients in their homes and meeting demands and this continues shown below.



Total Assessed and Waiting for Care



Unmet Need for Care at Home

The NHSCP has continued to develop practice to strengthen the care and rehabilitation that is necessary to create the capability and capacity required to support admission prevention and early discharge. This includes support from community teams to enhance clinical care and decision-making, which allows the team to manage highly complex patients within the community and prevent avoidable hospital admissions while improving patient outcomes.

The priority for winter planning is to deliver a quality service for everyone involved with and/or directly receiving care packages (staff, service users, families, and communities). We are working with a network of partners in the third sector and wider communities to deliver care. In order to respond quickly to support crisis and the vulnerable population across our system the following actions have been agreed:

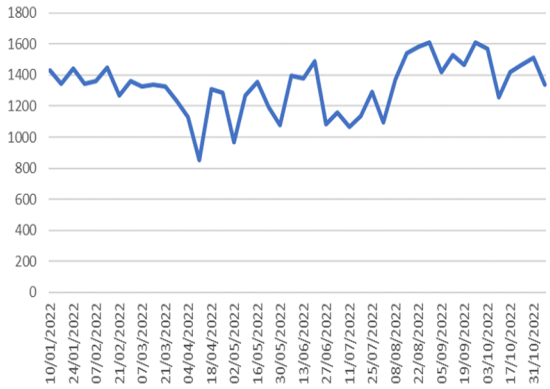
Action No	Mission Critical Actions	Narrative
027	Personal contingency plans in place	Template utilised by staff who complete
028	Extension of provision Mackenzie Centre to 7 days to prevent carer breakdown	Review of staffing and 7 day working
029	Increase CRT support locally with operational management	CRT resources pooled from vacant unfilled posts, use of NHS Reserves
030	Ensure available resources are fully deployed to increase our Option 1 Short Breaks scheme for unpaid carers	Translating increased availability of resource into good outcomes for carers
031	“Planned Respite” across our in-house Residential Services	Restart/consolidate the booking/availability

032	Focussed group discussion required on Care at Home support	Gap analysis, what plans are required to be in place, how to ensure resources are in place according to need during winter period and care plans reviewed
033	Remote health monitoring arrangements	Still being worked through to assess further embedding
034	Use of near me for unscheduled care for vulnerable and care homes	Ipads etc that were issued during COVID to be utilised for this purpose and provide a direct link
035	Investment in and funding of local voluntary and third sector organisations to support care@home teams	Provide practical support to people who are ready for discharge, and across the wider community.
036	Review of referral for assessment process	Investigate the process for this working collaboratively with the Highland Council to support our population with the right access

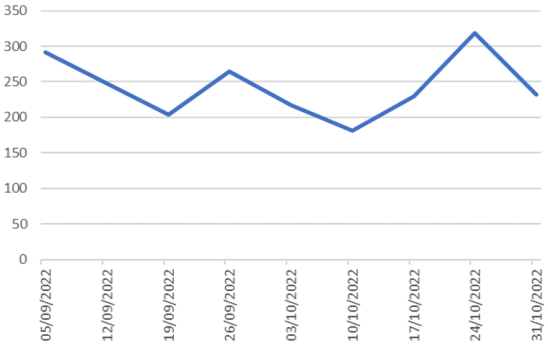
RESTORE

As in previous years, elective activity will require to be scaled back over the peak winter period whilst maintaining elective capacity for urgent cancer and highest priority patients. This approach is enhanced by our use of the nationally agreed clinical prioritisation framework providing an effective mechanism to ensure the most needy inpatients are identified and prioritised to access treatment.

The following describes the TTG activity of recent months and due to unscheduled care occupying significant numbers of surgical beds this activity has not been as high as we would have wanted to provide.



TTG Activity Levels



New Outpatient Activity Levels

Where possible, elective patients are managed on a day case or short stay basis. Waiting list initiatives are being used where possible to increase capacity although the reduction in planned care funding will impact on this going forward. A clear surgical cancellation process is in place across the system through the OPEL framework.

Action No	Mission Critical Actions	Narrative
037	Ensure life limiting surgery is carried out within appropriate timescales	We will continue to carry out cancer and urgent surgery and ring fence beds
038	Ensure USC referrals are seen within 14 days	Currently diagnostics are a challenge and this will be a priority to assess over the next week
039	Ensure we are meeting the 31 and 62 day cancer targets	Performance has increased slightly and we will continue to pursue
040	Continue to book those people who are applicable to the OP and TTG targets for Dec 22 and Sept 23 respectively	We continue to see progress with this on a weekly basis and will monitor over the winter period
041	Continue to protect and monitor CAMHS and NDAS as these as critical services for our vulnerable population	Essential these services continue to be prioritised given the waiting list

REASSURE

Supporting the health and wellbeing of our workforce is critically important at any time, and especially so this winter given the likely operational pressures which the NHS will face. Looking after our people enables them to provide the best care for our population.

We know there has been, and continues to be, a significant focus in our organisation on looking after our people and is a key focus area within Together We Care. This is within a context of staff vacancies, increased patient needs and the impact of the last few years on staff wellbeing.

Given the likely further operational pressures NHS Highland will face this winter, and recognising the vital importance of continuing to grow the workforce to meet demand, this document summarises some of the most important wellbeing support and interventions to be prioritised as we approach winter.

Action No	Mission Critical Actions	Narrative
042	Industrial action plan developed to support our workforce when there may be shortages	Scenario testing at through EDG. Industrial action is highly likely to continue over the winter period.
043	Extra capacity is being scheduled for the 'return to work' days after the four day festive break	Factored into annual leave management arrangements across Primary, Secondary and Social Care services.
044	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care	To ensure consistent discharge over 7 days and the holiday periods this requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications
045	Medical students as support workers for medical teams and use of GP trainees	Being discussed and agreed at present
046	Ensure all staff are actively encouraged to have health and wellbeing conversations to address their personal and professional needs and concerns	So we continue to listen and learn over the winter period and support our workforce
047	Consideration has been given to making greater use of GPs in their final year of training (GPST3s),	With appropriate supervision, to improve the pool of available OOH clinical staff.
048	Recruitment to key workforce across care homes and care at home	Recruitment events taking place
058	Rest breaks enable staff to take time away from work to pause and recover	Leaders and managers should ensure staff are able to take their appropriate rest breaks
059	Develop communications to promote health and wellbeing over winter	Incorporate specific winter messages into wellbeing Wednesday

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

Given the unpredictability of population demand for services and the challenges faced within health and social care teams limited assurance is given in terms of system pressures faced and the ability to respond. All actions have been put in place with the preface of reducing impact on the health and care system however this may not be enough to avoid periods of intense system pressure over the intervening winter period.

Unscheduled care demand would require to be reduced significantly and recruitment to health and social care staffing significantly increased in order to give substantial assurance however neither of these are likely to be in place prior to winter.

3 Impact Analysis

3.1 Quality/ Patient Care

Impact on quality of care will be assessed over the winter period and the KPIs will be closely monitored. There will be close working with the Professional Leads.

3.2 Workforce

This is a key part of the winter plan to support staff wellbeing

3.3 Financial

There is a dedicated fund for Urgent & Unscheduled care in which there is a dedicated resource for winter planning. This funding is being prioritised to the areas which will give most benefit to our population through additionality or reducing delayed discharges.

3.4 Risk Assessment/Management

A full strategic risk register is maintained by the Urgent & Unscheduled Care Board. This is also complemented by the operational risk registers within NHHSCP and Acute.

3.5 Data Protection

None

3.6 Equality and Diversity, including health inequalities

This winter plan is aimed at ensuring sustainable access to service and fair access for all through the challenging winter period anticipated.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

- Winter Ready Task and Finish Group
- Area Clinical Forum
- Hospital Sub Committee
- Acute and Community Senior Leadership Teams
- Urgent & Unscheduled Care Programme Board
- Executive Directors Group

3.9 Route to the Meeting

As described above

4 Recommendation

This plan represents continued service change to improve and adapt our pathways, converting emergency where possible into 'urgent' planned care. Last year the COVID pandemic provided a catalyst to accelerate change through necessity. The severity of the pandemic has receded but high unscheduled care demand in the population continues to challenge our health and social care services both directly and indirectly by:

Impacting on the well-being of our workforce
Disrupting endeavours to remobilise routine care
Late presentation of patients with deteriorating conditions

Strategic, tactical and operational structures introduced will support rapid and cross-system escalation and decision-making. They will be integral to ensuring that the interdependencies between health and social care services are supported as all parts of the system respond to the winter pressures.

- The Board is being given assurance that all areas of the Winter (Cab Sec) have been considered and are within our Winter Ready Action Plan

- The Board is being given assurance that we have appropriate structures and escalation frameworks in place to support our population and workforce across the winter period

- The Health and Social Care System requires radical redesign and implementation of new ways of working supported by redesign of patient pathways with the building of capacity to deliver as close to home as possible. The winter plan aims to take strategic steps along this transformation journey but does not completely ameliorate all the current challenges and pressures as described above across the Health and Social Care System.

4.1 List of appendices

The following appendices are included with this report:

None

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

Present

Catriona Sinclair (Chair)
Frances Jamieson (Vice Chair)
Stephen McNally (Vice Chair)
Elspeth Caithness, Employee Director
Eileen Anderson, Area Medical Committee
Linda Currie, Associate AHP Director, A & B
Eileen Anderson, Area Medical Committee
Kara McNaught, Team Manager, Adult Social Care

In Attendance

Boyd Peters**,** Medical Director
Garret Corner, Non-Executive Director
Muriel Cockburn, Non-Executive Director
Ann Clark, Non-Executive Director
Sarah Compton-Bishop, Non-Executive Director
Joanne McCoy, Non-Executive
Lorraine Cowie, Head of Strategy (Item 4)
Natalie Booth, Committee Administrator
Nathan Ware, Governance and Assurance Co-ordinator
Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

The chair welcomed everyone to the meeting. Apologies were received from Al Miles. The Chair introduced K McNaught and explained that she would be replacing I Thomson on the committee.

1.1 DECLARATIONS OF INTEREST

Catriona Sinclair declared a conflict of interest, being the chair of the Area Pharmaceutical Committee (APC), with regards to the SBAR on pharmacy closures (agenda 4.2)

2. DRAFT MINUTE OF MEETING HELD ON 1st September 2022

It was highlighted that the minutes from the previous meeting held on 1st September 2022 did not note the discussion regarding certain issues not needing to go through the Sub Committee and the Area Medical Committee before being discussed in the Area Clinical Forum meetings.

Action: K Doonan to revisit minutes from the last meeting held on 1st September 2022 and update accordingly. K Doonan will then re-issue updated minutes if applicable.

3. MATTERS ARISING

3.1 ACF Chair to meet with B Robertson & P Dudek - update

Meeting to be held between C Sinclair, B Robertson and P Dudek is scheduled towards the end of November. There will be an update provided at the 12 January 2023 Area Clinical Forum meeting

3.2 ACF Chair to meet with S McNally & F Jamieson – update

It was noted that no date had been agreed for the ACF chair to meet with S McNally and F Jamieson. A review of Area Clinical Forum meetings will be carried out, to discuss format and any changes to the meeting content that may be required.

Action: K Doonan and C Sinclair to review further dates that C Sinclair, S McNally and F Jamieson can meet.

3.3 Bed Availability Meetings

E Anderson stated that despite discussions at the last ACF she had still not received any invitations to attend the meetings to discuss bed availability. S McNally stated that he had not received any either but was happy to take forward and to report back.

Action: S McNally to check with C Yiangou as to the dates of the bed meetings and update E Anderson on invites.

4. ITEMS FOR DISCUSSION

4.1 Winter Planning – Lorraine Cowie, Head of Strategy

L Cowie spoke to her presentation.

4.2 SBAR – Pharmacy Closures

The Chair spoke to the SBAR and explained that there is a situation within the Inverness area where a multiple is having issues with keeping two pharmacies open. The option being used to address this now is one pharmacy being open in the morning and one in the afternoon until staffing issues can be resolved.

The Area Pharmaceutical Committee (APC) has asked this committee to elevate this to the Board in order that there is assurance that stability in Inverness is being achieved with this option being used now.

Discussions were had around the different roles that pharmacists were in within the NHS and it was noted that there was no sector that did not have many vacancies, there was a huge shortage of pharmacists nationally.

The committee agreed that it was appropriate for this SBAR to be taken to the Board to determine the level of assurance.

Action: K Doonan to send the SBAR to the Board to be put on the Agenda.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

DRAFT

The Chair highlighted that there were still issue receiving minutes from the committees and would take this offline to address.

Action: The Chair to check with R Daly as to the issues of receiving minutes.

5.1 Area Medical Committee meeting 4th October 2022

E Anderson explained that the meeting that was held was non quorate and therefore they had yet to be ratified.

- Progress in the dermatology service; plans to invite dermatology service lead to future meetings and to tie that in with sustainable delivery programme
- Culture programme board: E Pickard no long works for Highland therefore the meeting between Cultural Programme and Workforce boards scheduled 17 October was cancelled and not yet rescheduled
- National treatment centre:
    - 40% successful recruitment.
    - Orthopaedic lead and service manager for centre to be invited to next meeting for an in-depth update
- Further discussion took place on private care interface
- More work to be done with GP sub committee
- Clinical area forum discussed in depth
- Medical committee escalation to the board
- Winter planning activity – addressing GP's complaints that they hadn't been sufficiently engaged in the planning – B Peters confirmed board awareness of the GP complaint and that re-planning started therefore clarifying lack of GP engagement due to this. B Peters said that ideas, thoughts suggestions would be welcome to the programme for consideration.
- GP subcommittee:
    - feed back to the meeting regarding the vaccination programme as they suggest there is potential for increased GP and secondary care activity in the programme due to lower vaccination uptake. As the vaccination programme hasn't yet been completed a GP sub update is required
- Covid pressure on service delivery and the impact on bed crisis
- Radiology crashes were also discussed

E Anderson stood down as chair of the Hospital Sub Committee, further discussion to take place on her replacement

To ensure future meetings are quorate the membership and the new Chair needs to be secured, more commitment, ensure appropriate attendee's and better attendance at the Area Medical Committee meeting. It was requested and agreed that B Peters would attend the next meeting.

Actions: B Peters to be invited to the next Area Medical Committee

5.2 Area Optometric Committee meeting – meeting re-arranged for November

No update as meeting had been re-arranged, minutes would come to next committee meeting.

5.3 Area Healthcare Sciences Forum meeting

No update as no one in attendance at this meeting.

5.4 Area Pharmaceutical Committee – 24th October (minutes not complete)

Chair informed that the SBAR on todays agenda and constitution (workforce and challenges) are being closely looked at. Minutes will come to next committee meeting.

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5.5 Area Dental Committee meeting – 28th September 2022

No updates as no one in attendance at todays meeting

5.6 Adult Social Work and Social Care Advisory Committee – October meeting

K McNaught, Adult Care Review Team Manager introduced herself to the group. K McNaught has taken over as chair of the Area Social Work & Social Care Advisory Committee and will review the constitution as part of her new role.

Highlighted from the previous minutes of meeting:

- Referral assessment officer and registration with the Scottish Social Services Council – letter being drafted to raise concerns in terms of benefits and what are seen as risks with regards to the role
- Inspection practices and care inspectorate concerns; concerns from social care services in house and external - significant challenges being faced in the sector, relationship and expectations form the care inspectorate
- Staff meeting the registration requirement as part of SSSC will be on the agenda for the next meeting
- A standard operating procedure (SOP), guidance for social workers and referral assessment officers supporting with self-directed support reviews was agreed in principle, after some changes it will go back to the social work leadership team for approval, and it was agreed that K McNaught would chair

5.7 Area Nursing, Midwifery, and AHP Advisory Committee - meeting was cancelled

A formal meeting did not take place due to non-quoracy, L Currie gave an overview of a discussion that was held:

- Heidi May has now retired from her role and the future culture changes and challenges faced
- Long covid clinical team started in post this week and proposed that a representative attends this committee to talk about the long covid services, in the future months when the service picks up
- The long covid clinical service is virtual and at present it is on GP referral, more detail on the service will be given to committee at a future meeting.

5.8 Psychological Services meeting – no meeting took place

Meeting attendance & Quoracy

Regarding the challenges being faced in reaching quorum and meeting involvement the Chair asked the group if there were any success stories? Discussion followed on various ways to get meeting attendance, use of technology, providing and understanding relevant information, communications, who should attend meetings.

S McNally shared an awareness that within the Centre for Sustainable Delivery which is a suite that the Scottish Government are pushing and which C Yiangou is leading, people are engaging, there is a good interest and attendance and also has people working on individual programmes within it.

B Peters explained and detailed that where there's a better understanding and information of the financial position, performance, unscheduled care pressures, etc., which all boards are faced with, all add to the criteria for gaining meeting attendance.

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F Jamieson said that there was success in generating interest and attendees to meetings through unofficial pages on social media sites, she stressed that the pages were unofficial with front page disclaimer that it's not official and not affiliated. F Jamieson also said that the constitution is to be changed to allow locums to join the Area Optometric Committee (AOC) with the hope of widening attendance at said committee.

A Clark highlighted to the group the usefulness of technology and raised awareness of a video which e-Heath has produced on MS Teams and how, as it is secure platform, can be used more efficiently for interactive communications. It was suggested that R Fry, head of comms, could be contacted for an update on the latest various and best forms of communications.

The question was raised if student nurses and doctors' input was sought or invited to meetings. B Peters informed the group that a Scottish Clinical Leadership fellow, a scheme for developing leadership in a cohort of doctors in training, qualified doctors not training into any particular speciality take a year out of training and become part of a leadership framework, as we get aligned into government international bodies. This is the first time they're aligned to a health board and Kate Jobling will be shadowing B Peters at a variety of meetings he attends and the ACF – the board welcomed this opportunity and K Jobling will be invited to the ACF meeting in January.

B Peters took the group through a presentation on system pressures across NHSH, containing the understanding, the data available around the pressures experienced. Discussion took place on the content and the expected outcome including the influence on quality measure.

E Anderson advised of a forthcoming quality assurance visit to the breast unit, concerns are raised the due to lack of radiographers and radiologists (challenges to recruit) that NHSH may not fare well from the visit, although the work that is being done is excellent despite this.

Action: Sarah Compton Bishop requested for herself and Linda Currie to have further discussion on performance and metrics

Action – The Chair to contact R Fry for more details.

Action – K Doonan to invite K Jobling to the January meeting of committee

The Forum **noted** the circulated minutes and feedback

6 ASSET MANAGEMENT GROUP

Alex Javed and Stephen McNally

6.1 Verbal Update

The minutes from the last meeting are not available however S McNally made the group aware that discussion took place regarding funding for water treatment (laundry) that is over £1million and will be Scottish Government funded.

The Forum **noted** the update

DRAFT

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

Catriona Sinclair

7.1 Minute of Meeting of 31st August 2022

The Chair agreed that K McNaught will attend future HHSCC meetings

- Minutes of meeting for 02 November 2022 are not yet available.
- Minutes from the August meeting are comprehensive and self-explanatory.
- Future meeting dates and future & outstanding agenda items agreed as per minutes

Action: K Doonan to add K McNought to TEAMS channel

The Forum **noted** the circulated minutes

8 Dates of Future Meetings

12 January 2023
2 March 2023
4 May 2023
6 July 2023
31 August 2023
2 November 2023

9 FUTURE AGENDA ITEMS

The Chair asked for suggestions for future agenda items from committee members.

10. ANY OTHER COMPETENT BUSINESS

Boyd Peters presented an overview of NHSH finance slides within the meeting; detailing the NHSH financial position within budget, areas of spend, overspend, financial pressures, savings to be made and forecast. Suggestions are welcome for cost cutting and savings to help achieve and influence the budget.

- Financial information is currently not shared with clinicians, the detail would be welcome as they would have awareness of their own budget, savings, overspend areas and it could be managed
- Departments should request financial information and if this is not forthcoming the issue should be escalated
- Locum spend continues to be an expensive service rising year on year and should be considered in the budget
- The expense of hiring locums in interventional radiology was raised

11 DATE OF NEXT MEETING

The next meeting will be held on the 12th January 2023 at **1.30pm on Teams.**

The meeting closed at 4.30pm

DRAFT

Appendix 1

NHS Highland

Meeting:	**Area Clinical Forum**
Meeting date:	**3rd November 2022**
Title:	**SBAR Community Pharmacy Closures**
Responsible Executive/Non-Executive:	**Ian Rudd, Director of Pharmacy**
Report Author:	**Area Pharmaceutical Committee**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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	x	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

The Committee will note that two pharmacies in Inverness, both Lloyds, account for the majority of community pharmacy closures in September

2.2 Background

Reported closures are being monitored on a monthly basis by community pharmacy services. This SBAR provides a follow up to that provided to the Area Pharmaceutical Committee in their August meeting regarding community pharmacy closures in July 2022.

2.3 Assessment

With the exception of these two pharmacies, the remaining closures are much reduced from the situation in July. Of the two pharmacies in Inverness, the Riverside Lloyds pharmacy was closed for 42% of it's normal opening hours for the month, and the Greig Street Lloyds pharmacy was closed for 37.5% of it's normal opening hours. These closures were unplanned and were not communicated consistently to the Community Pharmacy Services Office or the surrounding GP practices and pharmacies. Patients reported increasing levels of anxiety regarding accessing their prescriptions and surrounding pharmacies reported increasing Unscheduled Care requests. This situation deteriorated further at the beginning of October.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Jackie Agnew, Associate director of Pharmacy, Community Pharmacy & CD Governance, met with senior management for Lloyds and it was agreed that Lloyds would combine the staff and locum pharmacists from both pharmacies in to one single team which, for the next 2 to 3 weeks, will work in Greig Street pharmacy in the mornings and in the Riverside pharmacy in the afternoon.

It is anticipated that this will provide some stability for patients and GP practices, enable the pharmacies to catch up with their significant back log of prescriptions, and remove the additional burden of Unscheduled Care requests that neighbouring pharmacies were being faced with.

Information about this series of managed shortened hours for both pharmacies has been circulated to GP practices and pharmacies in Inverness and the public were made aware using the Board's social media outlets which were subsequently picked up in local papers.

Since this arrangement was put in place, on 10 October 2022, there has been no negative feedback about unscheduled closures out with these arrangements in these two pharmacies

Following discussion at the APC meeting on 24th October it was agreed that Community Pharmacy Services team will review current reporting processes, to enable all contractors to provide more consistent reporting of unplanned pharmacy closures across North Highland and Argyll and Bute.

3 Impact Analysis

3.1 Quality/ Patient Care

The series of unscheduled and prolonged closures in these two pharmacies had led to a back log of prescriptions in the pharmacies. Closures meant that patients could not access their repeats nor could they present urgent or acute prescriptions for same day dispensing or access the other core community pharmacy services. Patients reported increasing anxiety about their prescriptions being held in the two pharmacies as they could not access them to take to another pharmacy.

3.2 Workforce

The back log of items to dispense plus the negative feedback from patients led to significant stress in the pharmacy teams, which were already short staffed and running with locum pharmacists. Local pharmacies were working later to deal with their own workload due to the number of patients presenting for Unscheduled Care and other pharmaceutical care services.

3.3 Financial

N/A

3.4 Risk Assessment/Management

As per 2.4 Levels of assurance

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

Stability of the situation in both pharmacies should reduce inequality due to a patient's inability to access another source of pharmaceutical care

3.7 Other impacts

As described above

3.8 Communication, involvement, engagement and consultation

- Meeting with Lloyds senior management on 10/10/22
- Follow up meeting scheduled for 04/11/22

3.9 Route to the Meeting

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

- Area Pharmaceutical Committee 24/10/2022

4 Recommendation

- **Awareness** – For Members' information only.

4.1 List of appendices

N/A

NHS Highland

Meeting:	**NHS HIGHLAND BOARD MEETING**
Meeting date:	**29 NOVEMBER 2022**
Title:	**Strategic Risk Register**
Responsible Executive/Non-Executive:	**Dr Boyd Peters, Board Medical Director**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

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 Strategic Outcomes	X		

2 Report summary

This report is to provide the Board with an overview extract from the strategic risk register, awareness of risks that are being considered closure or additional risks to be added and the processes being developed for Corporate Risk moving forward.

2.1 Situation

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

The strategic risk register is presented as a summary within this paper to give a succinct overview.

The strategic risk register is still currently being refreshed in line with "Together We Care, with you, for you" (TWC) to ensure we are aligned to the direction it sets for us as an organisation.

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

All strategic risks will be mapped to the Governance Committees of NHS Highland and they will be responsible for oversight and scrutiny of the risks. An overview will then be presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate processes in place. A refreshed risk management approach will be presented to the next Audit Committee that addresses outstanding areas from the previous internal audit. Assurance on this will be given at the January board meeting.

For this Board meeting there are a number of recommendations for either removals or changes to the risk register.

2.2 Background

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

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

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

We have not been successful in recruiting a Corporate Risk Manager however have put in place supportive capacity across the system. We are actively exploring the process for risk to embedded within the organisation as a core component of business as usual.

2.3 Assessment

Risk No 662 – Strategy – ***The Board is asked to accept closure of this risk***

The Board is recommended to remove this risk from the strategic risk register given the strategy is now approved. The development of the strategy has been concluded in full collaboration with our population, people and partners.

Risk No 123 – Performance of the System – ***This was agreed to be closed at Finance, Resources and Performance Committee therefore the Board is asked to formally approve removal from the risk register***

This risk was focused on the performance of health and care during COVID. The mitigating areas defined were data drives process and managing performance during this time. The NHS Highland Performance Framework is now approved and a number of the areas defined are being addressed specifically by the individual programme boards, through the strategy and annual delivery plan approach. It is recommended this risk is closed and a new risk is added in terms of transformation.

Risk No 830 – Sustainability of Funding – ***This was agreed to be closed at Finance, Resources and Performance Committee therefore the Board is asked to formally approve removal from the risk register***

This risk is recommended to be removed from the risk register to allow 2 new risks to be added given the current financial challenge. The new risks will focus on overall financial position and the ability to achieve savings. This will allow the mitigations, gaps and controls to be better defined moving forward. These new risks are described below.

Risk No NEW - Financial Balance – ***This was agreed to be opened at Finance, Resources and Performance Committee therefore the Board is asked to formally approve the addition to the risk register***

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

Strategic Outcome: Perform Well

Governance Committee: Finance, Resources & Performance Committee

Risk No NEW – Financial Efficiencies – *This was agreed to be opened at Finance, Resources and Performance Committee therefore the Board is asked to formally approve the addition to the risk register*

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

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

Risk No NEW – Transformation – *This was agreed to be opened at Finance, Resources and Performance Committee therefore the Board is asked to formally approve the addition the risk register*

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

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

Updates on Current Risks

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

Clinical and Care Governance Committee Aligned Risks

Risk No 715 – Impact of COVID and Influenza on Health Outcomes – *Risk to remain high*

Whilst the rate of COVID-19 infections has reduced recently, we are concerned that the rate of infections may increase again in coming months. The impacts on our most vulnerable settings, such as care homes and hospitalisations could increase, with knock-on effect on service delivery at large. Planning is also underway for the investigation of a potential COVID-19 variants or mutations of concern.

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

Risk No 959 – COVID and Influenza Vaccinations – *Risk to remain high*

The Autumn/Winter programme has commenced for COVID and influenza vaccination. Considerable work is underway to ensure high uptake and achievement of the expedited timetable. However, significant challenges remain including staffing, scheduling and delivery within budget.

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

Finance, Resources & Performance Committee Aligned Risks

Risk No 666 – Cyber Security – *Risk to remain high*

Due to the continual threats from cyber attacks this risk will always remain on the risk register. A fuller understanding of gaps, control and mitigations will be part of the refresh of the corporate risk register.

Strategic Objective: Progress Well
Strategic Outcome: Digital Delivery
Governance Committee: Finance, Resources & Performance Committee.

Risk No 712 – Fire Compartmentation Works – *Risk to remain medium*

No change from previous report. Works continuing to improve the compartmentation within Raigmore Hospital. Raigmore SMT currently working to provide decant facilities to allow for a full programme moving forward.

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

Risk No 714 – Backlog maintenance – *Risk to remain medium*

No change to previous report. Continuing to work with SG in them providing extra capital funding to remove all high risk backlog maintenance.

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

Staff Governance Committee Aligned Risks

These have been removed as there is a separate paper on this being put forward to this Board meeting.

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 to relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Clinical Governance Committee

3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

3.4 Risk Assessment/Management

This is outlined in this paper.

3.5 Data Protection

The risk register does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in in line with our strategic objectives and outcomes once strategy is approved.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives. The risk management process with alignment to the strategy will be presented to the next Board meeting
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risks that are recommended to be closed or added
- **Decision** – Examine and consider the evidence provided for the current risks and refer any further work the Board wishes to see to the aligned Governance Committees

4.1 List of appendices

None as summary has been provided for ease of reading

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE
Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 2 November 2022 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Ann Clark, Board Non-Executive Director - In the Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council
Cllr, Muriel Cockburn, Board Non-Executive Director
Cllr, David Fraser, Highland Council
Cllr, Ron Gunn, Highland Council
Philip Macrae, Board Non-Executive Director
Joanne McCoy, Board Non-Executive Director
Michael Simpson, Public/Patient Representative
Catriona Sinclair, Chair of Area Clinical Forum
Wendy Smith, Carer Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Neil Wright, Lead Doctor (GP)

In Attendance:
Natalie Booth, Board Services Assistant
Stephen Chase, Committee Administrator
Lorraine Cowie, Head of Strategy
Pam Cremin, Deputy Chief Officer
Fiona Duncan, Chief Social Work Officer, Highland Council
Ruth Fry, Head of Communications and Engagement
Frances Gordon, Finance Manager
Arlene Johnstone, Head of Service, Health and Social Care
Marie McIlwraith, Project Manager, Communications and Engagement
Boyd Robertson, Chair of NHS Highland Board
Nathan Ware, Governance and Assurance Coordinator

Apologies:
Gerry O'Brien, Elaine Ward, Mhairi Wylie, Fiona Malcolm.

Ian Thomson had stepped down from Area Clinical Forum and a new representative will be appointed in due course.

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1 WELCOME AND DECLARATIONS OF INTEREST

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

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

- The Chair drew the committee's attention to the decision of Prof. Boyd Robertson to step down as Chair of NHS Highland in March 2023, and encouraged members to circulate the advertisement for the post which is available on the Public Appointments Scotland website (https://www.gov.scot/collections/public-appointments/) and the new NHS Highland website (https://www.nhshighland.scot.nhs.uk/careers/board-and-committee-appointments/).
- The Board has been reviewing the Non-Executive membership of the Board Governance Committees and a paper will go to the next meeting of the Board with proposed changes. These changes will only directly affect Non-Executive members.
- The Chair requested that item 5.2 be considered at this point in the meeting.

5.2 Appointment of Vice Chair to the Committee

The Chair noted that following a process open to NHSH Non Executive Director members, P Macrae had expressed interest in the position of offered his nomination as Vice Chair of the committee and she sought approval for his appointment.
The committee were happy to approve P Macrae as Committee Vice Chair.

- **The Committee APPROVED** the appointment of P Macrae as Vice Chair of the committee.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023 [PP.1-9]

F Gordon gave an overview of the month 6 position from the paper on behalf of E Ward.

- A one-year plan had been submitted to Scottish Government in March, with a further revision submitted in July. This identified an initial budget gap, of £42m of which £26m referred to Cost Improvement Programme and £3m to Adult Social Care, leaving a balance of £16m unfunded.
- The Quarter 1 statement showed that the position had worsened and therefore a recovery plan was put in place with mitigating actions to be monitored by the EDG and FRB Committee.
- During Period 6, NHS Highland had overspent by £19m to date with a predicted overspend of £39m for the year end.
- A worsening position was shown from month 5 due to a more pessimistic forecast on savings and a to lower than anticipated allocation from Scottish Government for Scheduled Care.
- The majority of actions for the recovery plan are from Central Services with some cross-cutting actions mainly in locum and agency.

During discussion,

- Assurance was given that there is a recovery plan to address rising costs which has been submitted to the Board and Scottish Government.
- The Chief Officer added that there are increasing pressures to expand services to address winter demands and at the same time to contain costs and this is a difficult balance to achieve. Planning methods are currently under review with the new Director of Finance, especially in terms of addressing hot spots such as locum agency spend. These challenges do not have quick fixes, and work is underway to assess essential services and those areas of provision which do not have an established budget.

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- There are areas within Community Services which have only had short-term money and therefore there is a need to assess if some of these services should continue or be delivered in a different way.
- The Chief Officer provided an overview of the structures for monitoring the financial position and progress against the recovery plan, these include: a senior leadership team who meet every week when the core areas report on the current state of their improvement plans and financial position; the Finance Recovery Board sits once a week to review escalated reports (the processes for this latter group are under review in order to better link with the Strategy Team's work on performance); the EDG (Executive Directors Group) have oversight of escalated matters and are tasked with making the difficult decisions about the direction of travel and how to manage governance processes.
- Cllr Cockburn expressed caution at stopping those areas of work in receipt of short-term funding, especially where these projects have been beneficial to the population, and emphasised the importance of looking for solutions from staff at ground level.
- L Bussell commented that no significant decisions have as yet been made regarding reducing non-funded services and that serious consideration was being given to these services where beneficial impact has been noted. Both L Bussell and A Johnstone commented how staff had been involved in a number of aspects of savings solutions.
- The Chair asked the Chief Officer to summarise the main reasons for the difficulty experienced over the past year in achieving savings and to suggest how ASC might manoeuvre itself into a better position for the forthcoming year.
- L Bussell noted the impact of COVID funding and other pockets of support from Scottish Government which had encouraged a mindset of building and developing service provision which is now faced with a retraction of support when the multiple pressures these services have sought to address have not gone away.
- J McCoy asked about the national piece of work to address the reliance on locums and agency staff.
- L Bussell responded that there had not been an update on the national work. In the meantime other avenues for containing locum spend continued to be explored. This is a challenge when vacancies are a national issue which means that if NHS Highland tightens controls locums are easily able to find work elsewhere.
- Cllr Gunn asked about the significant spend by NHS Highland for taxis delivering medication to patients and if there was a more economical way. M Stevenson noted that there had been ongoing problems of logistics with the company used to deliver medication via courier to people in the Highlands, and that Royal Mail next day delivery had been more reliable.
- L Bussell answered that transport is under active consideration in terms of medication and more generally. The geography of the area and population sparsity means that sometimes taxis are the most efficient and effective mode of delivery.
- It was asked what the unachieved savings referred to in point 3.6 were. This was clarified as the month to date position.
- N Wright asked what the process is for making difficult decisions, and commented on the responsibility to provide palliative care and the importance of the chronic pain service to the population of Highland, which requires better funding to address both the immediate need and in reducing admissions to Acute Services.
- L Bussell answered that Enhanced Community Services had been supported with money from Scottish Government, however this was non-recurrent and there is now a service gap. The Palliative Care Helpline, had been funded out of COVID monies, and work is underway to consider how this can be supported in its current form or how it might be redesigned to work as part of normal services.
- The decision-making approval process involves representatives from all the professional leads and interacts with a variety of key partners and organizations with a quality impact assessment approach.

After discussion, the Committee:	
– **AGREED** to receive **limited** assurance from the report.	

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3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 31 August 2022 [PP.10-22]

The draft Assurance Report from the meeting of the Committee held on 31 August 2022 was approved by the committee pending a correction to show that P Macrae had been in attendance.

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

3.2 Matters Arising From Last Meeting

M Simpson commented that he had expected information on the energy costs for NHS Highland arising from discussion at the August meeting as part of the Finance Update for the present meeting. It was agreed that E Ward will provide information at the next meeting.

The Committee:
- **AGREED** that E Ward update the committee on the matter of energy costs for NHSH.
- **NOTED** the update.

3.3 Winter Planning [PP.23-30]

L Bussell introduced the presentation and noted that this work had been carried out in conjunction with work on Unscheduled Care, that planning had been shared with Scottish Government, and that a Task and Finish Group has been running weekly.

- L Cowie gave an overview of the key points of the slide show which had been circulated ahead of the meeting and noted that the planning had been aligned with the overall strategic objectives for NHS Highland through Together We Care Key Performance Indicators.

During discussion the following points were addressed,
- F Duncan noted that Scottish Government had asked for all unsafe discharges from hospital to be monitored during the winter planning through a variety of different reporting places including the Clinical and Care Governance Group which monitors any ‘unsafe discharges’ from hospital into the community.
- It was clarified that ‘unsafe discharges’ refer to situations which arise on occasion e.g. where a patient has been discharged from hospital into the community without the proper medication, without enough resource or feedback in terms of care required to enable them to remain safely at home. Communication breakdowns and staff shortages in care at home services are examples of contributory factors.
- S Steer added work is underway to determine how often this happens and noted that these situations ought to be recorded via Datix, and that this work is a part of the larger Winter Planning programme.
- L Bussell confirmed that a report would be provided soon to the committee on the revised arrangements for clinical and care governance as far as the Community Directorate is concerned.
- W Smith asked if there was any provision for people who are particularly vulnerable or with complex health problems to take priority.
- L Bussell confirmed that a key area of planning was to ensure that there are good Community contingency plans in place for any vulnerable people who are known to the service in order to address breaks in service due to things such as inclement weather. This information is communicated via an individual’s link worker.
- T Allison emphasized the need to communicate the importance of preventative elements such as the vaccination programmes.

- L Bussell commented that the communications plan will have a focus on making the public aware of preventative measures. NHS Highland is working with its partners in the Third Sector to ensure provision is joined up and resilience maximised.
- M Simpson asked if there was provision to check that discharged patients were being returned to a warm home. He also noted the difficulty of accessing 'warm hubs' in remote and rural areas and asked what role the community planning partnerships play in this regard.
- L Cowie commented that Kate Cochrane, as part of her resilience remit, is leading on coordination work with partnerships.
- The Chair commented that locality reports from each of the nine districts are due to be trialled and these will include a focus on any activity going on under the auspices of the Community or in conjunction with the Community Planning Partnership.
- P Macrae noted that there is a lot of work going on across the nine community partnerships within the Highland area which is feeding in to the Winter Planning.
- In the Mid Ross area there is a concentration on topics such as poverty and mental health, and noted with T Allison that the role of the partnerships is to assist coordination of deliver more so than delivery of service itself.
- M Cockburn commented that there had been feedback to the Council that the idea of 'warm hubs' is welcomed but that there is a fear of leaving the house in the community post-COVID and into the harsher weather which may put people off using the hubs.
- S Steer commented that Kate Cochrane's work is looking for solutions to the issue of whether or not warm hubs are appropriate in remote and rural areas, and that the feedback to the Council will inform decision making.
- L Bussell noted that assurance around the progress of the Winter Planning would be seen via the IPQR dashboard reporting, and that it would be useful for a report to come to the committee in late winter/early spring to help show what the planning has achieved and what have been the challenges.

The Committee:

- **NOTED** the Winter Ready Planning work and that an assurance report would come to the Committee in 2023 evaluating challenges and achievements.

The committee held a short break at this juncture.

3.4 Engagement Framework [PP.31-62]

R Fry introduced the report and noted that this is the second year of a three-year communications and engagement strategy and there was still a requirement for a strategic level blueprint to help shape and guide engagement activity across all services with guidance for procedures and a template for training. The framework was presented with a view to receiving feedback as to what the committee would like to see included and what assurance reporting would be welcomed.

In discussion the following questions were raised,

- W Smith commented that it would be beneficial to have carer or patient representation on the oversight group to give input to the governance process.
- The Chair noted the density of the activity implied by the proposed governance atrrangements and asked if the short life working group had considered any alternative approaches to oversight, such as embedding responsibility within the existing performance framework.
- R Fry clarified that the short life working group had noted a significant concern that there be representation from patients, from carers, and from others who use NHS Highland's services, and it didn't feel like there was an exact fit for that in any existing mechanism within the board.
- M McIlwraith added that the advisory group would be closer to the ground and enable more of a two-way conversation, and that the oversight group would be looking at the

larger engagement picture and provide structured recommendations where that was needed.

- The quorum status of the oversight groups was under consideration due to the desire to have wide representation while also addressing the difficulty for attendance at every meeting. The oversight group currently has carer representation.
- J McCoy asked if the meetings would be digitally accessible, if support was available during the meetings to those who would require it, and if funds were available to assist with travel if this was not the case.
- M McIlwraith answered that work is underway with partners to ensure meetings are accessible and that information will be available in different formats. Costings for this are also under consideration.
- M Simpson commented that due to the detail and all-encompassing nature of the report that it should be assessed after 12 months in order to get a good picture of progress.
- R Fry noted that there was a list in the appendix of all the groups who had been consulted, who while they may not have attended the meetings had had sight of the draft framework.
- W Smith commented on the difficulty of engaging with carers especially in terms of demand on their time.
- M McIlwraith noted that there had been a number of pilot projects with Mental Health and Learning Disability work which had been crucial to the tools in the framework. Work is under way with Ian Thomson's group around how the organisation engages with carers as part of the Mental Health and Learning Disability framework.
- The Chair suggested that in addition to an annual assurance report to the Committee, that all substantive reports on service redesign and locality services should include information on implementation of the engagement framework to better embed the work as part of business as usual.
- The Chair noted that it is the Board who will approve the Engagement Framework, that the committee's role in this instance is advisory and suggested that R Fry and M McIlwraith's team consider the feedback and return with an update especially with regard to quorum membership and equity and inclusion of views.

The Committee:

- **AGREED** to accept moderate assurance from the report.
- **Agreed** that an update return to the committee

3.5 Dashboard Reporting [PP.63-78]

L Bussell introduced the report, noting the good discussion that had been had on the topic at the committee's development session in September, and invited questions from the committee.

During discussion, the following points were addressed,

- The Chair asked if Board level data on vaccinations and Drug and Alcohol were possible for the partnership area. L Cowie confirmed this was possible.
- L Bussell noted that the Board is paying more for activity in order to sustain Care Homes, especially smaller homes which cost more to run. Some care homes are dependent on agency staff from outside the partnership area.
- The Chair asked in relation to psychological therapies if there are agreed trajectories for improvements and whether we are sufficiently joining up investment in the Third Sector with investment in Primary Care and Community Mental Health Teams. L Bussell agreed that early intervention in the community and Primary Care is critical, confirmed the Director of Psychology is heavily involved in improving pathways.
- The Chair noted a previous offer from M Wylie to report on the funding from SG being administered by her organisation and suggested this be requested alongside the next report to Committee on mental health services.

The Committee:

- **AGREED** to accept moderate assurance from the report.
- **AGREED** that M Wylie be invited to contribute a report on outcomes from the funding for community mental health projects at a future meeting.

3.6 Annual Report (Public Bodies) [PP.79-97]

L Bussell noted the positive information and progress seen in the report with especial reference to benchmarking. Concerns had been expressed from some groups such as Carers who feel that they have had a long past two years and need better support.

The Chair noted that the evidence from carers confirmed the importance of the work being undertaken on the SDS and Carers Strategies. There was much to celebrate regarding work to sustain services despite the impact of COVID.

The Committee:

- **NOTED** the report.

3.7 Chief Officer's Report [PP.98-105]

L Bussell gave an overview of the report and noted that a couple of areas in the report had less detail due to their inclusion in the IPQR reporting and invited the committee to provide feedback on the level of detail.

In discussion,

- M Simpson asked for clarification that the North Coast Redesign will not be subsumed into the Caithness Redesign, and commented that there is a need for better communication with the community on matters such as ensuring GP provision for the area and determining how the redesign will work if it is not building dependent as stated in the report (p.78)
- L Bussell confirmed that there is no plan to subsume the redesign projects and that the pieces of work are reported on by separate teams. There is work to be done in terms of wording and communication of the work with the communities as the proposals for reshaping services progress. Part of the aim in bringing certain areas of work such as Out of Hours under one section is to assess the different models used in the districts and provide a more consistent level of service.
- M Simpson asked when engagement in line with the framework discussed earlier in the meeting would beging with regards to the North Coast Hub and whether there would be scope to use the reprovisioned buildings for other needs such as accommodation for health and professional care workers.
- L Bussell noted that dates for consultation and discussion are being set out, and that any public building will go through the standard process for asset transfer when they become available.
- W Smith commented that it was good to see a breakdown in the finance paper of the different needs for people living with different kinds of disabilities but that there appeared to be information missing regarding what is left on carer spend or plans for future spend for carers.
- It was agreed that this information would be clarified for the next meeting.
- J McCoy asked if the uptake for vaccinations had been as expected.
- T Allison commented on the complicated picture which showed varying levels of uptake by area and age group. The vaccinations programme had been accelerated under instruction from Scottish Government with the aim of completing the programme for the 50- to 65-year-old age group by early December and this is slightly behind and expected to complete later in December.

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- Comments were made by a number of members on the need to provide positive messaging to ensure better vaccination take up. There were also anecdotal accounts of the pressures at oversubscribed local clinics which had delayed availability of vaccinations in some areas, and the inappropriate building settings for some clinics which necessitated negotiating steep stairs.
- T Allison noted that wastage of vaccinations from did not attend (DNA) appointments is generally minimal.
- L Bussell accepted there had been challenges in finding suitable venues but efforts continued to find alternatives where necessary.

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

4 HEALTH IMPROVEMENT

- Cllr Birt commented that there had been no items for discussion under this heading since he had started attending the Committee.
- T Allison noted that this omission reflected committee dynamics, in that pressing matters of health improvement oversight were often considered via other committees such as the Clinical Governance Committee, but that there was certainly scope for items to be considered at the HHSCC.
- The Chair noted that there was to be a meeting with the Director of Public Health to which Cllr Birt would be invited to review future areas for discussion by the committee on a Public Health theme.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan

The Chair noted that the workplan would be reviewed at the next agenda planning meeting in light of the fragility of the current situation, and would be presented for consideration at the next meeting.

- **The Committee noted** that the Work Plan would be reviewed and presented at the January meeting.

5.2 Appointment of Vice Chair to the Committee

(*See above, after item 1*.)

- **The Committee APPROVED** the appointment of P Macrae as Vice Chair to the Committee.

6 AOCB

- M Simpson commented that this was the last meeting of the committee before the Christmas break and wished the Chair and the Committee well for the holidays, which the committee returned in kind.

The Committee:
- **APPROVED** the proposed 2023 dates.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 11th January 2023** at **1pm** on a virtual basis.

The Meeting closed at 3.55 pm

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