

<b>NHS HIGHLAND BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>DRAFT MINUTE of BOARD MEETING</b> Virtual Meeting Format (Microsoft Teams)	<b>26 March 2024 – 9.30am</b>	

**Present**

Sarah Compton-Bishop, Board Chair  
 Dr Tim Allison, Director of Public Health and Policy  
 Alex Anderson, Non-Executive  
 Graham Bell, Non-Executive  
 Louise Bussell, Nurse Director (from 10.37am)  
 Elspeth Caithness, Employee Director  
 Ann Clark, Board Vice Chair  
 Muriel Cockburn, The Highland Council Stakeholder member  
 Heledd Cooper, Director of Finance  
 Garrett Corner, Argyll & Bute Council Stakeholder member  
 Alasdair Christie, Non-Executive  
 Albert Donald, Non-Executive, Whistleblowing Champion  
 Pamela Dudek, Chief Executive  
 Karen Leach, Non-Executive  
 Philip Macrae, Non-Executive  
 Joanne McCoy, Non-Executive  
 Gerry O'Brien, Non-Executive  
 Dr Boyd Peters, Medical Director  
 Gaener Rodger, Non-Executive  
 Catriona Sinclair, Non-Executive  
 Emily Woolard, Non-Executive

**In Attendance**

Gareth Adkins, Director of People & Culture  
 Evan Beswick, Interim Chief Officer, Argyll & Bute Health & Social Care Partnership  
 Lorraine Cowie, Head of Strategy & Transformation  
 Pamela Cremin, Chief Officer, Highland Health & Social Care Partnership  
 Ruth Daly, Board Secretary  
 Fiona Davies, Chief Officer, Argyll & Bute Health & Social Care Partnership  
 Jennifer Dryden, Health Improvement Lead  
 Ruth Fry, Head of Communications and Engagement  
 Richard MacDonald, Director of Estates, Facilities and Capital Planning  
 David Park, Deputy Chief Executive  
 Katherine Sutton, Chief Officer, Acute  
 Nathan Ware, Governance & Corporate Records Manager  
 Brian Williams, Head of Health and Social Care Sciences, University of the Highlands and Islands

**1.1 Welcome and Apologies for absence**

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

The Chair took the opportunity to pay tribute to Pam Dudek on her time as Chief Executive as this was her last day in office. She drew particular attention to her compassionate leadership which had contributed to transforming the culture across NHS Highland and referred to the exceptional hard work and steadying influence the Chief Executive provided throughout the COVID pandemic. All Board Members wished her well in her retirement.

Apologies for absence were received from Board Members Steve Walsh and Susan Ringwood.

## 1.2 Declarations of Interest

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

## 1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 30 January 2024.

The Board also **approved** the Action Plan subject to the date allocated to Action 17 (inclusion of all health, care and prevention outcomes in the Integrated Performance and Quality Report) being revised to 28 May 2024.

## 1.4 Matters Arising

There were no matters arising.

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

The Chief Executive thanked the Chair for her kind words earlier in the meeting and confirmed that she had strong support from an experienced leadership team with a clear focus on delivering the best for NHS Highland and its communities. She provided the following update:

- The Board was facing considerable financial challenges, and this was also the case for other Boards in Scotland. She reiterated the importance of delivering positive outcomes for people with quality, safety, and effectiveness at the heart of decision making. She referenced the Christie Commission report of 2011 and highlighted that innovation was still needed to support the organisation in terms of the ongoing workforce and financial challenges.
- Discussions had been held with affected communities and stakeholders about the Scottish Government's instruction to Boards to pause capital spending. Dialogue would continue with Scottish Government to prioritise the projects that could still go ahead.
- The challenges associated with the gap in revenue funding would impact on delivery of services across Highland's remote and rural geography. Assurance was given to the Board that a systematic review of budget efficiencies was underway to reach a balanced budget, whilst minimising effect on the quality of care.
- The Board had recently launched VIP Awards for staff and the first round of winners were Senga Cartwright, Healthcare Support Worker for Care & Compassion, and Claire Derwin, Senior Health Improvement Specialist for Dignity & Respect.

The Chair commented that it was important to acknowledge how difficult the capital spending pause would be for staff and communities in affected areas and it was critical to work closely with everyone affected. Some of the affected areas included Caithness, Kyle, Belford Hospital in Fort William and maternity services at Raigmore Hospital. Community stakeholder groups had retained a collective vision for the future, and it was important to continue to work collaboratively with them going forward. Board Members acknowledged that communities were aware of the instruction to pause capital expenditure, however there had been less focus on the impact of the revenue funding challenges, which would need to be considered in future service planning.

The Board **noted** the update.

## 3 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance and quality on the latest information available across the health and social care system. The Board was asked to take limited assurance, to note the increased pressures and decreased performance across most areas of the system, and to consider newly incorporated patient experience information as a test of change.

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

- Psychological therapy and diagnostic waiting times had continued to improve.
- The Treatment Time Guarantee (TTG) had remained stable for outpatients and emergency access although further improvements were necessary.
- Child and Adolescent Mental Health Services (CAMHS) continued to be a challenge with CAMHS performance deteriorating, however this had been offset by a reduction in CAMHS waiting times.
- A Patient Feedback and Experience section had been included focussing on cancer services and Board members' feedback was sought on the format for this reporting. Cancer performance overall had dipped but was now showing signs of recovery.
- There had been a gradual increase in statutory/mandatory training completion across the workforce with a consistent focus in this area to drive additional improvements.

During discussion Board members raised the following issues:

- The executive summary recorded many areas where performance was currently less than satisfactory, and assurance was sought on whether holistic monitoring was taking place. The Deputy Chief Executive clarified that the targets were based on pre-pandemic Scottish Government targets. The Executive team was focused on the performance framework and integrated planning was an essential element of the delivery plan for the coming year. This ensured an integrated planning and clinical overview of services.
- Board Members sought assurance on actions to address the challenges with the Neurodevelopmental Assessment Service (NDAS) and Delayed Discharges. They also sought clarity on the impacts to Cancer performance that caused a dip prior to its slight recovery. The Chief Officer for Acute advised that work was ongoing with Highland Council and Education colleagues to help drive improvement in NDAS, however there would need to be investment in this area to clear backlogs. Cancer performance was measured in a different way to other specialties and was calculated on the number of patients being treated. Staff absences or vacancies also impacted on the service being delivered.
- Board Members sought clarity on whether the Annual Delivery Plan (ADP) targets were being adjusted to address the Board's financial and performance challenges. The Deputy Chief Executive confirmed that targets were based on the resources available to the Board in the forthcoming year and confirmed that realistic stretch targets would remain in place.
- Board Members raised concerns around the low completion rate of staff PDP/Appraisals and sought clarity on the actions being taken to address the backlog. The Director of People and Culture confirmed that this had been discussed at the recent Staff Governance Committee and Area Partnership Forum meetings. A plan had been put in place to focus on the completion of manager appraisals of which there were around 900. The intention was for appraisal completions to cascade thereafter throughout the organisation.
- The Chair asked for an update on moving to a district model for vaccinations and the associated timescales. The Chief Officer for Highland Health and Social Care Partnership confirmed that an options appraisal was underway considering where delivery was going well and where there had been local clinical involvement. It was expected that all options would be assessed, considered, and implemented by the start of the autumn/winter vaccination programme. The Director of Public Health clarified that the current options appraisal exercise was being carried out internally and focusing on what NHS Highland was doing for delivery of the service. It might be possible that other options appraisals take place in future on other methods of delivery.
- Staff exit surveys were not carried out consistently and it was asked whether a targeted approach would be helpful to understand the reasons why staff left the organisation unexpectedly. The Director of People and Culture explained that staff turnover in NHS Highland was below the national average and exit surveys were heavily reliant on staff members being willing to complete them.
- Board Members sought clarity on initiatives planned to support ongoing workforce challenges. The Director of People and Culture confirmed that Boards had been asked to pay closer attention to sickness/absence rates and a plan was being formulated to address and identify work-related absences. The Health and Wellbeing Strategy was currently still in draft form and would be brought to the Board in due course. He also summarized work underway to enhance workforce supply and to increase diversification. Work was underway at a national level on engagement and working with a range of bodies including trade unions.
- The Vice Chair mentioned the quality improvement work undertaken by staff through Scottish Improvement Foundation Skills programme. While acknowledging the challenges highlighted in the report, she reiterated it was important to acknowledge some of the positive work taking place under challenging circumstances.

- Board Members asked what theatre capacity was being used and how NHS Highland benchmarked with other Boards. The Chief Officer for Acute confirmed capacity was at 70-80% and this was an area of significant scrutiny. NHS Highland outperformed many other Boards for theatre efficiency. There was a lower volume of patients using theatres in rural general hospitals, and she highlighted work currently underway to encourage patients to utilise theatre availability in these locations.
- Board Members felt it would be important to expand on the Care Opinion/Patient Feedback data in future IPQRs moving forward.
- Responding to a query about the necessary efforts to improve the reporting of sickness absences the reasons for which 30% were currently unknown, the Director of People and Culture concurred that the understanding the driving factors for this were within the gift of the organisation. This was an area of managerial responsibility which required further improvement.
- Board Members raised concerns around the increase in time to fill staffing vacancies and sought clarity on whether the delays were attributed to resource or process issues. The Director of People and Culture clarified that work was underway to identify the causes together with discussions with other Boards to seek out best practice.

The Board:

- Took **limited assurance** from the report.
- **Noted** the decreased performance across the system.
- **Endorsed** the format for newly incorporated patient experience information.

#### 4 Finance Assurance Report – Month 10

The Board had received a report from the Director of Finance which detailed the financial position at Month 10 and provided a summary position regarding the draft plan submission for 2024/2025. The Board was invited to discuss the financial position and to take limited assurance that NHS Highland could deliver the level of cost reductions required in 2024/2025.

The Director of Finance noted that recent additional allocations of £11.3m, together with operational improvements of around £4m, had resulted in the full year forecast deficit reducing to £39.055m. This position was expected to reduce further to £36m by month 11. This was predicated on a balanced position for adult social care in Highland.

The draft opening position for 2024/2025 had been submitted to Scottish Government on 17 March and forecast a deficit position of £112.491m. The maximum brokerage that NHS Highland could request for 2024/2025 had been capped at £28.4m, leaving a financial gap of £84.091m. Scottish Government had requested a financial plan highlighting the necessary actions to deliver the £84.091m Cost Improvements. The opening financial gap included an assessment of the Adult Social Care position which was estimated to be £16.252m relating to forecast cost increases, pay awards and demand. This figure could increase to £23.252m depending on the reduction in income of £7m from Highland Council representing the full gap in funding for Adult Social Care in 2023-24.

No additional uplift to the revenue position had been provided for 24/25 explaining some of the increase in opening gap from 2023/24. There were no changes to the assumptions previously shared or the capital position with no funding available for future developments. She noted it was still assumed that all Agenda for Change uplifts were excluded from NHS Highland's planning until any agreements had been reached and the draft plan incorporated delivery of 3% recurrent efficiencies.

During discussion the following points were raised:

- The Director of Finance explained the ongoing efforts to reduce supplementary staffing and efficiency work led by the Director of People and Culture. Work had also been conducted with operational teams to examine the possible impact on the performance of further reductions to supplementary staffing. She mentioned that confirmation from Scottish Government on potential transformation work had not yet been received.
- Board Members queried the financial challenges facing drugs prescribing. There was a specific workstream to address prescribing overspend and to achieve best value. The Medical Director added that prescribing costs rose year on year, and this always presented a budgetary challenge.

- Board Members sought clarity on discussions with The Highland Council to address the funding gap for Adult Social Care in Highland. The Director of Finance advised that discussions had been held with The Highland Council on the current and next financial years overspends and the need for longer-term redesign. There were areas of potential joint working which included procurement, estates, digital solutions, and income generation. The Highland Council had set aside an element of transformation funding to help with redesign work. She also mentioned that the costs associated with Adult Social Care were continuing to rise. There was a need to address longer-term sustainability particularly for the costs of Care at Home and running Care Homes, some of which were not currently cost effective. The high costs of complex care packages would require additional funding, especially for individuals requiring out-of-area care.
- Responding to a query about when the Board would be able to agree a budget for 2024-25, the Chief Executive advised an additional Board meeting might be required to address Scottish Government feedback on the financial plan for 2024-25 once received.

The Board:

- Took **limited assurance** from the report.
- **Examined** and **considered** the implications of the matter.

**The Board took a short break at 11.40am and the meeting resumed at 11.50am**

## **5 Argyll and Bute IJB Opening Offer**

The Board had received a report by the Director of Finance that set out the initial budget offer for Argyll & Bute IJB for 2024/2025. The Board was asked to approve the budget offer and to take moderate assurance from the report in recognition that the same methodology had been used as in previous years, and the lack of national uplift/reduction in NRAC would put pressure on the IJB's financial position.

The Director of Finance advised that an offer of £275.475m had been made following NRAC calculations which also included an estimate of additional in-year allocations. This amount was indicative and would be adjusted throughout the year as resources were allocated to the Board.

The Vice Chair of the Argyll and Bute Health and Social Care Partnership (ABHSCP) noted that he and the Chair of the ABHSCP had both been keen to ensure the partnership continued to work as well as possible in the face of current financial challenges. He added that a large part of the budget would go to NHS Greater Glasgow and Clyde Health Board (NHSGGC) for the acute services delivered on behalf of Argyll and Bute via a Service Level Agreement and commented on the level of disappointment about the pause in capital spend.

The Chair noted that the Service Level Agreements between Argyll and Bute IJB and NHSGGC had been held by NHS Highland and that work was underway to implement a more direct working relationship. The Chief Officer for Argyll and Bute IJB noted that a formal link between Argyll and Bute IJB and NHSGGC had been established and that any service issue relating to existing SLAs or historic service delivery could be discussed with the Clyde Sector Director. It was noted that the reframing of the relationship in formal governance terms was still to be addressed. There were fundamental and system-wide issues which required further consideration to ensure resources were utilised to full effect.

During discussion the following points were raised:

- The Chief Executive commented that discussions with the Chief Operating Officer for Scotland focused on ensuring all SLAs across the country were still fit for purpose. The Head of Strategy & Transformation confirmed that there had been a specific piece of work commissioned on the future of SLAs and how to address the healthcare delivery challenges faced by remote, rural and island boards. The aim was to produce a place-based care model aligned with the redesign of services.
- Board Members hoped that the NRAC figure would be adjusted in the 2025-26 period and that the Board had encouraged Scottish Government to revisit the figures for the 2024-25 period to take account of population changes. The Director of Finance confirmed that work was underway to assess if the NRAC formula was based on the most up-to-date methodology and value and efficiency work was being carried out with Argyll and Bute colleagues to avoid duplicating efforts. It was also noted

that the impacts of the pause in capital spend were being investigated by the Estates team with a robust process now in place to address the situation over the next financial year.

- The Chief Officer for Argyll and Bute HSCP commented on the presentation that she and the Chief Executive of Highland Council had given to the Deputy First Minister which drew attention to challenges around the National Care at Home contract and its effectiveness within a remote and rural context.
- The Director of Finance noted that most allocations were applied on an NRAC basis between Highland Health and Social Care Partnership and Argyll and Bute Health and Social Care Partnership unless otherwise specified. Board Members mentioned that the use of NRAC provided an additional challenge for Argyll and Bute IJB in 2024-25 until a financial uplift could be seen.

The Board:

- Took **moderate assurance** from the report.
- **Approved** the Budget Offer to Argyll and Bute IJB.

## 6 Social Mitigation Strategy Update

The Board received a report by the Director of Public Health which provided an update on NHS Highland's Social Mitigation Strategy as endorsed by the Board in May 2021. The Board was asked to note the Social Mitigation Strategy and take moderate assurance in compliance with legislation, policy, and Board objectives.

The Director of Public Health spoke to the circulated report and highlighted that social mitigation work intended to deal with some wider impacts such as changes in society, including income, unemployment, and other health inequalities. He drew attention to NHS Highland's role as an anchor institution and highlighted changing employment and procurement practices.

During discussion the following points were raised:

- Board Members highlighted the social inequalities experienced by members of our communities currently in employment. Further information was requested on whether NHS Highland encouraged other employers to engage with 'earn as you learn' programmes. It was also recognised that care workers were amongst the lowest paid. The Director of People and Culture explained that as an anchor institution the NHS complied well with its obligations under the Fair Work requirements. Further work could be undertaken to influence the wider job market to ensure that the Fair Work principles were expanded through to our strategic commissioning.
- The expansion of the community link workers was very welcome, and it was hoped this could be reported to the Highland Health and Social Care Committee.
- Board Members asked if fuel poverty and energy advice was available and how work with the third sector contributed to this. The Director of Public Health confirmed there was a significant amount of contracting taking place within the third sector. A summary of the availability of welfare advice was given and further detailed information would be provided to Board members separately.
- The Vice Chair sought clarity on the potential intention to consider offering staff alternative routes to obtain qualifications in their role such as SVQs or through alternative assessment routes. The Director of People and Culture confirmed that a range of mechanisms were being investigated to support wider employability including reviewing SVQs and other qualification options.
- Board Members asked if the Mental Health Delivery Group's initial meetings considered the development of lived experience and how involved the third sector were as part of these discussions. The Director of Public Health undertook to provide this information for circulation to Board members.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the Social Mitigation Strategy Update and that further information would be provided to Board members as highlighted during the discussion.

## 7 Corporate Parenting – Key Deliverables 2024

The Board received a report by the Director of Public Health on current and planned Corporate Parenting activity for 2024. The Board was asked to note the update and take moderate assurance from it.

The Director of Public Health spoke to the circulated report and noted future iterations would have additional metrics relating to Corporate Parenting obligations and indicated it linked to the Social Mitigation Strategy in terms of employment for care experienced people. He also confirmed that a new Child Health Commissioner had been appointed in January 2024 which had increased capacity to focus on 'The Promise' and Corporate Parenting.

During discussion the following points were raised:

- Board Members queried what the Board and local authorities' involvement would be in the review of the Corporate Parenting Plan and Promise Agenda. The Director of Public Health confirmed that the process was still under review, and that the Child Health Commissioner would advise on this in early course.
- Board Members queried if there was specific local data relating to care-experienced young people. The Director of Public Health confirmed that additional work was required to better understand and collect local statistics which the Child Health Commissioner would pick up as part of their role.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the Corporate Parenting – Key Deliverables 2024.

**The Board took a lunch break at 12.53pm and the meeting resumed at 1.24pm**

## 8 Corporate Risk Register

The Board received a report by the Board Medical Director providing an overview extract from the NHS Highland Board risk register, awareness of risks that would be considered for closure and additional risks to be added. The Board was invited to examine and consider the evidence provided and make final decisions on risks. The Board was also asked to take substantial assurance on compliance with legislation, policy and Board objectives.

The Medical Director spoke to the circulated report and noted the risk register was regularly reviewed and refreshed in line with the Together we Care strategy and from May 2024 it would align with the Board's agreed risk appetite approach. He mentioned that all the risks had been assigned to their relevant Governance Committees to provide assurance that these were being regularly reviewed and assessed.

During discussion the following points were raised:

- The Chair sought clarity on level two risks relating to contractors and asked if they were included in Health and Social Care partnership risk registers. The Chief Officer for Highland Health and Social Partnership confirmed this to be the case and that Primary Care services managed several level two and three risks which were reported regularly to the Highland Health and Social Care Committee.
- Board Members queried why the risk register did not contain reference to the increasing challenges in accessing NHS dental services. The Medical Director confirmed that access to dental services was contained in operational risk registers.
- Board Members asked why there was no reference to the pause on capital projects in the strategic risk register. The Medical Director advised that the risk register was a live document and that appropriate mitigations would require to be identified to address this. The Director of Estates, Facilities and Capital Planning added that the pause in capital spend had been included in operational risk registers and that Scottish Government advice was still to be received on the funding arrangements to address backlog maintenance and capital works.

The Board **examined** and **considered** the evidence provided and provided final decisions on the risks recommended for closure and took **substantial** assurance from the report.

## 9 Whistleblowing Standards Report – Quarter 3

The Board had received a report by the Director of People and Culture on the Whistleblowing Standards Quarter three activity covering the period November 2023 – January 2024. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021 and the Board was invited to take moderate assurance. The Director of People and Culture spoke to the circulated report and highlighted the two monitored referrals received in quarter two which had not been progressed.

During discussion the following points were raised:

- Board Members sought clarity around national benchmarking data on the grounds that NHS Highland's case numbers were low. The Director of People and Culture indicated that annual reports were sent to INWO from all Boards and that case numbers were low nationally. He highlighted that NHS Highland benefited also from the Guardian Service assisting approximately 200 people per year. The Whistleblowing Champion added that comparisons with other Boards were not a reliable comparator as some cases were lengthy and complex. He was of the view there was good organisational awareness of the standards with clear communication encouraging people to speak up.
- The Vice Chair noted the positive steps recently implemented to support staff to raise concerns and asked if there were any additional improvements still required. The Director of People and Culture advised that additional effort was now required to ensure data could be triangulated to support the implementation of organisation-wide improvements.

The Board:

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

## 10 Annual Code of Corporate Governance Review

The Board received a report by the Board Secretary seeking approval of the reviewed Code of Corporate Governance which had been approved by the Audit Committee on 8 March. The Board was asked to note that an updated Code of Corporate Governance would be published in full on the Board's website following agreement and to take substantial assurance.

During discussion Board Members sought inclusion of references to commissioning of care homes/care at home within the Standing Financial Instructions. The Board Secretary undertook to address this with the Director of Finance.

The Board:

- Took **substantial assurance** from the report.
- **Approved** the updates to the Code of Corporate Governance as set out in the appendices to the report, and
- **Noted** that the query relating to inclusion of reference to social care commissioning in Standing Financial Instructions would be addressed and that a fully updated version would be uploaded to the web once this issue had been resolved.

## 11 Annual Board and Committee Workplans 2024-25

The Board received a report by the Board Chair to seek the Board's endorsement of Board and Governance Committee Workplans for the 2024/25 financial year. The Board was advised that work was currently underway to review Board and Committee workplans through the lens of 'frugal governance' to make meetings as effective as possible. Should any updates be necessary as a result of this work, revised workplans would be submitted for the Board's endorsement in due course.

The Board **endorsed** the Board and Governance Committee Workplans for 2024/25.



## 12 Governance and other Committee Assurance Reports

### a) Finance, Resources and Performance Committee (FRP) agreed minute of 9 February and draft minute of 1 March 2024

The Chair of FRP Committee spoke to the circulated minutes and highlighted the ongoing discussions around the Adult Social Care funding from Highland Council which would continue to be monitored. The Chair of the Board added that the FRP Committee was continuing to meet monthly due to the ongoing financial pressures being faced.

### b) Highland Health & Social Care Committee (HHSCC) draft minute of 6 March 2024

The Chair of HHSCC spoke to the circulated minute and drew Board's attention to the vaccination transformation programmes preparations for the winter programme ahead and that there had been a change in the model being applied.

### c) Clinical Governance Committee draft minute of 7 March 2024

The Chair of Clinical Governance spoke to the circulated minute and noted that there had been extensive discussion around strategic clinical risk and committee suggested a Board wide workshop to explore further may be appropriate.

### d) Area Clinical Forum (ACF) draft minute of 14 March 2024

The Chair of ACF spoke to the circulated minutes and noted the upcoming return of Psychological Services to future meetings and reiterated the value of a wider breadth of representation at ACF.

### e) Staff Governance Committee draft minute of 5 March 2024

The Chair of Staff Governance spoke to the circulated minutes and noted there had been significant discussion around the Health and Care Staffing (Scotland) Act alongside how it would be implemented in terms of the Council and NHS responsibilities.

### f) Argyll and Bute Integrations Joint Board 31 January 2024

There were no additional comments.

### g) Audit Committee draft minute of 12 March 2024

The Chair of Audit spoke to the circulated minutes and noted that there may be an additional meeting set up for June 2024 to discuss any of the internal audit reports that had slipped.

The Board:

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

## 13 Any Other Competent Business

No items were brought forward for discussion.

**Date of next meeting – 28 May 2024**

The meeting closed at 2.13pm



Fiona Davies,  
Chief Executive NHS Highland

I officially started in the role of Chief Executive of NHS Highland on 1 April 2024 and it has been a busy two months. I would like to thank everyone for their welcome and support. Though I have been part of NHS Highland for almost 12 years, it has been fantastic to continue to connect with more colleagues and get to know more services through my meetings and visits across the area.

### **Finance**

Financial challenges are high on the agenda across the public sector. While our Financial Plan is covered in detail in a later report to this meeting, I must set out the seriousness of the current situation. The pause in capital spending is already well documented, but the position of our revenue budget is yet more significant. We are facing a financial gap of £112 million – 10% of our budget – with brokerage capped at £28.4 million. This leaves us the huge task of finding nearly £84 million in reductions and efficiencies.

Work is already underway to find 3% savings across the board, including reducing our spend on agency and locum staff, making better use of technology to reduce administration costs, and reducing travel. Areas for more targeted redesign work, such as reducing our estate, have also been identified. While we can and will take action that see us maintaining or improving services at reduced cost, there will inevitably also be changes that will have an impact on how and where people access services. I am committed to working with staff and the people who use our services to make such transitions as smooth as possible.

### **Redesign and resilience**

We know that in order to build sustainable health and care services we will need to change the way we do things, while listening to and adapting services to our communities. In remote and rural areas in particular, people can understandably be concerned about being able to access services nearby, including urgent care, social care and dentistry. In April I met staff and community representatives in Skye, Caithness and Lochaber to discuss these issues and some of the innovative solutions being developed, including video links. During my meeting with the community in Skye, the Chair and I confirmed the ongoing commitment of NHS Highland to the completion of the Sir Lewis Ritchie recommendations. I've also been speaking with MSPs about the unique needs of our area and how we can ensure equitable access to services across our large geography, including at recent visit of the Parliamentary Committee for Health, Social Care and Sport to Skye as they looked into remote and rural healthcare.

It is clear that we will need to deliver care differently in the future, and that we need to encourage people to access care appropriately. This will mean working with partners such as the Scottish Ambulance Service, councils and neighbouring boards, as well as asking communities to work with us to design supporting systems, such as transport, befriending, activities, childcare or help with technology. At a recent Community Planning Partnership meeting we explored how the Partnership can most effectively focus efforts to improve people's lives.

We are fortunate in the Highlands and Argyll and Bute to have resilient and engaged communities. As an organisation we need to be equally adaptable in times of change, and we also have a statutory duty to ensure we are prepared for emergencies. At the end of April I attended an emergency planning exercise, 'Exercise Safe Hands'. This brought together territorial health boards, Scottish Ambulance Service, Police Scotland, Health Emergency Preparedness, Resilience, and Response Division (EPRR) and the Scottish Government Resilience Room (SGoRR) to test the plan for a major incident with mass casualties. The exercise scenario was centred in a remote and rural area, recognising that the response in this environment is different to one that takes place in a semi-urban or urban area. This was an extremely useful session, planned by our own Head of Resilience Kate Cochrane, helping us to test procedures and build the relationships which will stand us in good stead in a real emergency.

## **Staffing**

Underpinning all NHS Highland services are our caring and professional teams. Two significant changes relating to staffing came into force on 1 April, and were among topics I discussed at the Area Partnership Forum: the Health and Care (Staffing) (Scotland) Act and a reduced working week.

The Health and Care (Staffing) Act supports appropriate staffing for quality, safe and effective care. It is not prescriptive in terms of staffing numbers, but asks for evidence to support decision making and risk management. I welcome the Act's promotion of transparency and an open and honest culture, as well as its intent to be supportive rather than punitive. I am confident that the Programme Board and implementation groups we have set up will improve oversight of staffing levels and help us to ensure they are compliant.

The reduction in the working week by 30 minutes for colleagues on Agenda for Change terms and conditions was part of the wider 2023-24 pay deal. This has proved complex to implement, taking into account rotas, the need to ensure services retain their opening hours, and our large number of small teams and single person dependencies. However, teams are working hard to overcome these issues and ensure colleagues can benefit from an improved work-life balance, as intended.

We are always looking for ways to support our teams' wellbeing, so I am pleased that our first Wellbeing Strategy is currently out for consultation. The Wellbeing Strategy supports the physical, mental and financial wellbeing of our colleagues at NHS Highland. It has been developed to capture all the good work already underway while recognising that there are areas to improve upon and develop. It is supported by other pieces of work including the Learning and Development Programme and Communications and Engagement Strategy. I look forward to seeing this good work embedded as we continue our programme of culture change.

### **And finally...**

This month saw both the International Day of the Midwife and International Nurses Day. As a nurse myself, I know first-hand the hard work, professionalism and skill that goes into these roles and would like to thank all nurses and midwives across NHS Highland for their dedication. Our team joined forces with colleagues from NHS Grampian to attend the Royal College of Midwives conference and careers fayre, meeting lots of potential new recruits and singing the praises of living and working in the north of Scotland. This is just one example of the joint working between our two boards, as progress our Maternity Business Case. I'm also delighted to say our warm welcome has been acknowledged with the award of the International Recruitment Pastoral Care Quality Award, recognising the high standard of our support for internationally-recruited staff. Well done to all involved in the recruitment process for these new team members.

*Fiona Davies, Chief Executive NHS Highland*

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>	 <b>NHS</b> Highland na Gàidhealtachd
<b>MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMS</b>	<b>12 April 2024 at 9.30 am</b>	

**Present**

Alexander Anderson, Chair  
 Tim Allison, Director of Public Health  
 Graham Bell, Vice Chair  
 Louise Bussell, Board Nurse Director  
 Ann Clark, Non-Executive  
 Heledd Cooper, Director of Finance  
 Garret Corner, Non-Executive  
 Fiona Davies, Chief Executive  
 Richard MacDonald, Director of Estates, Facilities and Capital Planning  
 Gerard O'Brien, Non-Executive  
 David Park, Deputy Chief Executive  
 Dr Boyd Peters, Medical Director (from 9.45am)

**In Attendance**

Lorraine Cowie, Head of Strategy and Transformation  
 Pamela Cremin, Chief Officer, North Highland  
 Ruth Daly, Board Secretary  
 James Gow, Argyll and Bute  
 Mike Hayward, Deputy Chief Officer (Acute)  
 Brian Mitchell, Committee Administrator  
 Kate Patience-Quate, Deputy Director of Nursing  
 Elaine Ward, Deputy Director of Finance  
 Emily Woolard, Non-Executive (from 9.40am)

## **1 STANDING ITEMS**

### **1.1 Welcome and Apologies**

An Apology was received from Evan Beswick (Committee Member).

### **1.2 Declarations of Interest**

There were no formal Declarations of Interest.

### **1.3 Minute of Meeting held on Friday, 01 March 2024 and Rolling Action Plan**

The Minute of the Meeting held on 01 March 2024 was **Approved**.

The Committee **Agreed** the corresponding Action Plan actions as **Complete**.

## 2 FINANCE

### 2.1 NHS Highland Financial Position 2023/2024 Report (Month 11) and Cost Improvement Update

The Deputy Director of Finance spoke to the circulated report that summarised the NHS Highland financial position as at end Month 11, advising the Year-to-Date (YTD) Revenue over spend amounted to £42.595m, with the forecast overspend set to reduce to £36.196m as of 31 March 2024 following receipt of additional funding. The year end forecast was £32.476m better than presented within the financial plan and continued to assume support to balance the Adult Social Care forecast overspend. The relevant key risks and associated mitigations were outlined. The circulated report further outlined the underlying data relating to Summary Funding and Expenditure; noting the relevant allocations received to date, awaited, and not yet confirmed. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; assurance of progress against the Cost Improvement Plan Programme; Supplementary Staffing; subjective analysis; overall forecast position; and Capital Spend. The report proposed the Committee take **Limited Assurance**, for the reasons stated.

The following matters were discussed:

- Adult Social Care Overspend. Advised discussion with Highland Council ongoing in relation to possible solutions. Some progress made on reaching a compromise position.
- Allocations Spend Slippage. Stated Primary Care Improvement Fund represented a challenging area of spend. Other slippage was across a small number of activity areas, with higher levels of slippage noted across allocations received later in the financial year.
- Governmental Approach. Questioned if government approach to allocation of funding had altered of late. Advised allocations were expected to continue to be received in bundles into 2024/25 financial year. There were moves to reduce the number of small allocations being received however this was likely to be a challenge to achieve at national level.
- Highland Social Care Partnership. Adverse movement noted in M11. Questioned if would impact on reporting for 2024/25 in terms of planned spend versus actual spend. On the overall associated spend level, advised position approximately as anticipated at start of financial year. Suggested deeper dive required in relation to Independent Sector Social Care spend drivers. Confirmed Highland Council responsible for Adult Social Care, however accepted relevant service definition would assist in defining these elements. A cost reduction plan would be discussed, with a range of additional actions also planned.
- Supplementary Staffing. Confirmed level remained static across M12. Questioned if able to make any significant progress in this area. Advised detailed work stream being led by Director of People and Culture and Professional Leads and would look at aspects such as staffing efficiency, and engagement frameworks. Any future change would be challenging. Management of wider government expectations may impact future actions.

#### After discussion, the Committee:

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

### 2.2 Feedback on Financial Plan 2024-27

The Director of Finance spoke to the circulated letter, received from the Director of Health and Social Care Finance, Digital and Governance in relation to the draft NHS Highland Financial Plan 2024-27 as previously submitted. She advised an appropriate response would be sent from NHS Highland, seeking further guidance and clarification on a number of aspects including relevant timescales. It was noted the circulated letter had referred to increasing planned care activity, however it was clear aspects relating to the draft Financial Plan required to be addressed before relevant action could be taken forward.

On the matter of increasing efficiency, L Cowie added Integrated Service Planning activity had already identified areas where improvement activity could be sought and emphasised appropriate transformation work required to continue to be taken forward. Referencing the Planned Care Submission, she advised a revised submission had been requested and issued. NHS Boards were also being invited to bid for a share of NRAC funding resource for specific activity areas, an update on which would be brought to the next meeting.

The following aspects were discussed:

- Late Requests for Changes. Questioned if specific direction of travel noted. Advised seeking activity levels comparable with that in 2023/24.
- Planned Care Resource. Advised sums made available on NRAC basis, to offset the previous allocations that had been applied to the bottom line. Where previous allocations had not been applied to the bottom line, any new resource could be put toward Planned Care improvement activity. Maintaining Planned Care activity in 2024/2025 was dependent upon keeping a number of additional beds open, thereby incurring additional expenditure. Planned savings activity was predicated on closing those beds.
- Annual Delivery Plan (ADP). Questioned if government response likely to provide sufficient political cover for relevant choice statements contained in draft ADP. Given the ADP remained in draft form, where did this leave NHS in terms of authority to spend etc? Noted initial feedback meeting held and the position explained to government. Aspects relating to political cover required but yet to be clarified.
- Draft ADP Status. Advised government had provided positive informal feedback on draft outline of overall ADP position and challenges faced. Stated NHS Plan unusual in not being either accepted or rejected at this stage of the process. This raised number of governance questions to be taken up with government. A clear direction on what required from NHS was required. The NHS Board could not be asked to sign-off on a draft Plan.
- Potential Impact on Financial Statements. Stated if in turn this resulted in indication of a financial loss, this would likely result in a Section 22 Report being issued. This also raised a number of technical questions the NHS Board would be required to consider.

**After discussion, the Committee:**

- **Noted** the circulated letter and update provided.
- **Noted** an update would be provided to the next meeting on NRAC funding resource bids.

**3 Capital Formula Spend & Asset Management Group Update on Meeting held on 20 March 2024**

The Director Estates, Facilities and Capital Planning spoke to the circulated report providing the Committee with an update on allocation and delivery of the Capital Formula Spend delivered through the NHS Asset Management Group. An Asset Management Group report was provided, advising as to changes to the respective Terms of Reference and overall remit. Updates were also provided on the work of the Capital Prioritisation Group, Capital Allocation position and outline of the associated monitoring reporting process. The Finance, Resources and Performance Committee would be updated through the provision of both a monthly and annual report. Reporting on Major Capital Projects would be via the same mechanism, with an SBAR approach adopted. The report proposed the Committee take **Moderate Assurance**.

There was discussion of the following:

- Disposal of Surplus Sites. Confirmed authority in relation to declaration of surplus sites was reserved to the NHS Board.

- Capital Allocation Process. Advised initial assessment would be by the Capital Prioritisation Group, with a whole system plan emerging over time.
- Backlog Maintenance. Advised process involved using the Scottish Asset Management System (SAMS) to give priority ratings for relevant activity. This formed part of the whole system plan approach planned for adoption. Further updates would be provided.
- North Coast Service Redesign Project and SBAR. Advised further consideration being given to definition of North Coast Scheme overall as opposed to only the Caithness element. Specific project elements may be separated out however no formal approach had yet been agreed. Further updates would be provided as consideration continued.
- Argyll and Bute. Confirmed pro rata approach to resource allocation discussed with Key Leads and would be formally established.
- Government Monitoring of Impact of Capital Freeze. Advised NHS Boards had been requested to make submissions, based on the implications of a Capital Project spend freeze. There had been no formal response to date although it was understood a whole system plan was being considered at national level, based on individual NHS Board 10-year backlog maintenance plans.
- Grantown Medical Centre. Advised Project had been considered as “in construction” and as such continued to be funded.

**After discussion, the Committee:**

- **Noted** the update on allocation and delivery of the Capital Formula Spend delivered through the NHS Highland Asset Management Group.
- **Agreed** to take **Moderate** assurance.

#### **4 Strategy and Transformation Assurance Group (STAG) Update**

L Cowie spoke to the circulated report providing an update in relation to the Strategic Transformation Assurance Group (including Choices), set up as part of the overall strategic change process that had been established. The report provided an update on the work of the Group and outlined the next steps for moving forward strategic design and Choices work programmes aligned to the NHS Annual Delivery Plan for 2024/25. There had been three meetings held, mainly focused on approval of the Charters for strategic change and making decisions around discovery work required to support immediate Choice priorities. Programme assurance reporting for each of the strategic transformation programmes and Choice priorities had been taken forward at their meeting held on 11 April 2024. Updates were also provided in relation to specific Choices activity; professional leadership arrangements; strategic change process and decision making framework. The report proposed the Committee take **Substantial Assurance**.

The following areas were raised in discussion:

- Well Themes. Suggested the mapping of relevant Well Themes with a view to providing assurance relevant activity was being taken forward under the current STAG process. Consideration of the Medium-Term Plan also sat under the STAG process.
- Value and Efficiency. Advised this considered aspects relating to business-as-usual activity, resources, performance, and improvement programmes. It was stated a Performance Framework review required.

**After discussion, the Committee:**

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



## 5 Annual Delivery Plan and Medium-Term Plan

The Head of Strategy and Transformation advised the NHS Draft Annual Delivery Plan for 2024/25 and Medium-term Plan 25/27 was submitted to Scottish Government in early March. The plans had been developed following extensive engagement with colleagues and leaders across the organisation. The report provided an update on next steps within Highland. Argyll and Bute had provided their key planning priorities given this would be the final year of their strategic plan. Guidance had been provided to enable alignment with the financial plan. 2024/25 marks the halfway point of the NHS Highland's Together We Care strategy, it was agreed to anchor our response to the Annual Delivery Plan in terms of the "well" themes.

The Draft ADP/MTP Document set out the strategic context, how we will enable change, problem statements, key objectives, outcomes, and priorities over the next three years, with a greater level of detail for the next 12-month period, along with an understanding of alignment to policy. The Delivery Plan Excel Template detailed the actions, deliverables, and milestones for delivery of each project. The Delivery Plan Excel Template will be kept 'live', and be reviewed and revised, with progress updates submitted to Scottish Government. However, the exact reporting requirements from Scottish Government was yet to be confirmed.

Initial feedback from Scottish Government on our ADP/MTP had been positive on our approach to setting out our plan. Formal feedback is expected by the end of April and would be incorporated into a final version of the ADP, expected to be presented to the NHS Highland board meeting in May for final approval.

In discussion,

- Key Performance Indicators (KPIs) would be incorporated after the planned care submission. Work was ongoing to develop clear KPIs for each area as part of the programme and assurance report.
- Members questioned whether any deliverables outlined in the plan would lead to further additional funding and if given financial circumstances would be achievable. The Head of Strategy and Transformation advised that all aspects of the plan had been reviewed with the Director of Finance to ensure deliverables were achievable without additional funding.
- It was noted that any KPIs in the plan had been previously agreed through submission to Scottish Government and would need to approve any trajectories if they need to be refined.
- Deputy Chief Executive highlighted the complex situation and explained that changes made based on incoming decisions were being tracked to maintain an incremental change element to the plans. This would enable analysis to be provided to aid understanding.
- Members acknowledged there was ambiguity when planning and challenges in meeting expectations. Members also noted that ideally both plans would go to the Board meeting in May for approval together.
- Members reflected on the positive aspects and ambition of the plans highlight the good that was happening daily. However, acknowledgement of achievements and short comings can be used as a tool for accountability can help strive toward improvement.
- The Head of Strategy and Transformation confirmed they would review the Anchor Well and Value well metrics to have KPIs embedded in the next iteration.
- The Head of Strategy and Transformation advised she would reflect on comments given as it is a public document when they review the performance framework and provide that assurance to the Committee.
- Members highlighted the need for a clear link between the Annual Delivery Plan and the Financial Plan. Deputy Chief Executive noted the challenge of financial and delivery aspects being treated differently within processes. Other health boards are taking a similar approach which provides better grounding and with time it there will be better synchronisation and alignment.

### **The Committee:**

- **Endorsed** the draft priorities set out in the Annual Delivery Plan and Medium-Term Plan.
- **Agreed** to receive updates on the Delivery Plans from the end of June 2024 (once formally approved by the Board in May 2024) through the agreed performance assurance reporting mechanism for Committees and the Board, which align the priorities from the ADP/MTP.
- **Agreed** there are several choices included within the plan that may or may not proceed as they are discovery pieces of work and there are clear processes described to manage this.
- **Agreed** to take **substantial assurance** from Annual/Medium Term Plan process but **could not accept substantial assurance** from the Annual/Medium Term Delivery Plan content.

## **6. Planned Care Submission**

This item was not spoken to at the meeting.

**After discussion, the Committee Noted** the report would be spoken to at the next meeting.

## **7. Environment and Sustainability Update**

The Director of Estates, Facilities and Capital Planning explained that the Environment & Sustainability (E&S) Board continued to meet bi-monthly with the objective of reviewing project progress, strategy development and to discuss other relevant E&S topics that need attention for the board to operate more sustainably. The E&S Board was the reporting mechanism for all Environment & Sustainability led sub-groups.

Following a recent National NHS Scotland Climate Emergency and Sustainability Board Meeting, the decision was made that the National Sustainability Auditing Tool (NSAT) will no longer be a Scottish Government Mandatory requirement. The E&S Board will continue to use the internal monitoring tool whilst developing the Environmental Management System.

Work continued to progress on the Net Carbon Zero Route map. NHS Highland had begun to engage with Mott MacDonald to progress Net Carbon Zero solutions. Site surveys had been completed at New Craig's, Lawson Memorial Hospital, and Portree Hospital. 2024/25 sites are to be identified in the coming months. These sites will be chosen in conjunction with evolving service redesign.

With NSAT not being used, the Public Bodies report becomes a mandatory reporting mechanism to Scottish Government. It is anticipated that the submission will need to be sent by Q3 2024. University of the Highlands and Islands & NHS Highland had started to progress with the development of the Environment Management System (EMS). There is a meeting in May to update on progress. The Environment & Sustainability Team recruitment had been completed for all roles enabling work to progress period on energy reduction, active travel, waste reduction and green spaces.

In discussion,

- Members highlighted the need for balance between ambition and practicality as we navigate challenges and recognise both opportunities and limitations ahead.
- The Director of Estates, Facilities and Capital Planning advised that in an executive lead meeting with Scottish Government, changing targets and funding available was questioned. It was made clear in the meeting that focus should be on what is achievable.

- The Director of Public Health and Policy noted while some environmental actions would require additional funding, there were also opportunities to leverage environmental initiatives available.
- Members sought clarity on whether the Public Bodies Report was specific to environment and sustainability, and questioned funding for the Knowledge Transfer Partnership. In response, the Director of Estates, Facilities and Capital Planning confirmed the Public Bodies Report was specific to environment and sustainability. Funding for the knowledge Transfer would potentially be zero cost to the organisation, however, if required internal funding was secured.

**After discussion, the Committee:**

- **Noted** the progress of the development of NHS Highland's Environmental & Sustainability Strategy and associated projects.
- **Agreed** to take **Moderate assurance**.

## **8. Finance, Resources and Performance Committee Annual Work Plan 2024/2025**

The Committee Chair introduced the Annual Work Plan and welcomed discussion, in which it was noted:

- Members suggested tweaking the 'Annual Delivery Plan & Medium-Term Plan (if update received from Scottish Government)' due to go to Committee in May to include the Financial Plan element.
- The Head of Strategy and Transformation reflected on the deep dive approach being taken and the need to review how to coordinate specific areas across the system. Planned Care was an item due to be presented at this Committee in May, so she suggested this as the item to focus on first.
- Chief Executive asked for the work plan to ensure that it was the 2025 meeting schedule that was reviewed.

**After discussion, the Committee Endorsed** the 2024/2025 Work Plan.

## **9. Finance, Resources and Performance Committee Annual Report 2023/2024**

The Chair welcomed comment on the Annual Report and explained the requested changes had now been incorporated. It was noted that now the committee has endorsed the annual report it would be submitted to Audit Committee.

**After discussion, the Committee Endorsed** the revised Committee Annual Report 2023/2024.

## **10. Committee Self-Assessment Survey Results**

The Chair noted four areas where differences were provided within the responses. It was noted that the biggest differences in response had been provided in relation to 'papers are provided in sufficient time prior to the meeting to allow me to effectively scrutinise and challenge the assurances given'. It was suggested asking members to reflect on their readings of the results.

In discussion,

- Members noted the committee may need to reassess operations considering the implications of the financial situation.
- Members sought clarity on the debate as to whether to conduct a 'deep dive' into specific issues or maintain a broad overview of performance, with a focus on areas where performance is poor.
- Members highlighted how finances are presented at the Highland Health and Social Care Committee and the relationship it has with FRP.
- The Head of Strategy and Transformation explained that the deep dive reflected on concerns raised at various committees, with a focus on improving the connection across the board, addressing long-standing issues, and discussing any areas that were escalated through the board without the desired improvement.
- The Head of Strategy and transformation noted timeliness of papers has been challenging due to changing inputs from SG, but a shift in committee dates to mid-month is expected to improve data quality issues and bring about a more positive footing moving forward.
- Members suggested to align the finances, quality, and performance the committee would benefit from receiving the most recent data. It was noted that committee received update on the most recent financial position and questioned if the most up to date performance and quality data should also be provided.
- Deputy Chief Executive noted the committee was a sub-committee of the Board and therefore would need to ensure connection with the feedback from the board review when it comes to the IPQR.
- The Chair questioned how long the monthly meetings continue to be scheduled as no development sessions had taken place since the switch from bi-monthly to monthly.
- The Head of Strategy and transformation highlighted the reason for performance and quality data not being aligned with the financial data was to ensure that all data provided at the committee had been through the quality process.

**After discussion, the Committee Agreed** the appropriate way forward.

## **11. Remaining Meeting Schedule for 2024**

**3 May**  
**14 June**  
**5 July**  
**9 August**  
**6 September**  
**11 October**  
**1 November**  
**13 December**

### **The Committee:**

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

## **12. DATE OF NEXT MEETING**

Friday 3 May 2024 at 9.30 am.

**The meeting closed at 11.40am**

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>	 <b>NHS</b> Highland na Gàidhealtachd
<b>DRAFT MINUTE of the FINANCE, RESOURCES AND PERFORMANCE COMMITTEE TEAMS</b>	<b>03 May 2024 at 9.30 am</b>	

**Present**

Alexander Anderson, Chair  
 Sarah Compton-Bishop, Board Chair  
 Tim Allison, Director of Public Health  
 Graham Bell, Vice Chair  
 Louise Bussell, Board Nurse Director  
 Ann Clark, Non-Executive  
 Heledd Cooper, Director of Finance  
 Garret Corner, Non-Executive  
 Fiona Davies, Chief Executive  
 Richard MacDonald, Director of Estates, Facilities and Capital Planning  
 Gerard O'Brien, Non-Executive  
 David Park, Deputy Chief Executive

**In Attendance**

Lorraine Cowie, Head of Strategy and Transformation  
 Katherine Sutton, Chief Officer Acute  
 Bryan Mckellar, Whole System Transformation Manager  
 Ruth Daly, Board Secretary  
 Brian Mitchell, Committee Administrator  
 Elaine Ward, Deputy Director of Finance

## 1 **STANDING ITEMS**

### 1.1 **Welcome and Apologies**

There were no formal apologies given for the meeting.

### 1.2 **Declarations of Interest**

There were no formal Declarations of Interest.

### 1.3 **Minute of Meeting held on Friday, 12 April 2024 and Rolling Action Plan**

The Minute of the Meeting held on 12 April 2024 were **approved**.

The Committee noted the closure of the following actions:

- Action 5: Feedback on Financial Plan 2024-27 - The Director of Finance noted confirmation of the receipt of an allocation for Planned care activity on an NRAC share to support delivery of 2023-24 activity levels. A bid has been submitted against a further national allocation of £30m.
- Action 1: Review of Revised Committee Work Plan
- Action 2: Risk Register Update agreed update to be presented to March 2024 meeting.

- Action 3: Committee Annual Work Plan 2024/2025, agreed to arrange separate meeting to discuss draft Work Plan document.
- Action 4: Committee Self-Assessment Survey Results noted item would be discussed in more detail at the next meeting.

The Committee **agreed** the closure of the noted actions.

## **2 FINANCE**

### **2.1 NHS Highland Financial Position 2023/2024 Report (Month 12) and Cost Improvement Update**

The Deputy Director of Finance presented the NHS Highland financial position as at end Month 12, advising the Year-End (YTD) Revenue over spend amounted to £29.235m. The year end forecast was £39.527m better than presented within the financial plan submitted to Scottish Government in March 2023. It was noted that additional allocations, a reduction in top-sliced costs, use of financial flexibility and an element of slippage on allocations together with short term cost reductions mainly due to recruitment difficulties had brought the gap down by financial year-end.

The presentation further outlined the underlying data relating to Summary Funding and Expenditure; noting the relevant allocations received to date, awaited, and not yet confirmed. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Acute Services; Support Services; Argyll & Bute; and Cost Improvement Plan Programme.

The following matters were discussed:

- Funding had been distributed on both an NRAC and needs assessment basis, with the Adult Social Care pay award uplift being specific to NHS Highland.
- Committee Members sought clarity on reasoning behind the Adult Social Care budget movement of £4m. The Director of Finance advised there had been additional allocations received from Scottish Government that had not been anticipated at the start of financial planning. Benefits from the previous year had arisen from slippage, underspending, and late notifications of government allocations.
- Collaborative work was ongoing between Highland Council and NHS Highland to align plans. Further discussions would be held to review asset utilisation and capital maximisation.
- Financial implications on services. The Director of Finance explained that for the 2023-24 financial year, there had been no conscious decision to withhold allocations from services.
- It was highlighted that a Raigmore hospital theatre had to be curtailed earlier than planned due to reduced government funding and challenges within the NTC, that required the deployment of agency staff that resulted in depleted funding.
- Concerns were raised regarding the sustainability of service delivery and the overall allocation approach, as some previously stable performance areas are now encountering challenges.
- Committee Members reflected on how to provide consistent positive messages through integrated service planning. Emphasis was placed on efficiency of quality and safety improvement, to maximise time available, particularly in patient-initiated return focusing on capabilities rather than limitations.
- The Maternity Business Case was approved by the Board on the basis that funding would be provided from Scottish Government. With the funding not being confirmed, services noted in the business case would not be able to be progressed.
- Committee Members highlighted the concern raised in the Clinical Governance Committee regarding the under use of 'Best Start' funding. The Chief Officer for Acute advised NHS Highland were performing well against the 'Best Start' metrics in Scotland.

**After discussion, the Committee:**

- **Examined** and **considered** the implications of the Financial Position.
- **Agreed** to take **limited** assurance.

### **3 Budget Setting 2024-25 Update**

The Director of Finance advised that the situation was constantly evolving, with most recent discussions being informal. The only formal communication was a letter that provided some flexibility to present the preferred position, despite the potential for a deficit if the brokerage cap was not met. Communications had remained ambiguous. The message received was that if a commitment could be made to a three per-cent efficiency and to the financial flexibilities outlined, this would be viewed positively. This assumed a level of slippage in allocations due to known recruitment difficulties. A comment made regarding not anticipating slippage in social care at the start of the year and it was acknowledged that slippage should be assumed from the outset.

Argyll and Bute had confirmed a planned break-even position for the 2024-25 financial year and a commitment to Adult Social Care balanced position had been incorporated into plans. There had been collaborative working with the Highland Council and a high-level savings plan created for adult social care. Overarching principles had been established and had been focused on the specifics of their implementation.

There was also a commitment to service redesign, with a focus on creating a three to five-year plan for sustainability and a need to identifying one to three areas for rapid redesign in order to secure Scottish Government support. A further commitment to non-financial targets related to efficiencies, such as theatre utilisation, length of stay, and delayed discharge. These targets were already part of the value and efficiency programmes, and they were incorporated into the integrated service planning. It was noted that a section 22 report would likely to be issued to Scottish Health Boards that were unable to deliver their financial duty and a potential to be invited to the Parliamentary Audit Committee.

In discussion,

- There was an upcoming Board Development session to review the financial and annual delivery plans.
- Committee Members questioned whether Scottish Government would support deficit with funding for the 2023/24 position. The Director of Finance advised there was no indication that funding would not be available.
- Committee Members raised concern regarding the capacity to deliver on submitted plans and questioned whether it was necessary to rethink the amounts allocated against the choice element of the plan.
- The Director of Finance advised Scottish Government requested a continued focus on the choices, with an emphasis on those that could be expedited, although no financial benefits from these choices were expected in 2024-25 under the proposed plan.
- Committee Members questioned the adult social care position and the amount of information that would be available for the upcoming Highland Health and Social Care Committee meeting as this occurred prior to the development session for the board. It was noted that further conversation would occur out with the meeting.
- There had been no feedback on the choices or efficiency indications received on the ADP and MTP that had been submitted to Scottish Government on 11 March.
- Concern was expressed regarding taking premature action within the proposal to manage the financial position in the short-term that could affect long-term sustainability for health and social care services in the Highlands.

- Committee Members acknowledged the Governments effort to ensure efficiencies in the workforce, reducing supplementary staffing, and prescribing costs through National programmes of work.
- In response to members questioning if a cap could be introduced to locum and agency prices, the Director of Finance noted there was a national workstream to focus on locum frameworks and pricing. A national staff bank was being reviewed as an option.
- The Vice Board Chair questioned whether the Board Development session could include discussion about how the organisation moves forward with the medium-term plan and how business cases would be prioritised within the organisation.

**After discussion, the Committee:**

- **Noted** the circulated letter dated 30 April 2024 from the Director of Health and Social Care Finance, Digital and Governance and position.

## **4 Capital Asset Management Updates**

### **4.1 Asset Management Group Update**

The Director of Estates, Facilities, and Capital Planning (The Director of Estates) advised; the Asset Management Group had met on 25 April; the terms of reference had recently been updated and the Capital Prioritisation Group (CPG) formed; CPG had begun to meet; Management group had approved the 2024/2025 Spending Plan; half of the funding had been released as part of the terms of reference, the other half would be released once assurance had been received on the spend; further representation from Argyll and Bute in the groups was requested.

In discussion, the following points were highlighted:

- VAT was included in the 2024/25 Spending plan.
- Core capital spend for 2024/25 had remained the same as previous years, however, additional funding streams that had been available in previous financial years were no longer available.
- The Deputy Director of Finance advised that a request had been made through the finance plan submission for additional backlog maintenance to support the hospitals in Lochaber and Caithness. There had been no confirmation if the additional funding would be provided at this time.
- Funding for staff that had been recruited for capital projects had been included within the financial plan and had been highlighted to Scottish Government as an additional revenue pressure. Director of Estates advised that staff recruited for those projects are being utilised in other areas.

**After discussion, the Committee:**

- **Noted** the report content and update on the allocation and delivery of the Capital Formula Spend delivered through NHS Highland's Asset Management Group.
- **Agreed** to take **moderate** assurance.

### **4.2 2023/2024 Capital Position**

The Director of Estates noted the pause of major capital projects resulted in a £1.319 million overspend in Capital which required additional funding from the Scottish Government. The Director of Estates, Associate Director of Capital and Planning and Interim Capital Accountant



notified the Government as soon as the overspend was confirmed. The Government acknowledged the reasons behind the additional expenditure.

**After discussion, the Committee:**

- **Noted** the report update.
- **Agreed** to take **moderate** assurance.

### **4.3 Caithness Capital Pause Position**

The Director of Estates confirmed that the RIBA Stage Two Report had been completed in relation to Caithness General Hospital (CGH) and he highlighted the cost of completion for remainder of the project.

As part of the whole system plan, Scottish Government have confirmed that the existing initial agreements for both Caithness and Lochaber will be valid if funding became available during the two-year pause. If the pause was to go beyond these two years, a new initial agreement would be submitted as part of the whole system plan. This situation was evolving, and formal written confirmation was yet to be received.

In discussion,

- Committee Members noted that the existing Initial Agreement would be refreshed, rather than completely creating a new one.
- The Nurse Director made comment about re-design supporting the whole system plan submission.
- Committee Members noted High level estimated costing had been used for RIBA Stage Two and acknowledged that challenging conversations may be required as we continue to experience the current financial pressures.
- The Board Chair noted it would be helpful to understand what aspects could be progressed and what that would look like for services, especially around how pauses in projects would impact on service delivery and the mitigations considered in response.
- The Board Chair had acknowledged discussions had been ongoing on the submission of the whole system plan by January 2026.
- The Director of Estates advised Programme Boards would be established to continue discussions on operational requirements, review service designs around existing buildings, and assess the need for additional funding. The plan, incorporating digital and environmental ambitions, was to include building maintenance and asset management planning including any shared service ambitions with partners from other Boards.
- The Chief Executive commented that anticipated future service provision would dictate the kind of estate necessary for the organisation. It was important to ensure that our place-based approach continued to align with our strategic intentions.
- Committee Members discussed that community expectations through the previous capital management process had been raised. It was acknowledged that the plan needed to articulate the future vision of services for the next 10 to 20 years for NHS Highland and incorporate existing plans where possible.
- The Vice Board Chair questioned the Board's connection to the rural group involved in the National Reform programme, and impact of the national policy on rural general hospitals. The importance of understanding the government's plans for the workforce, particularly in relation to training and availability over the next five years, was highlighted. The Chief Executive noted that the rural group would be included in national discussions with any significant changes to the Rural General Hospital model being linked with clinical advisory groups. However, as it stood, significant changes to the Rural General Hospital model were not part of the current scope of discussion for the national group.

- The Chief Executive assured the committee that they had nationally highlighted the increased risk of sustainability of small hospitals if there was to be a pathway-by-pathway approach to reviewing where the services are safely located.
- The Director of Estates flagged the importance of having a completed strategy to enable overlay with partners, in particular, the Highland and Argyll and Bute Councils to facilitate a place-based approach to capital projects.
- The Director of Estates highlighted the primary contracts previously appointed for the Lochaber and Caithness projects had been paused and not cancelled.

**After discussion, the Committee:**

- **Noted** the completion of the initial capital work.
- **Agreed** to take **moderate** assurance.

#### 4.4 Lochaber Capital Pause Position

The Director of Estates noted the cost to completion for the project; RIBA Stage three / OBC would cost £3.9 million and 70 weeks to complete; FBC / Construction and Commissioning would cost £79 million and 140 weeks to complete.

**After discussion, the Committee:**

- **Noted** the completion of the initial capital work.
- **Agreed** to take **moderate** assurance.

## 5 Integrated Performance Report

The Head of Strategy and Transformation highlighted where applicable the upper and lower control limits had been added to the graphs as well as an average mean of performance. Additional detail was added in each performance section on when the target was last met and how many times. If target was not met an indication has been given of the highest performance over the previous 24 months. Within Treatment Time Guarantee and Outpatients there were 3 targets at present and these had been highlighted individually.

ADP trajectories would be added for the next IPQR. Within the narrative section areas, where action was highlighted in the previous IPQR all Exec Leads had been asked for assurance of progress and next steps for improvement by July 2024. Performance ratings summaries had been provided for COVID Vaccination Performance; Smoking Cessation; Drug and Alcohol Waiting Times; CAMHS; NDAS; Emergency Access; Delayed Discharge; Treatment Time Guarantee; Outpatients; Diagnostics – Radiology and Endoscopy; 31 Day Cancer Target; 62 Day Cancer Target; and Psychological Therapies.

In discussion,

- The Vice Board Chair questioned the reason behind the four months of decreased performance for Emergency Access. The Chief Officer of Acute noted there was multifactorial reasons and advised they would provide analysis out with the meeting to provide further reasoning behind the decreased performance.
- The Chief Officer of Acute highlighted there had been declining performance in Caithness over the last period and reassured the committee that there was an ongoing review to resolve any issues.
- Committee Members proposed adding patient treatment data to the IPQR tables to better understand trends when patient numbers increase without meeting targets.

- Committee Members suggested that a development session could help them better understand the performance metrics and their implications for the system. This session would also allow them to examine in detail how the committee's work aligns with these metrics and its connection to the Clinical Governance Committee.
- The Chief Executive acknowledged the need to understand committee roles and the executive team's obligation to ensure targets were met or actions were planned to meet expectations were acknowledged. Further discussions outside the committee were welcomed to comprehend the advantages of these topics in facilitating a development session discussion.

#### **The Committee:**

- **Noted** the continued and sustained pressures facing NHS and Care Services, Consider the level of performance across the system.
- **Agreed** to take **limited** assurance.

## **6. NHSH Board Risk Register – Risks Reporting to FRP Committee**

The Head of Strategy and Transformation advised mitigated actions had been refreshed and some had been completed. It was noted that additional risks had been included in the NHS Highland Board Risk Register which was reviewed regularly by the NHS Highland Executive Directors' Group (EDG). A paper would be taken to EDG regarding the Annual Delivery Plan and Medium-term Plan. By the next committee meeting there would have been a refresh of strategy and transformation risks. It was noted that the Deputy Chief Executive and Head of e-Health had been discussing digital risks that would need added to the risk register.

The Committee Chair highlighted that the mitigating action due dates for risk item 666 regarding continual threats from cyber-attacks had passed or were due. The Deputy Chief Executive advised the mitigating action due dates relating to NIS Scoring was the date an update had been provided and the compliance audit would occur in May 2024. It was noted that Cyber risk would remain ongoing, however, a review may be required on how the information would be provided to the committee.

Committee Members highlighted the Fire Compartmentation risk may need to be reviewed as it had been on the register for a substantial amount of time. The Director of Estates advised the first phase was due to commence and the risk would be re-written to reflect current circumstance and it was noted resource had been allocated to continue the work. The Vice Board Chair noted the Boards financial situation and position of capital projects and questioned if risk associated to fire compartmentation would rise to a level that should be on the Boards radar. The Director of Estates advised maintenance risks below Board level would be escalated individually at the next Health and Safety meeting and bring an update to the committee on risks escalated to Board level following that meeting.

The Director of Estates clarified the New Craigs PFI transfer risk had been in a contractual negotiation period with the PFI providers to produce the renewal programme. It was proving to be a complex process being the first healthcare PFI in Scotland. The negotiation period could continue for a further four months before moving to the next stage.

The Committee Chair sought understanding of how the completion of a mitigating action impacted the scoring provided. The Head of Strategy and Transformation emphasised that a review would be conducted to enhance the presentation.

#### **The Committee:**

- **Examined and considered** the evidence provided, provide final decisions on the risks that are recommended to be closed and/or added.
- **Agreed** to take **substantial** assurance.

### **7. Planned Care Submission**

The Chief Officer of Acute advised funding had been allocated on an NRAC basis by Scottish Government with the expectation that service delivery would continue as it had over the last financial year. Reviews had begun to measure activity levels against ISPs and available finance. There had been weekly discussions between the Chief Officer of Acute and Scottish Government regarding baselines for planned care delivery will be this financial year.

Scottish Government had released additional funding that would be immediately available but required health boards to make a bid for the funding to be released. NHS Highland were amongst the health boards that had submitted bids for the funding. Bids had been submitted against long outpatient waiting lists and to support the National Treatment Centre capacity to deliver ophthalmology services to reduce cataract waiting lists.

Funding had been approved for Raigmore Hospital to open a theatre for hip and knee surgery that are not able to attend the National Treatment Centre, to allow us to address the long waiting patients. It was anticipated the opening of the theatre would enable the reduction in surgical waiting lists. A further bid also reviews the volume of patients the orthopaedic service could deliver to with the view of enabling more patients to access the service through the National Treatment Centre.

The bids had been submitted to Scottish Government after review from Executive Directors and had heard informally that the bids would be successful. It was important to note that some bids had not been as successful but would be reviewed later in the year when other bids across Scotland had been reviewed.

**After discussion, the Committee Noted** the verbal update.

### **8. Blueprint Improvement Plan Update**

The Board Secretary highlighted the Committee had last received an update in November 2023. Actions in relation to the committee had progressed well, with most now complete. Significant progress had been made in relation to the business case proforma being updated for review. It was noted that there had been a delay with the third objective relating to the 'advisory Boards to inform and be part of the decision-making process for business change'. This was due to the Area Clinical Forum May meeting being cancelled when they would have considered the Annual Delivery Plan and the Financial Plan. Governance Committees would all be in receipt of an update on the Blueprint Improvement Plan this Committee cycle to ensure oversight in the progress and delivery. The next Board level progress update is scheduled for July 2024.

**After discussion, the Committee:**

- **Noted** the progress achieved with the Blueprint for Good Governance Improvement Plan actions.
- **Agreed** to take **substantial** assurance.

**9. Remaining Meeting Schedule for 2024**

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

**The Committee:**

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

**10. DATE OF NEXT MEETING**

Friday 14 June 2024 at 9.30 am.

**11. Any other Competent Business**

There was no other Competent Business discussed.

**The meeting closed at 11.45 am**

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)**  
**held BY MICROSOFT TEAMS**  
**on WEDNESDAY, 27 MARCH 2024**

**Present:** Councillor Amanda Hampsey, Argyll and Bute Council (Chair)  
Councillor Kieron Green, Argyll and Bute Council  
Councillor Dougie Philand, Argyll and Bute Council  
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)  
Karen Leach, NHS Highland Non-Executive Board Member  
Emily Woolard, NHS Highland Non-Executive Board Member

Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP  
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)  
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP  
Geraldine Collier, People Partner, Argyll and Bute HSCP  
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP  
Linda Currie, Associate Director AHP, NHS Highland  
Fiona Davies, Chief Officer, Argyll and Bute HSCP  
David Gibson, Chief Social Worker/Head of Children and Families and Justice, Argyll and Bute HSCP  
Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP  
James Gow, Head of Finance, Argyll and Bute HSCP  
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP  
Douglas Hendry, Executive Director / IJB Standards Officer, Argyll and Bute Council  
Elizabeth Higgins, Lead Nurse, NHS Highland  
Kenny Mathieson, Public Representative  
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council  
Kirsty MacKenzie, Carers Act Implementation Officer, Argyll and Bute HSCP  
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP  
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)  
Stuart McLean, Committee Manager, Argyll and Bute Council  
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface  
Kirstie Reid, Carers Representative, NHS Highland  
Elizabeth Rhodick, Public Representative  
Fiona Thomson, Lead Pharmacist, NHS Highland  
Angela Tillery, Principal Accountant, Argyll and Bute Council  
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Gary Mulvaney, Susan Ringwood, Julie Hodges and Angus MacTaggart.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### 3. MINUTES

The Minutes of the Meeting of the Argyll and Bute HSCP Integration Joint Board held on 31 January 2024 were approved as a correct record.

### 4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 February 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 February 2024 were noted.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 20 February 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 20 February 2024 were noted.

The Chair of the Committee, Councillor Kieron Green, advised that members of the Committee had the opportunity to meet auditors at the conclusion of the meeting.

(c) **Argyll and Bute HSCP Finance and Policy Committee held on 23 February 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 23 February 2024 were noted.

(d) **Argyll and Bute HSCP Strategic Planning Group held on 14 March 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Strategic Planning Group held on 14 March 2024 were noted.

(e) **Argyll and Bute HSCP Finance and Policy Committee held on 22 March 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 22 March 2024 were noted.

### 5. CHIEF OFFICER REPORT

The Board gave consideration to the Chief Officer report for March 2024 which included detail under the headings - Interim HSCP Chief Officer; 2024-2027 Carers Strategy; National Audiology Review and HSCP Response; Locality Information Profiles; National Care Service Bill; Improving the Nation's Diet; Minimum Unit Pricing Rise; Good Food Nation Plans Published; Argyll and Bute Telecare Service Keeps you Safer at Home; Power of Attorney; Quit Smoking and Embrace Smoke Free Life; Braw Initiative to Tackle Deconditioning; and Cowal Heart Start Team.

#### **Decision**

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

(Reference: Report by Chief Officer dated 27 March 2024, submitted)

The Chief Officer, as this was her last Board meeting, recorded her thanks to all staff in the HSCP, current and former Board Members, the community and members of the public, the partners NHS Highland and Argyll and Bute Council, and both Chief Executives.

The Chief Officer then extended her thanks to Jillian Torrens, for her contribution in her role as Head of Adult Care, as this was also her last Board meeting.

The Chair thanked the Chief Officer on behalf of the Board for her service to Argyll and Bute, adding that she was pleased she would still have some overview of Argyll and Bute in her new role as Chief Executive of NHS Highland.

The Chair also recorded her thanks on behalf of the Board to Jillian Torrens, Head of Adult Care.

## **6. FINANCE**

### **(a) Budget Monitoring - 10 months to 31 January 2024**

The Board gave consideration to a report providing a summary of the financial position of the HSCP as at the end of February 2024. Information was provided in respect of the year to date position, forecast outturn, progress with the savings plan and reserves spend.

#### **Decision**

The Integration Joint Board –

1. noted that a small underspend of £151k was forecast;
2. noted that savings of £7.4m had been delivered, 83% of target; and
3. noted that reserves of £7m had been committed to date.

(Reference: Report by Head of Finance dated 27 March 2024, submitted)

### **(b) Budget 2024/25 and Consultation**

The Board gave consideration to a report seeking approval of the budget and savings proposals for 2024/25. The report advised that the financial context was difficult and work had been ongoing for a number of months to address the budget gap that had been identified.

#### **Decision**

The Integration Joint Board –

1. noted that the HSCP was seeking approval for its budget for spend of £329m which relied upon financial recovery, in-year savings and/or brokerage via NHS Highland totalling £2.7m;
2. agreed to amend the budget and savings plan for 2024/25 as outlined in the submitted report by:



- a) removing the £160k saving within Older Adult Day Services for 2024/25, to be funded by increasing the allocation of Pension Fund Savings by £160k; and
  - b) revising the proposed review of Older Adult Day Services to emphasise that this would be led by engagement with staff, service users, their families and wider communities, and would not have any associated assumption of savings, service closures, or direction of users to alternative provision;
3. noted that Equality Impact Assessments had been completed for relevant savings proposals and that these were publicly available;
  4. noted that the Social Work Budget was partly funded by non-recurring pension fund savings to be held by Argyll & Bute Council for this purpose and for transformation;
  5. noted that the HSCP expected to be operating on a financial recovery basis in 2024/25;
  6. noted that there may be a requirement to develop and implement additional service reduction plans urgently, and that these were likely to involve service cuts. Any such proposals would be brought back to the IJB and subject to full public consultation, with a process to be agreed through the Finance and Policy Committee;
  7. noted that opening offers and directions were being finalised with partners and were expected to align with the budget; and
  8. noted that the HSCP was proposing to utilise non-recurring funding to support services and that future funding gaps were substantial.

(Reference: Report by Head of Finance dated 27 March 2024, submitted)

## **7. CARERS STRATEGY**

The Board gave consideration to a report seeking endorsement of the 2024-2027 HSCP Carers Strategy. The Strategy set out a plan for identifying carers, providing support and services to adult and young carers; and information about local support available.

### **Decision**

The Integration Joint Board endorsed the 2024-2027 HSCP Carers Strategy.

(Reference: Report by Carers Act Implementation Officer dated 27 March 2024, submitted)

## **8. HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT - FINANCIAL QUARTER 3 (OCT - DEC 2023/24)**

The Board gave consideration to a report presenting the Health and Social Care Partnership Performance Report for financial quarter 3.

## **Decision**

The Integration Joint Board –

1. acknowledged performance for FQ3 (October - December 2023/24) and performance against the previous quarter;
2. acknowledged supporting performance commentary across 8 key service areas;
3. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators as detailed at Appendix 1 to the submitted report;
4. noted the System Pressure Report for December 2023 as detailed at Appendix 2 to the submitted report; and
5. noted the Delayed Discharge Sitrep as of 15 January 2024 as detailed at Appendix 3 to the submitted report.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 27 March 2024, submitted)

## **9. WORKFORCE REPORT QUARTER 3 (2023/24)**

The Board gave consideration to the workforce report which is part of the staff governance suite of reports and focused on workforce data for financial quarter 3 (October to December 2023).

### **Decision**

The Integration Joint Board –

1. noted the content of the quarterly workforce report;
2. took the opportunity to ask any questions on issues that were of interest or concern; and
3. discussed the overall direction of travel, including future topics that they wanted further information on.

(Reference: Report by People Partner dated 27 March 2024, submitted)

## **10. CULTURE AND WELLBEING UPDATE**

The Board gave consideration to a report outlining progress in the Culture and Wellbeing environment for Argyll and Bute Health and Social Care Partnership, providing assurance of the positive developments being made and the direction of travel for the coming year.

### **Decision**

The Integration Joint Board –

1. noted the content of the report and the progress being made in the Culture and Wellbeing environment; and
2. discussed and asked questions on elements within the submitted paper.

(Reference: Report by People Partner dated 27 March 2024, submitted)

## **11. HEALTH AND CARE STAFFING ACT IMPLEMENTATION UPDATE**

The Board gave consideration to a report providing a brief overview of the NHS Highland programme arrangements for the implementation of the Health and Care Staffing Act, which will come into force on 1 April 2024.

### **Decision**

The Integration Joint Board –

1. noted the update on activity for assurance; and
2. delegated action to the Clinical and Care Governance Committee to receive regular reporting from the Argyll & Bute Implementation Group and plan annual reporting.

(Reference: Report by Associate AHP Director dated 27 March 2024, submitted)

## **12. DATE OF NEXT MEETING**

The date of the next meeting was noted as Wednesday 29 May 2024 at 1.00pm.

The Chair, on behalf of the Board, thanked Fiona Davies for her hard work and commitment in her time as Chief Officer of Argyll and Bute Health and Social Care Partnership, and wished her well in her new role as Chief Executive of NHS Highland. The Chair then took the opportunity to welcome Evan Beswick in his new role as Interim Chief Officer.

**NHS Highland**



**Meeting:** NHS Highland Board  
**Meeting date:** 17 May 2024  
**Title:** Integrated Performance and Quality Report  
**Responsible Executive/Non-Executive:** David Park, Deputy Chief Executive  
**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to:**

Quality and Performance across NHS Highland

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

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

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

## **2 Report summary**

The NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance based on the latest information available.

Moving forward the Argyll & Bute Integrated Performance Management Framework intelligence will be included for the Board for information only. This has been previously presented through the governance structure within Argyll & Bute.

### **2.1 Situation**

In order to allow full scrutiny of the intelligence presented in the IPQR, Board is asked to review the intelligence presented so that a recommendation on level of assurance can be given.

The outcomes and priority areas have been incorporated for this Board are aligned with Together We Care and the Annual Delivery Plan.

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

Planned care trajectories will be included in the next version of IPQR and they are currently being agreed internally and with Scottish Government in line with the additional funding becoming available.

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

The committee-approved Finance, Resources and Performance Committee, Clinical Governance Committee and Staff Governance Committee IPQR slides have been included in this report to produce a full Board IPQR.

### **2.2 Background**

The IPQR is an agreed set of performance indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

### **2.3 Assessment**

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

The level of assurance has been proposed as limited due to the current pressures faced by HHSCP in Acute and Community care delivery. The agreed processes for strategic transformation and efficiency will help drive continuous improvement and support improved performance.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

The Board IPQR provides a summary of quality and patient care across the system.

### 3.2 Workforce

The Board IPQR gives a summary of our related performance indicators relating to staff governance across our system.

### 3.3 Financial

Financial analysis is not included in this report.

### 3.4 Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

### 3.5 Data Protection

The report does not contain personally identifiable data.

### 3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

### 3.7 Other impacts

None.

### 3.8 Communication, involvement, engagement, and consultation

This is a publicly available document.

### 3.9 Route to the Meeting

Through the relevant Governance Committees.

## **4 Recommendation**

The Board is asked:

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

### **4.1 List of appendices**

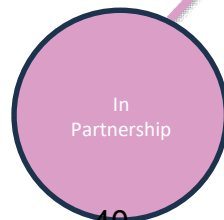
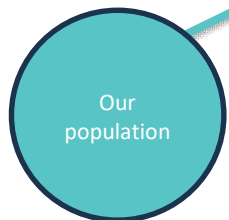
The following appendices are included with this report:

- Integrated Performance and Quality Report – May 2024
- Argyll & Bute HSCP Integrated Performance Management Framework - FQ2 (23/24)



# Integrated Performance Report

## NHS Highland Board May 2024








# Executive Summary of Performance

Well Theme	Area	Current Performance	National Target	ADP Trajectory Met	Performance Rating
Stay Well	COVID Vaccinations	56.6%			
Stay Well	Smoking Cessation	130		Not met (336 target)	Not meeting target
Stay Well	Drug & Alcohol Waiting Times	93.4%	90%		Target met – 2 months of increased performance
Thrive Well	CAMHS	67.5%	90%		Not meeting target
Respond Well	Emergency Access	75.7%	95%	Not met	4 months of decreased performance
Care Well	Delayed Discharges	186	95 (local)	Not met	Improving – 3 months of improved performance
Treat Well	Treatment Time Guarantee	56.6%	100%	ADP and long waits not met	Improving – 3 month of improved performance
Treat Well	Outpatients	41.2%	100%	ADP and long waits not met	Variation – 1 month of improved performance
Treat Well	Diagnostics - Radiology	63.3%	80% (Mar 24)	Not met	Variation – 1 month of decreased performance
Treat Well	Diagnostics – Endoscopy	71.4%	80% (Mar 24)	Met	Not meeting target but stable around current performance
Journey Well	31 Day Cancer Target	95.5%	95%	Met	Target met – 1 month of improved performance
Journey Well	62 Day Cancer Target	79.3%	95%	Not Met	Variation – 5 months of decreased performance
Live Well	Psychological Therapies	89.2%	90%		Improving – 5 months of improved performance

## Guide to Performance Rating

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

## Notes for Highlighting

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

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

Within TTG and Outpatients there are 3 targets at present and these have been highlighted individually.

ADP trajectories will be added for the next IPQR.

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



Together We Care  
with you, for you



**Exec Lead**  
**Dr. Tim Allison,**  
**Director of Public Health**

## Vaccination Performance

### Progress Made

- The autumn/winter COVID and 'Flu vaccination programme has now finished. It was delivered by Board staff except for some islands where there has been practice delivery. This programme was designed to reach those more at risk of illness.
- Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination.

### Next Steps

- Scottish Government is working with Highland HSCP in level 2 of its performance framework and Public Health Scotland is acting as a critical friend.
- The spring COVID vaccination programme has started for people aged 75+ and those more vulnerable. Other adult and child programmes also continue.
- Options are being considered for delivery models in Highland HSCP.

### Timescale

- Ongoing

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

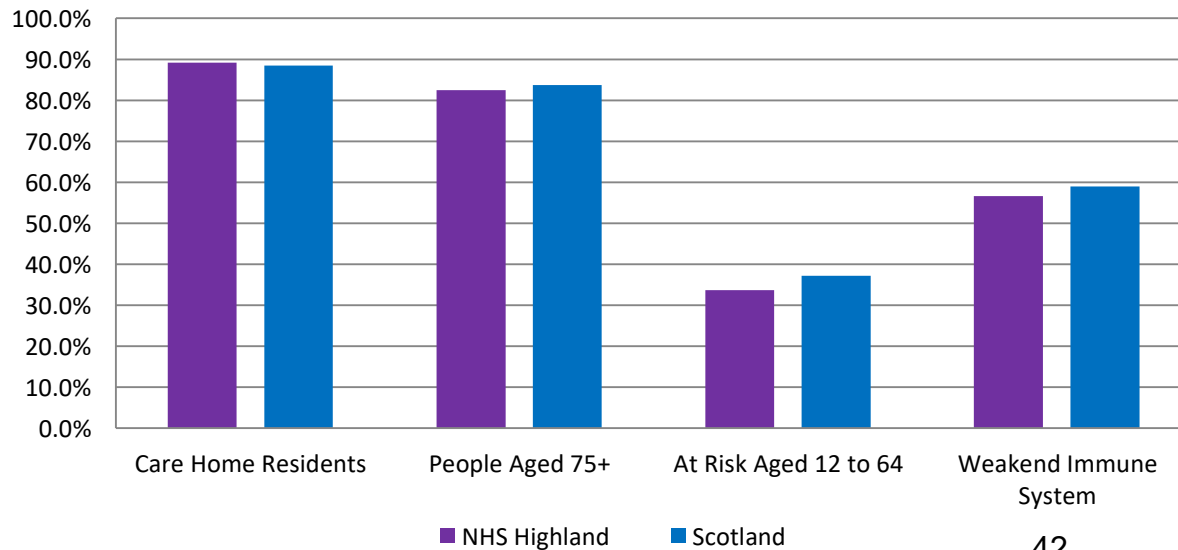
<b>Latest Performance</b>	56.7%
<b>ADP Trajectory Agreed</b>	n/a
<b>ADP Trajectory</b>	n/a
<b>Performance Guide</b>	Ongoing depending on campaign
<b>National Benchmarking</b>	34%
<b>National Target</b>	n/a
<b>National Target Achievement</b>	n/a

### Benchmarking with Other Boards

Comparative Covid vaccine uptake for all eligible people at 07/04/24:

NHS Board	Covid
Ayrshire & Arran	60.5%
Dumfries & Galloway	64.0%
Fife	56.6%
Grampian	58.5%
Highland	56.7%
Tayside	60.9%

### COVID Vaccine Uptake at 07/04/24





Together We Care  
with you, for you



**Exec Lead**  
**Dr. Tim Allison,**  
**Director of Public**  
**Health**

# Smoking Cessation

## Previous IPQR Actions

- SOP training to remaining advisers
- Promote additional service in outpatients at Raigmore Hospital, set up meetings with clinical staff.
- Roll out training to Community Pharmacies.
- Review ABI targets by end of March 2024
- The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. Of those setting a quit date from 1<sup>st</sup> April 2023 to 31<sup>st</sup> October 2023, there were 130 successful quits in the 40% most deprived.
- Mapping of smoking cessation services to NICE guidance.
- Mapping of smoking cessation services to recommendations from Review of Smoking Cessation Services in Scotland and Scottish Government 2-year Tobacco Action Plan

## Assurance of Completion

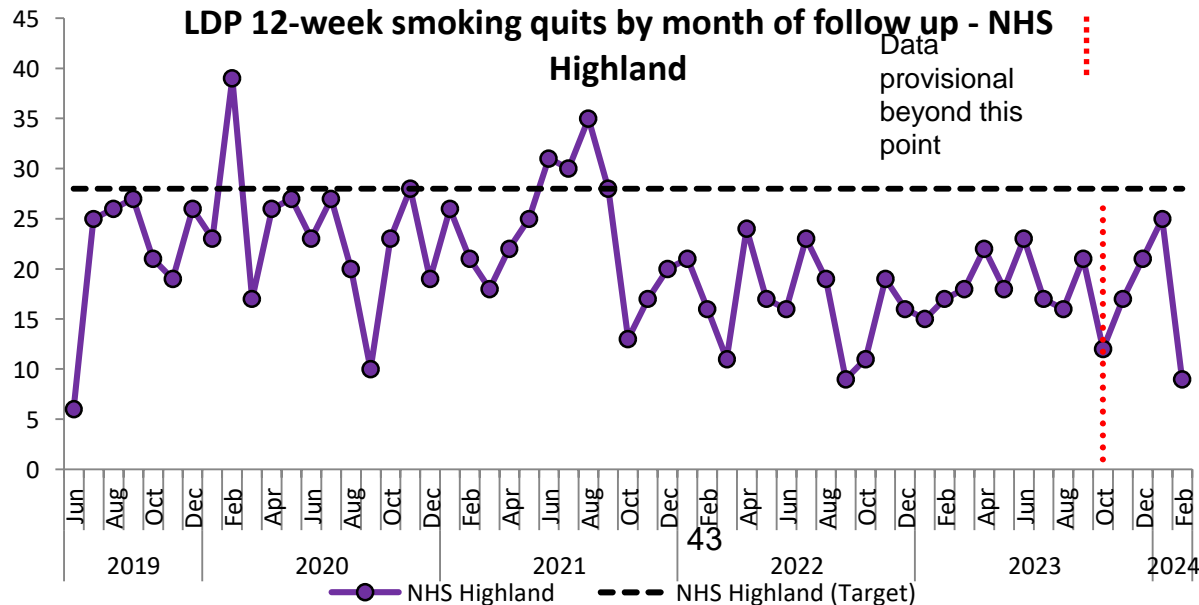
- Training on the SOPs to improve Community Pharmacy data has been delivered to most of our advisers.
- Advisers working closely with assigned Community Pharmacies and relationships are being built. Delivery of training is challenging due to capacity issues within Community Pharmacy.
- Additional adviser capacity in outpatients Raigmore and training with pre-assessment being planned.

## Improvements to be made by July 2024

Review end of June 2024

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

<b>ADP Trajectory Agreed</b>	Yes
<b>ADP Trajectory</b>	Below Target
<b>Performance Guide</b>	Decreasing





Together We Care  
with you, for you



Exec Lead  
Dr. Tim Allison,  
Director of Public  
Health

## Alcohol Brief Interventions

### Progress Made

- ABI training calendar available on Turas for 2023/2024 with courses being well attended; 129 participants in 19 deliveries. Wider Settings reporting form live since November and used 160 times in 2023/2024.

### Next Steps

- Progress with updating LES. Develop 2024/2025 plan. Continue further evaluation of training to determine practical application. Plan for trainers' development session.

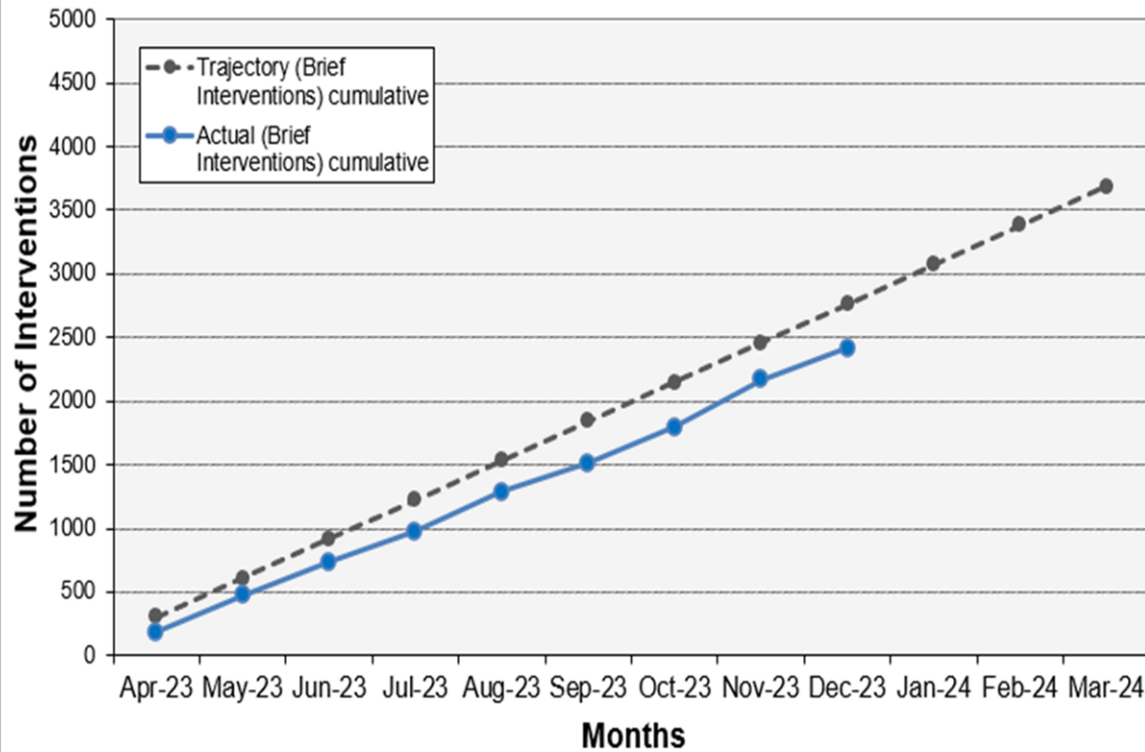
### Timescale

- Review end June 2024.

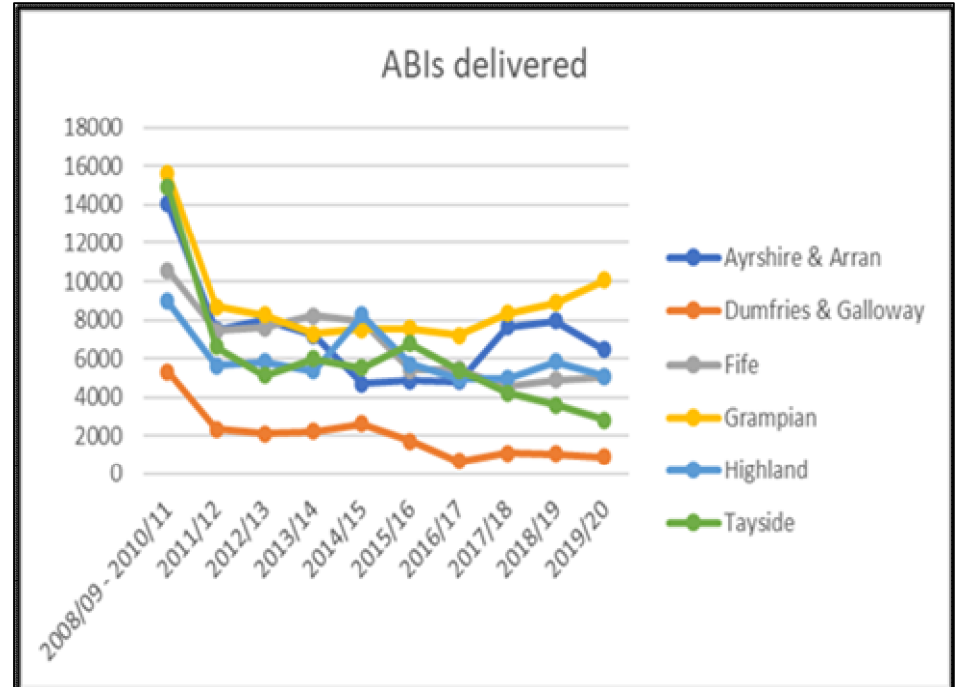
PERFORMANCE OVERVIEW  
Strategic Objective: Our Population  
Outcome Area: Stay Well

Latest Performance	n/a
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Just commenced
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a

### NHS Highland - Alcohol Brief Interventions 2023/24 Q3



### ABIs delivered





Together We Care  
with you, for you



**Exec Lead  
Pamela Cremin  
Chief Officer  
HHSCP**

## Drug & Alcohol Waiting Times

### Previous IPQR Actions

Work is being undertaken with SG MIST team to improve the waiting times in HHSCP.

Previous improvements achieved.

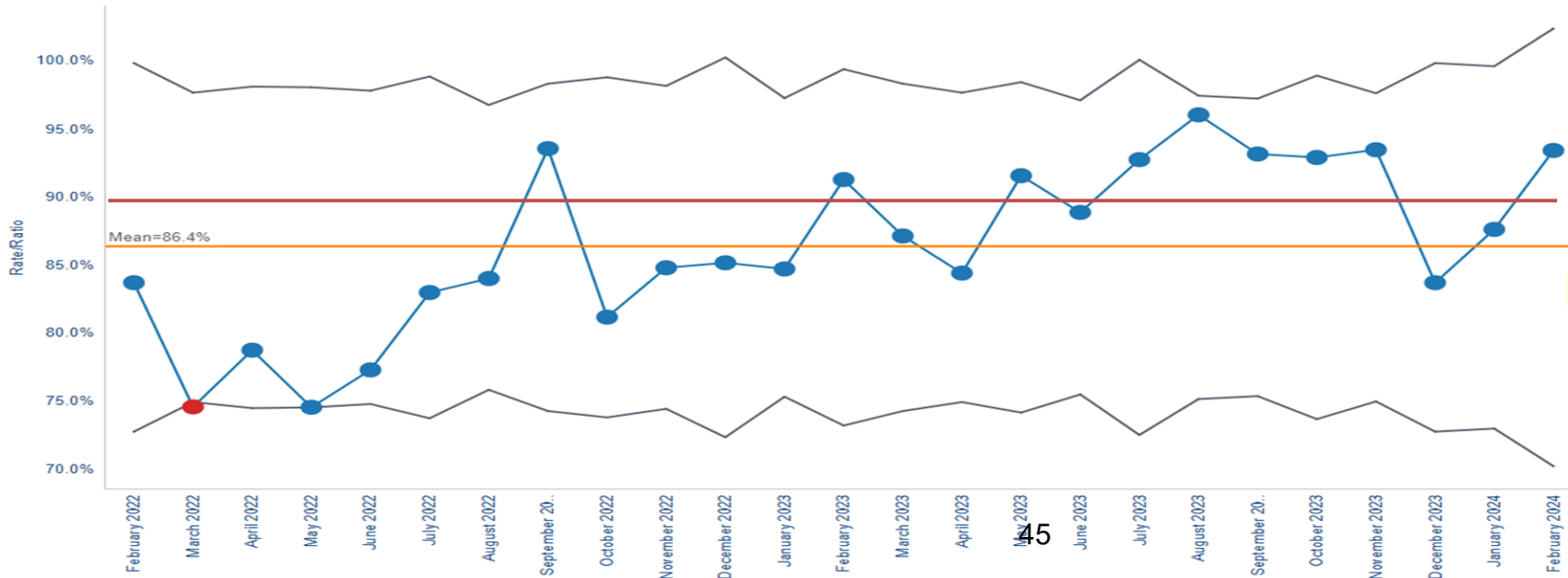
### Assurance of Completion

- Work completed with MIST who have provisionally provided green RAGB score in relation to NHS Highland processes are in place to meet waiting times
- Staff shortages and inability to progress with recruitment have resulted in inability to sustain treatment time targets.
- There is confidence that a return to staffing establishment will result in ability to achieve RTT targets

### Improvements to be made by July 2024

- Waiting list initiatives are being explored and will be initiated
- Additional financial support is being provided to enable recruitment to progress
- Confirmation of MAT allocation for 2024-25 will also support recruitment to additional posts

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



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

Latest Performance	93.4%
Scottish Average	90%
NHSS Target	90%
Performance Rating	Target met for 1 month
When was target last met? Target met in last 24 months	November 2023 6 times
Benchmarking	9 <sup>h</sup> out of 14 Boards

### Benchmarking with Other Boards

NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Dumfries & Galloway	99.1%
NHS Ayrshire & Arran	98.3%
NHS Borders	97.3%
NHS Greater Glasgow & Clyde	96.3%
NHS Grampian	96.3%
NHS Fife	94.9%
NHS Highland	93.4%
NHS Lanarkshire	92.4%
NHS Forth Valley	88.6%
NHS Lothian	88.4%
NHS Tayside	86.9%
NHS Western Isles	83.3%



Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

# Child & Adolescent Mental Health Services

## Previous IPQR Actions

- Core Team model & systems change continuing, increased efficiency and flow, wait list scrutiny. Requires changes to Trak care. Accurate data is an issue that the team continue to work on.
- Modelling for intensive home treatment continues. Requires additional workforce to implement.
- Efficiency and systems improvements will deliver some additional capacity. NHS CAMHS still remains one of the lowest levels of staff WTE per population rate. Additional staff resource is required to implement full national service specification.

## Assurance of Completion

- Core team workgroup progressing, reconfiguration of wait list structure into single CAMHS wait list, update referral criteria, MDT vetting & implementation of engagement/assessment appts by April '24.
- Significant progress in Intensive Home Treatment Team modelling by workgroup progressing workforce and clinical model.
- Liaison service implemented initial elements of service delivery. Engagement ongoing with paed and GA wards.
- Continued reduction in numbers waiting in NH.

## Improvements to be made by July 2024

- Engagement appointments commencing for all new referrals from 3rd May. Excess capacity directed to waiting list cases.
- Further recruitment required to implement and support further improvement; delayed due to uncertainty over mental health framework budget allocation.

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

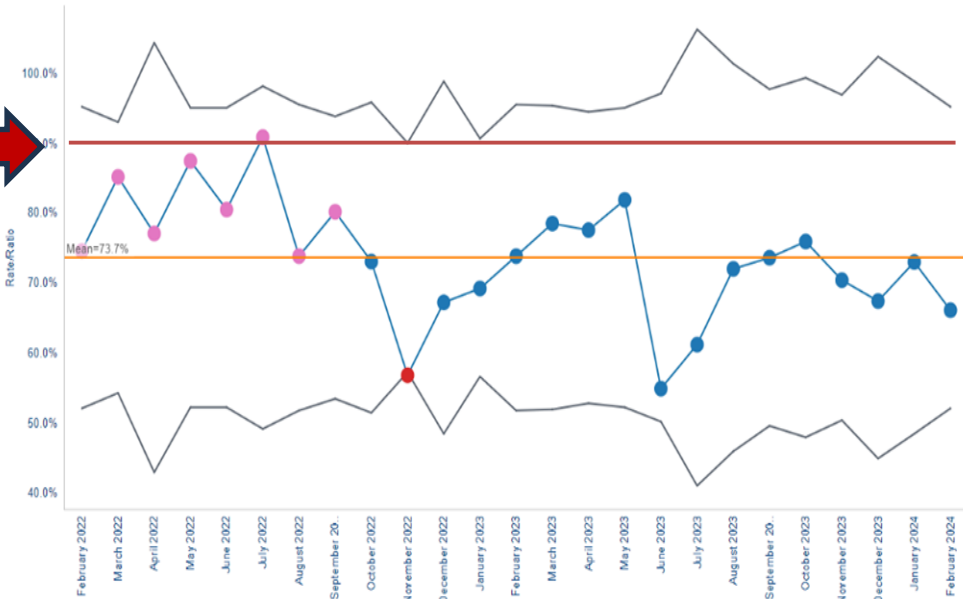
Latest Performance	66.2%
Scottish Average	84.8%
NHSS Target	90%
Performance Rating	Target not met Below mean for 4 months.
When was target last met? Target met in last 24 months	July 2022 1 time
Benchmarking	10 <sup>th</sup> out of 14 Boards

## Benchmarking with Other Boards

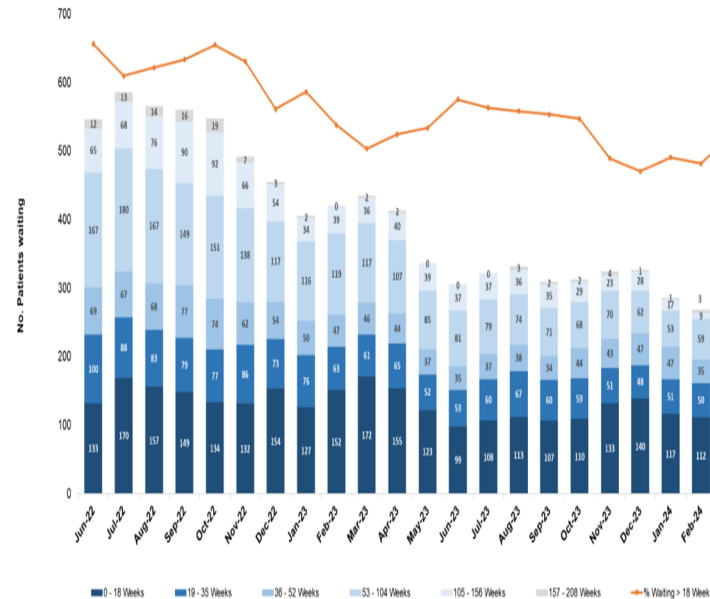
Selected Time Period: **February 2024**

(click on a circle in timetrend to change the selected time period)

## <18 Weeks CAMHS Treatment



CAMHS Ongoing Waits North Highland



Board	Performance (%)
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Greater Glasgow & Clyde	98.9%
NHS Ayrshire & Arran	98.5%
NHS Grampian	97.4%
NHS Forth Valley	95.6%
NHS Tayside	92.3%
NHS Lothian	70.1%
<b>NHS Highland</b>	<b>66.2%</b>
NHS Fife	65.8%
NHS Dumfries & Galloway	56.8%
NHS Lanarkshire	51.8%
NHS Borders	50.0%

Scotland Target



Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

# Neurodevelopmental Assessment Service

## Previous IPQR Actions

- Authority Framework is in place.
- Scottish Approach for Service Design is adopted at an ICSP level.
- ICSP ND Programme .Board is established and has met.
- NDAS Model update completed and in practice.
- NDAS Eligibility Criteria reviewed, updated and in practice.
- Waiting list cleansing exercise is completed.
- ICSP GIRFEC and Child Planning training for MDT's rolled out.

## Assurance of Completion

Waiting list validation and data cleansing ongoing. Working with community paediatrics to map out clinical capacity required to complete the assessments for the CYP identified as waiting for medical review

Education colleagues are progressing with a QRR Group to streamline the staged assessment by named persons

## Improvements to be made by July 24

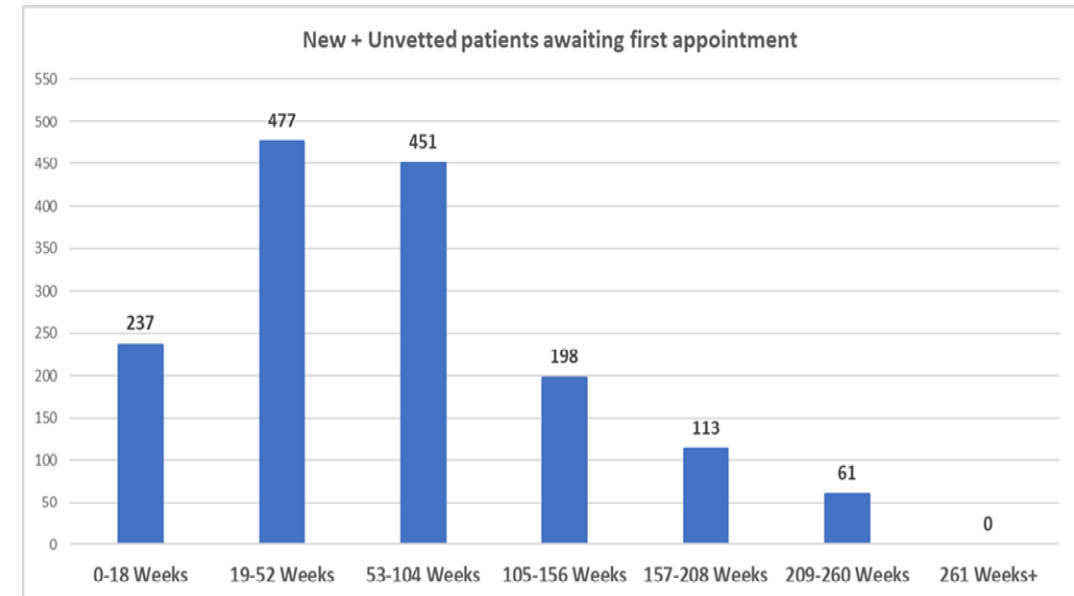
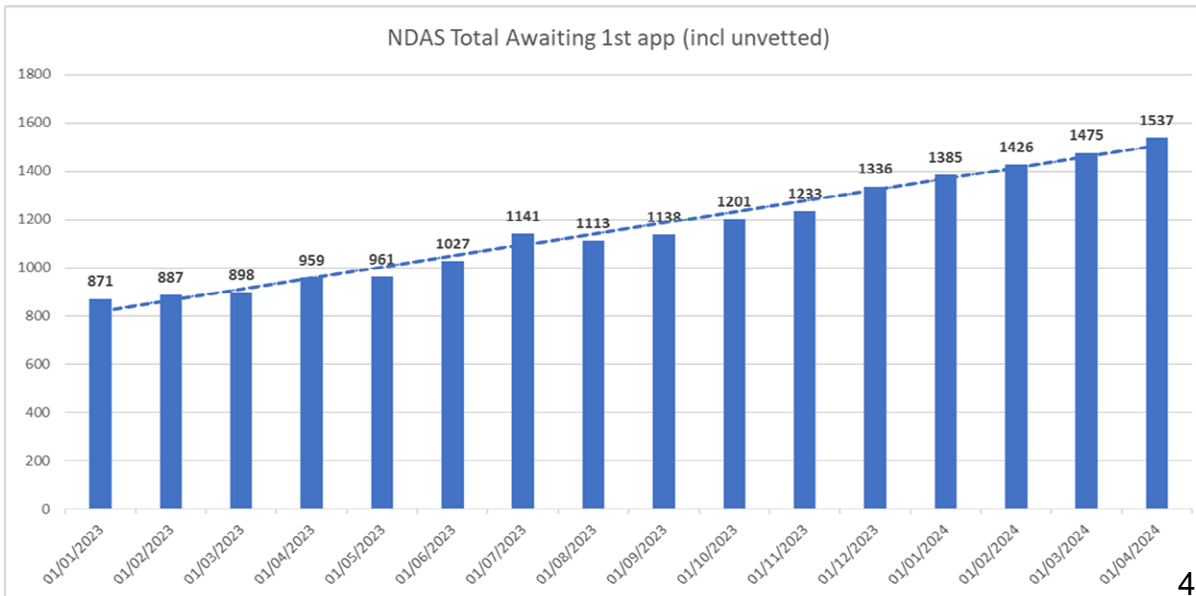
Neurodevelopmental future planning to consider and agree on:

- Inter-agency Authority Framework
- Governance mechanisms
- NDAS Model
- Eligibility Criteria
- Clinical leadership
- Engagement and coproduction with service users

There is acknowledgement that these were previously committed to be completed by June 2024 however these have been reviewed and a new direction has been established to support GIRFEC.

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

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





Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

# Emergency Department Access

## Previous IPQR Actions

- Discharge Lounge staffed and open 6 days per week SAS median turnaround maintained under 60 minutes
- SAS off load with 60 minutes = 79.2% (Aim 90%)
- 24/7 Flow cover in place
- No ED wait over 18hrs
- No SAS wait over 3 hours
- Discharge Lounge on Trak to collect data
- Phased Flow extended to 5pm

## Assurance of Completion

- Sustained performance
- Supported by Phased Flow/Discharge Lounge and 24/7
- Escalation process being tested when patient hits 17hrs or SAS hits 2.5hrs
- Awaiting ED Trak
- For OPEL levels 4 and 5

## Improvements to be made by July 2024

- New version of OPEL tool (V14) being tested to reflect unstaffed surge capacity
- New version of OPEL score/Level 4 actions to provide a more structured response to capacity pressures for Raigmore
- 3 PDSAs taking place to improve TAT of patient transfers from ED to downstream areas (adapted safe to sit model, enhanced handover)

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

Latest Performance	75.7%
Scottish Average	80%
NHSS Target	90%
Performance Rating	Below mean 4 months of decreasing performance
When was target last met? No of times in last 24 months	July 2020 0
Benchmarking	6 <sup>th</sup> out of 14 Boards

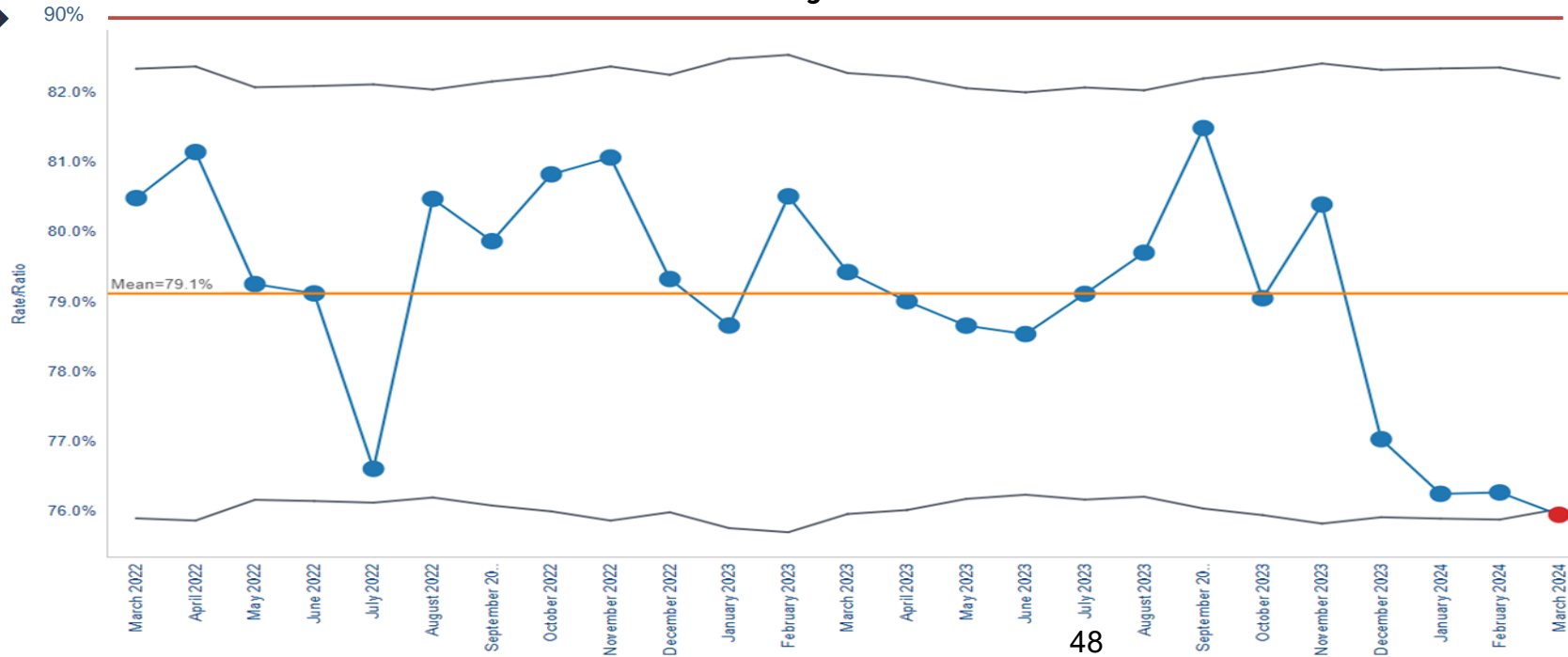
## Benchmarking with Other Boards

Selected Time Period: **March 2024**

(click on a circle in timetrend to change the selected time period)

NHS Western Isles	97.2%
NHS Orkney	94.2%
NHS Shetland	91.7%
NHS Tayside	88.4%
NHS Dumfries & Galloway	77.6%
<b>NHS Highland</b>	75.7%
NHS Fife	71.9%
NHS Greater Glasgow & Clyde	70.2%
NHS Grampian	68.1%
NHS Borders	67.8%
NHS Ayrshire & Arran	64.0%
NHS Lothian	60.5%
NHS Lanarkshire	58.4%
NHS Forth Valley	51.5%
Scotland	
Target	

## A&E 4 Hour Target







Together We Care  
with you, for you



**Exec Lead  
Pam Cremin  
Chief Officer, HHSCP**

## Delayed Discharges

### Previous IPQR Actions

- NHS Highland Board to monitor impact of Choice Guidance implementation.
- To develop and deliver capacity within the community to enable improved timeous response to need for urgent care.
- Discussions ongoing with District colleagues re opportunities for strengthening community response.
- Improve use of technology enabled care.
- Focused work ongoing in CAH to ensure maximisation and most efficient targeting of limited resources.
- Embed use of app and monitor impact in terms of communication.
- Development of standard work for pause, stop and restart of care following hospital admission.

### Assurance of Completion

- Choice guidance implemented
- Mapping of community capacity in progress. Adult Social Care capacity planning tool developed and informing Adult Social Care Plan
- Value and Efficiency workstream developed and being refocussed on priorities for rapid progression for TEC roll out.
- Exercise targeting review CAH resources to reduce delay in hospital trialled in Inverness successfully.
- Roll out of App ongoing with training plan in place for Raigmore and across districts.
- Pause, stop and restart standard work being tested

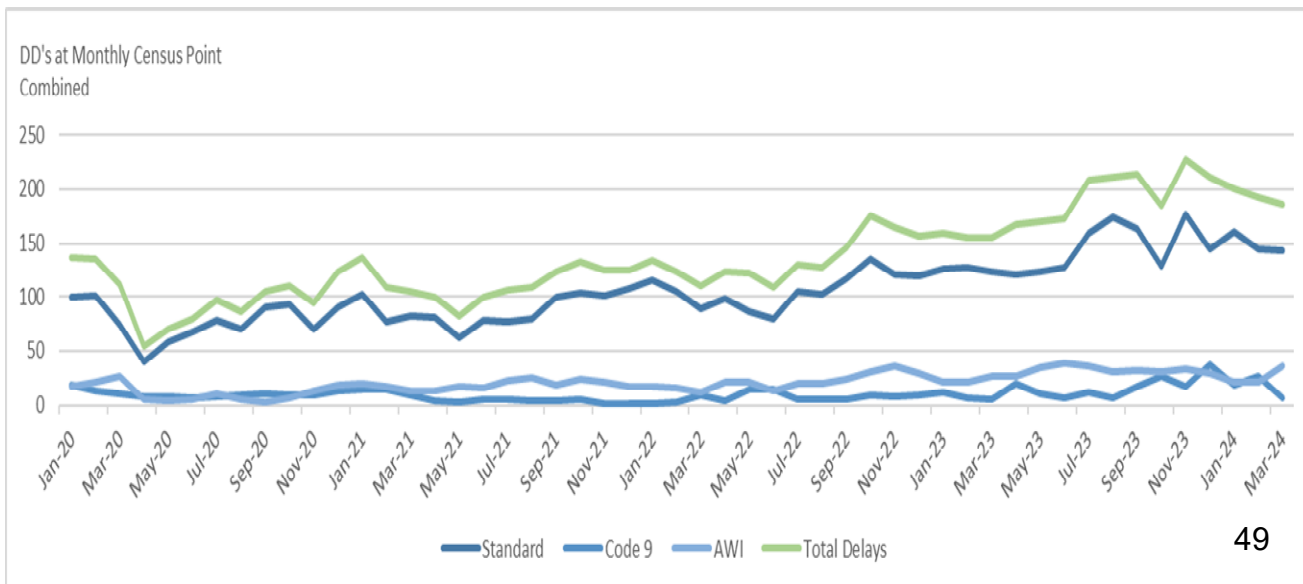
### Improvements to be made by July 2024

- Prioritisation of unscheduled care plan for 24/25
- DDs identified as CfSD leverage point – plan submitted and integral to the unscheduled care plan.
- Targeted CAH methodology in Inverness to be rolled out.
- Extend use of App in New Craigs and RGHS
- Pause, stop and restart standard work implemented.

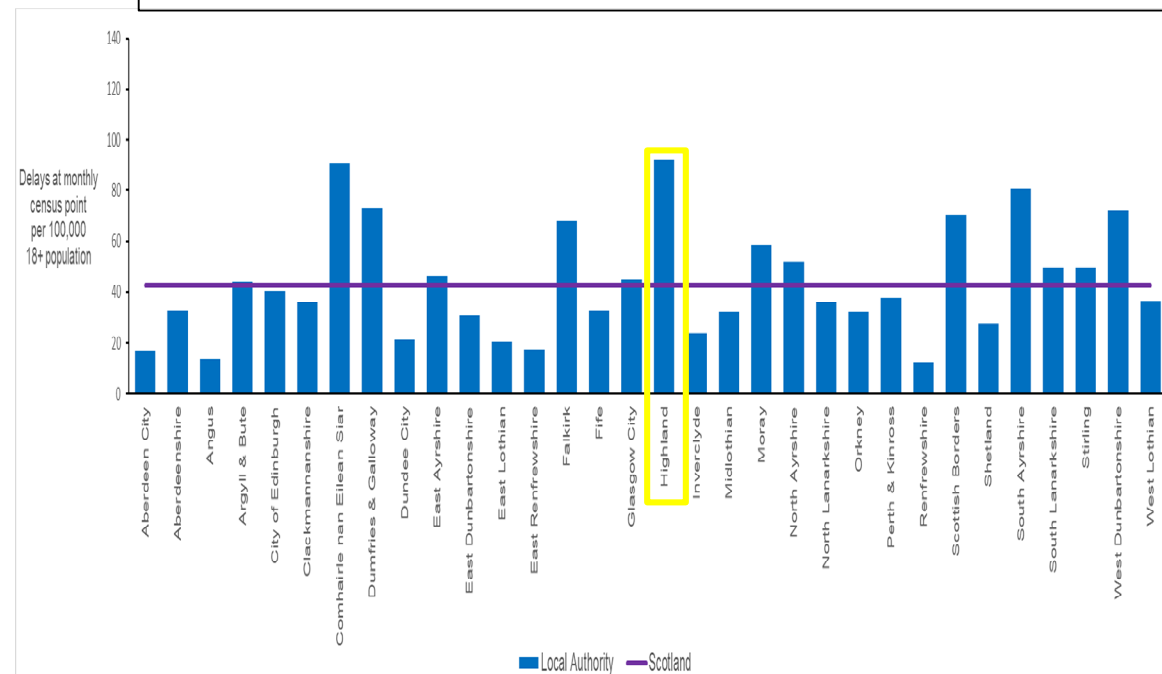
**PERFORMANCE OVERVIEW**  
Strategic Objective: In Partnership  
Outcome Area: Care Well

<b>Latest Performance</b>	186 at Census Point 6026 bed days lost
<b>NHSH Target</b>	95 DDs
<b>Target Achievement</b>	Not Met
<b>Performance Rating</b>	Decreasing DDs
<b>Performance Benchmarking</b>	14 <sup>th</sup> out of 14 Boards

### Delayed Discharges at Monthly Census Point



### Benchmarking with Other Boards/Local Authorities





Together We Care  
with you, for you



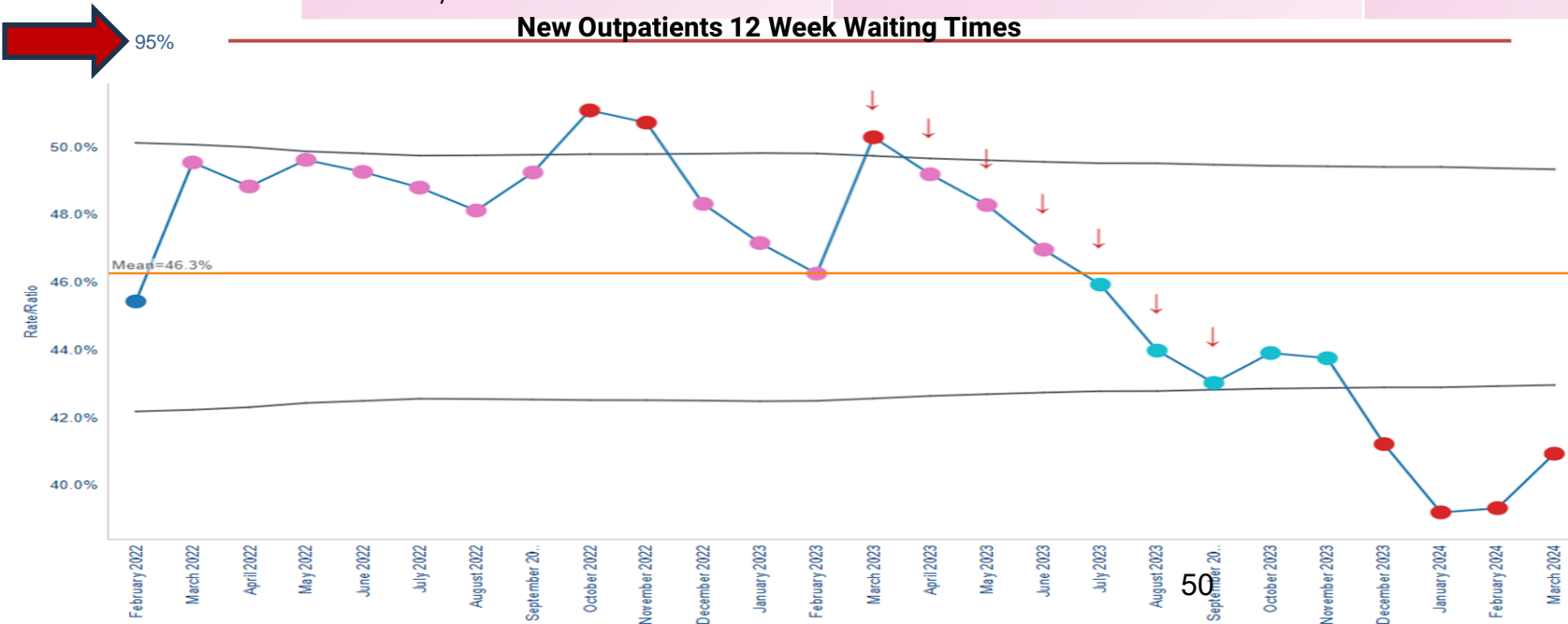
**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

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

Previous IPQR Actions	Assurance of Completion	Improvements to be made by July 2024
<ul style="list-style-type: none"> <li>Identify specialities with increases in patient referral and ensure Patient Hub live and review ACRT processes against best practice</li> <li>Re-evaluate patient and clinician satisfaction with Near Me</li> <li>Maximise use of virtual activity</li> <li>Clinic utilisation reporting to be made available to specialties to reduce DNAs/cancellations and unfilled appointments</li> <li>Improve booking practices</li> <li>ACRT and PIR full implementation in appropriate specialties.</li> <li>ISP plans activity have been agreed for 2024/25.</li> <li>Capacity planning to ensure sustainable staffing solutions in place to deliver planned care.</li> <li>Continue with implementation of all efficiency measures</li> </ul>	<ul style="list-style-type: none"> <li>ENT rolling out ACRT on 10 conditions, monitor additions to the waiting list for reductions</li> <li>Continue to review actions and efficiency measures for positive results and roll out to high volume specialties</li> <li>Monitor actual activity against ISP Plans</li> <li>Monitor clinic utilisation and efficiency</li> </ul>	<ul style="list-style-type: none"> <li>Reduction of patients being added to the waiting list due to the implementation of the CFSD initiatives</li> <li>Waiting times reduced</li> <li>Workshop with key stakeholders mid May to ascertain future options for Outpatients across NHS Highland</li> <li>PID and strategic assessment completion</li> </ul>

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Latest Performance	40.9%
Scottish Average	43.2%
NHSS Target	95%
Performance Rating	Target not met Below lower control limit
When was target last met? Highest performance	Never been met 80% in January 2020
Benchmarking	11 <sup>th</sup> out of 14 Boards

## Benchmarking with Other Boards



### Selected Time Period: March 2024

(click on a circle in timetrend to change the selected time period)

NHS Western Isles	65.3%
NHS Forth Valley	63.0%
NHS Shetland	58.9%
NHS Dumfries & Galloway	55.7%
NHS Orkney	48.9%
NHS Tayside	48.3%
NHS Grampian	46.0%
NHS Lothian	45.6%
NHS Greater Glasgow & Clyde	42.9%
NHS Fife	41.0%
<b>NHS Highland</b>	<b>40.9%</b>
NHS Borders	39.8%
NHS Ayrshire & Arran	37.2%
NHS Lanarkshire	35.6%
Golden Jubilee	20.3%

Scotland Target



Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

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

## Previous IPQR Actions

- Use of CFSD initiatives as no further financial support is possible
- Use of ISP to address OP efficiency barriers to maximisation
- Bids have been submitted to SG for funding to provide additional activity for high volume specialties, Urology, Gynaecology, Dermatology and Gastroenterology

## Assurance of Completion

- Should additional funding be provided monitor activity, finance against agreed plan

## Improvements to be made by July 2024

Reduction of patients waiting for an outpatient appointment, particularly patients waiting over 52 weeks  
Implementation of CfSD initiatives  
Progress development of Local Access Policy and implementation of new Waiting Times Guidance

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

### ADP Target

Not met  
1% below

### Long Waits Target

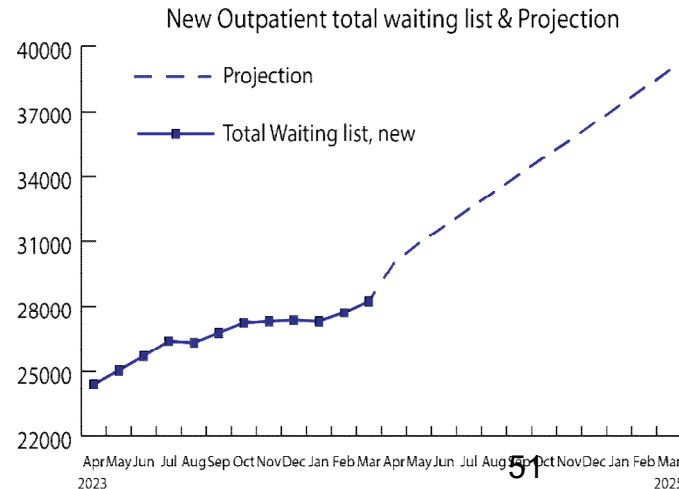
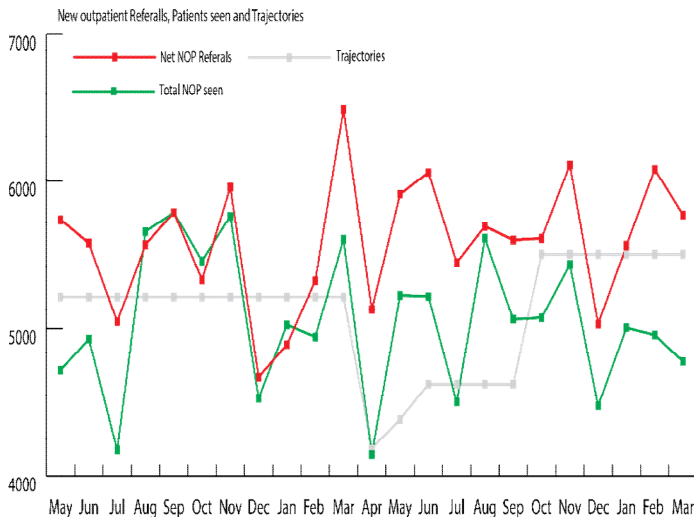
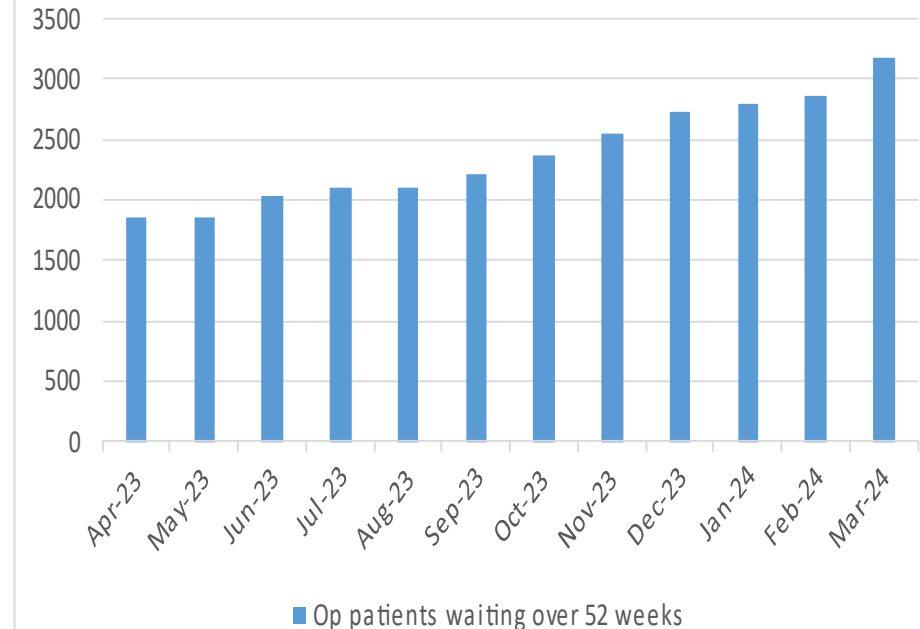
Not met  
3200 > 52 weeks

## Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen-March 24	Overall
60,070	60,070 (100%)	59474 (99%)	1% below target

## Target 3 – Long Wait (None by March 2024)

### OP Patients Waiting Over 52 Weeks





Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

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

### Previous IPQR Actions

- Local Patient Access Policy adherence
- Implement InFix.
- Ensure only patients fit for surgery are on the waiting list, data and clinical cleanse of waiting lists
- Ward reconfiguration continue
- Theatre efficiency to be owned at service and speciality level.
- Submission to SG for additional funding to open another theatre, this will be for Orthopaedics and ENT mainly with a view to including Gynaecology and General Surgery later in the year

### Assurance of Completion

- Monitor efficiencies against number of patients waiting
- Monitor number of long waiting patients

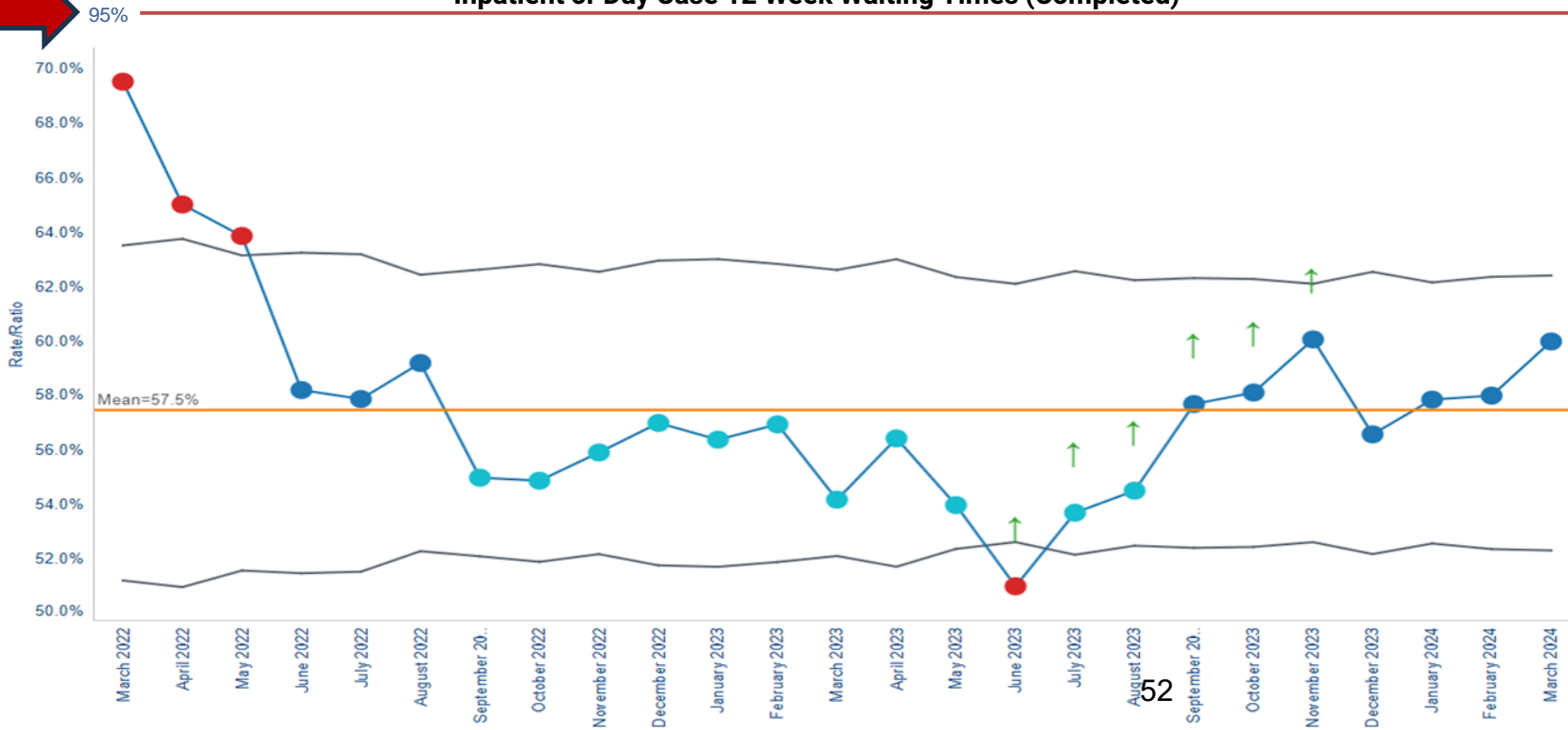
### Improvements to be made by July 2024

- Reduction of the number of patients in particular patients waiting over 52 weeks**

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

Latest Performance	60%
Scottish Average	57.2%
NHSS Target	95%
Performance Rating	Target Not Met; Above mean for 3 months
When was target last met? Highest performance	Never been met 69.5% in Mar 2022
Benchmarking	11 <sup>th</sup> out of 14 Boards

### Inpatient or Day Case 12 Week Waiting Times (Completed)



### Benchmarking with Other Boards

Selected Time Period: **March 2024**

(click on a circle in timetrend to change the selected time period)

Golden Jubilee	89.9%
NHS Orkney	77.6%
NHS Borders	74.1%
NHS Shetland	73.4%
NHS Western Isles	66.0%
NHS Ayrshire & Arran	60.8%
<b>NHS Highland</b>	<b>60.0%</b>
NHS Greater Glasgow & Clyde	59.8%
NHS Lothian	55.8%
NHS Tayside	51.9%
NHS Dumfries & Galloway	49.9%
NHS Fife	47.0%
NHS Forth Valley	46.4%
NHS Grampian	45.3%
NHS Lanarkshire	44.5%

Scotland Target



Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

# Treatment Time Guarantee (TTG Seen/TTG Target)

## Previous IPQR Actions

- Continue to ensure waiting lists are cleansed and patients are being clinically prioritised
- Improve utilisation of NHS Highland theatre capacity across all sites.
- Implement CfSD initiatives
- Bid submitted to SG for additional funding to support the opening of another theatre capacity in Raigmore and NTC

## Assurance of Completion

- TTG activity will be monitored weekly at Specialty level
- Theatre utilisation figures will be displayed in theatres and improvements will be ongoing

## Improvements to be made by July 2024

- Reduction in the number of patients waiting for surgery.
- Reduction in the time patients are waiting for their surgery

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

### ADP Target

Not met  
15% below

### Long Waits Target

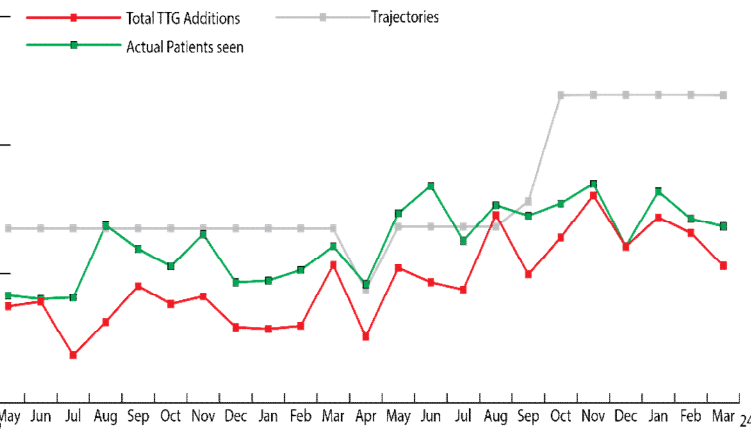
Not met  
390 >104 weeks  
780 > 78 weeks

## Target 2 – ADP Target

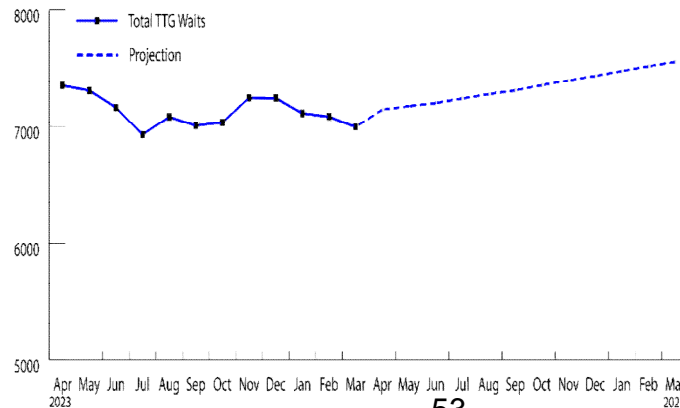
Yearly Trajectory	YTD Performance	Patients Seen-Mar 24	Overall
17,114	17,114 (100%)	14,589 (85%)	15% behind target

## Target 3 – Long Wait (None by March 2024)

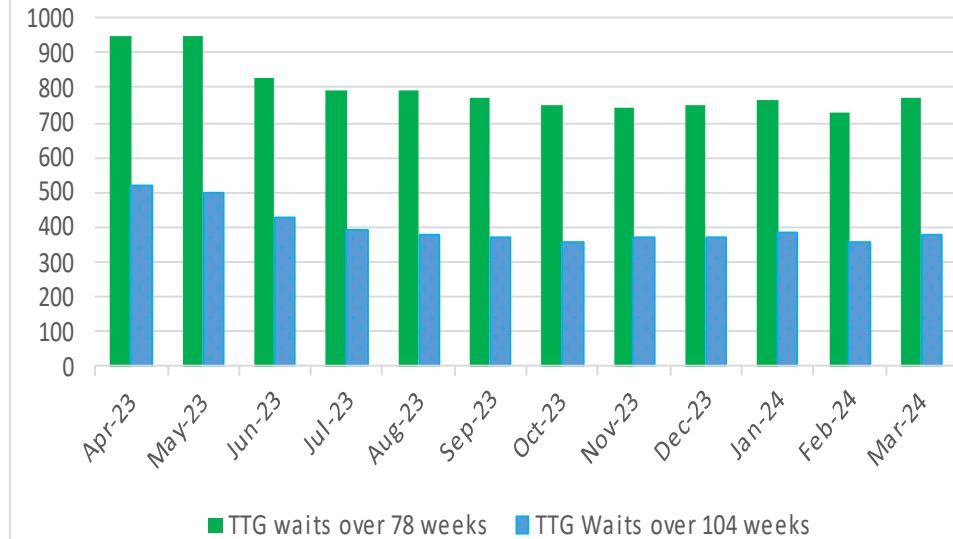
Planned care Additions, Patients seen and trajectories



Total TTG Waits & Projection



## TTG Patients Waiting over 78/104 Weeks





Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

## Diagnostics - Radiology

### Previous IPQR Actions

- Continued to manage within capacity available
- Modelling regarding MRI is continuing
- Further work required to develop the Board wide Diagnostic Strategy.
- Go live with "ReconDL" AI system to provide increased throughput of MRI imaging. Significant reduction in prostate exam time
- Recruitment of shared Radiographer posts between main Dept and Breast Service

### Assurance of Completion

- Recruitment of Consultant for Oban
- 3 trainees now passed CESR
- Mobile MRI Unit funded for remainder of 24/25 - additional 15 days each month
- Continued workforce planning for all modalities in progress

### Improvements to be made by July 2024

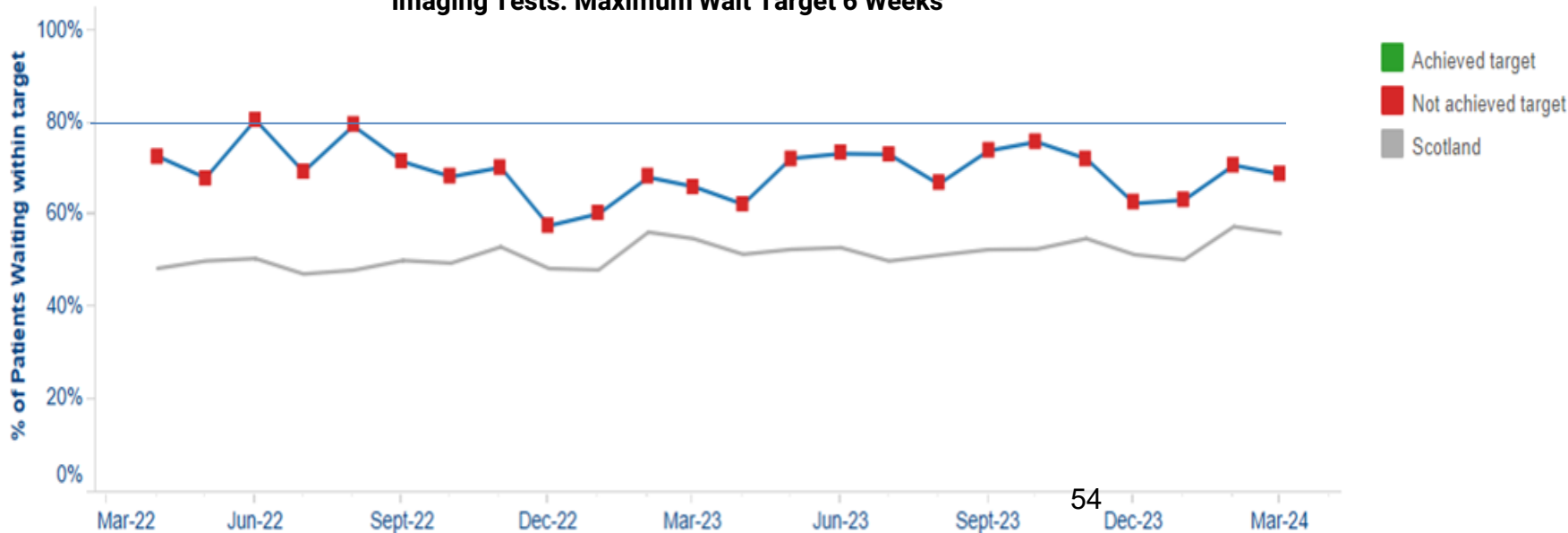
- Utilisation of the additional capacity

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

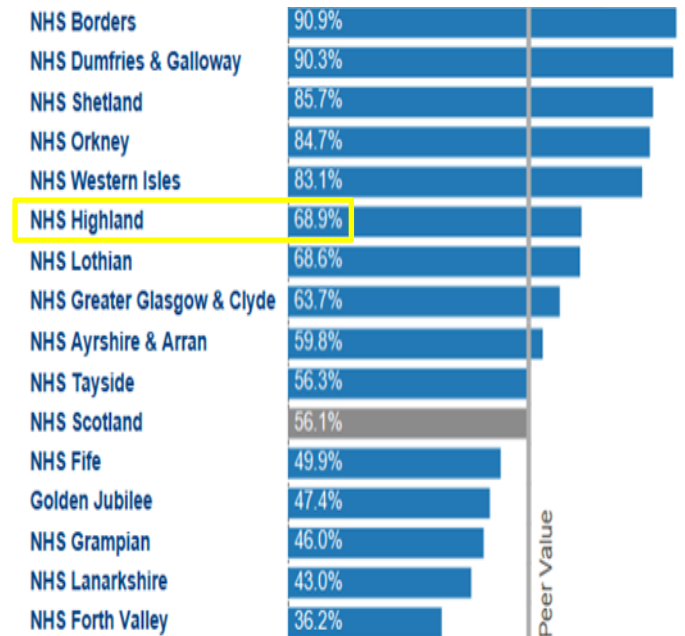
<b>Latest Performance</b>	68.9%
<b>Scottish Average</b>	
<b>NHSS Interim Target</b>	80%
<b>NHSS Overall Target</b>	90%
<b>Performance Rating</b>	Target Not Met Variation but lower over last 4 months
<b>When was target last met? Highest performance</b>	August 2022 81%
<b>Benchmarking</b>	6th out of 14 Boards

Yearly Trajectory	YTD Target	Patients Seen-Nov	Overall
34,632	34,632 (100%)	33,229 (95.95%)	4.05% below target

**Imaging Tests: Maximum Wait Target 6 Weeks**



### Benchmarking with Other Boards





Together We Care  
with you, for you



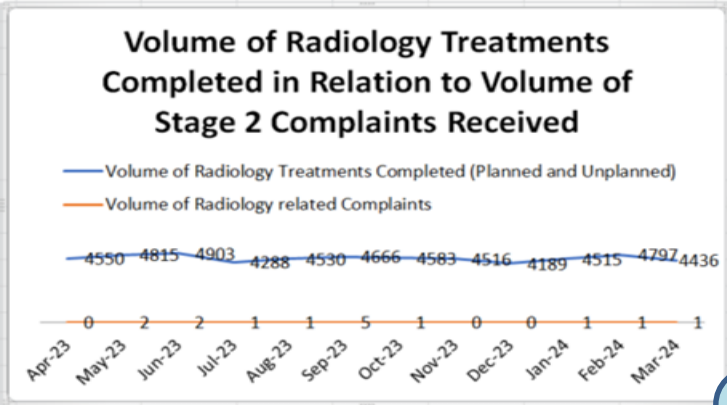
Executive  
Lead  
Boyd  
Peters

## 12 Month View of Complaint and Feedback Activity: Diagnostics - Radiology

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> <li>Care Opinion (CO) is now being facilitated by the Feedback Team, and the aim is to promote and share the outcomes of feedback</li> </ul>	<ul style="list-style-type: none"> <li>Run monthly reports from services and distribute the reports from CO more widely</li> </ul>	<ul style="list-style-type: none"> <li>End of May 2024</li> </ul>



Total of 54788 Radiology procedures were carried out in last 12 months with 15 formal Stage 2 complaints raised – 0.027%



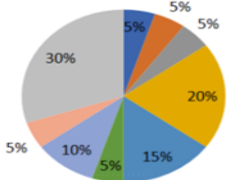
In 12 months, Care Opinion have received 56 Radiology stories, with a response rate of 93%

### Out of a Rating of 5, Radiology Care Opinion Scores are:

- Treated with Respect & Dignity – 4.62
- Information and Decision Making Shared Appropriately – 4.12
  - Service Punctuality – 4.31
  - Clear Information – 4.19
- Clean, Safe & Friendly Place – 4.62
  - Being Listened To – 4.42

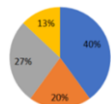
### Complaint Reasons Relating to Radiology Complaints

- Accessibility to Entrance of MRI
- Administration Error
- Attitude & Behaviour
- Care and Treatment
- Communication
- Data Protection Breach
- Mis-Diagnosis
- Treatment Arrangements
- Waiting Times

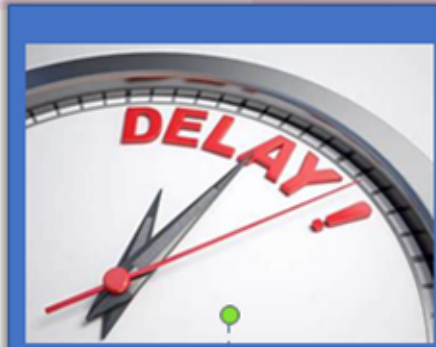


### Decision Outcome for Radiology Related Complaints

- Fully Upheld
- Partially Upheld
- Not Upheld
- Pending Decision



## NHS Highland – Listening and Responding to our Patients



### The Patient Said..

She was concerned for the delay in MRI results for her son.

### What We Did..

Apologised for the delay, explained the administrative error which caused the delay and advised on actions for sharing the complaint internally with the team to provide learning and development to improve



### The Patient Said..

The first set of scans were not conclusive and a further set are required but unhappy with the wait time and lack of information

### What We Did..

Apologised for lack of clarity, explained the first set of scans and what the second set were for, whilst clarifying an appointment time

Over the last 12 months 2 Stage 2 complaints have been logged where actions have been taken for improvement.



Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

## Diagnostics - Endoscopy

### Previous IPQR Actions

- Communication with patients; from 1st March we propose to send NHS Inform leaflet explaining national waiting times guidance (to be agreed to business meeting on 29th Feb)
- Submitted request to have TrakCare PMS waiting times target updated from local 28-day target to national 42-day target (waiting timescale from Ehealth).
- JAG accreditation assessment on 21st March 2024. Impact: recognition of quality measures being achieved
- Updated version of formstream request sent to Ehealth on 30th January to enable referrers to send referrals electronically
- National polyp detection rate benchmarking shows NHS Highland has the highest percentage in Scotland which is a measurement of the quality in endoscopic practice

### Assurance of Completion

- We are now sending all patients the NHS leaflet with the PFB letter
- JAG accreditation received - we agreed that the provisional report received is accurate we have 6/12 to action, some of the actions already in process.
- Our electronic Formstream request was already in situ they will honour request we are awaiting an update as to when this will be completed.

### Improvements to be made by July 2024

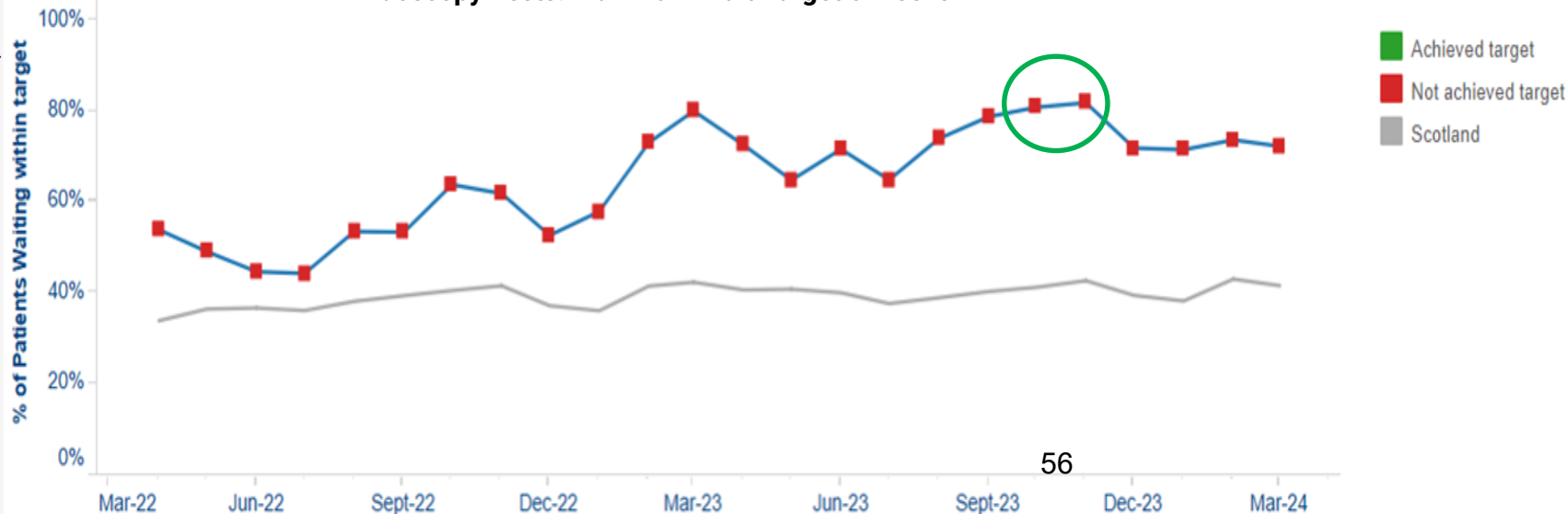
- Continue to sustain quality metrics
- Complete the JAG actions

Yearly Trajectory	YTD Target	Patients Seen	Overall
5,892	5,892 (100%)	6,521 (110.68%)	10.68% over target

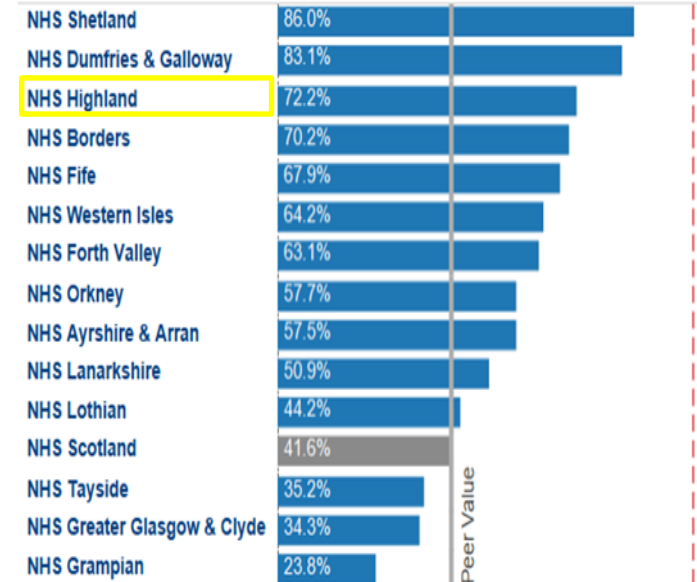
**PERFORMANCE OVERVIEW**  
Strategic Objective: Our Population  
Outcome Area: Treat Well

<b>Latest Performance</b>	72.2%
<b>Scottish Average</b>	41.6%
<b>NHSS Target</b>	90%
<b>Interim Target</b>	80%
<b>Performance Rating</b>	Target Not Met Above mean for 3 months
<b>When was target last met?</b> <b>Highest performance</b>	Nov 2023 2 times
<b>Benchmarking</b>	3 <sup>rd</sup> out of 14 Boards
<b>ADP Target</b>	Met 10.68% Over

**Endoscopy Tests: Maximum Wait Target 6 Weeks**



### Benchmarking with Other Boards







Together We Care  
with you, for you



Executive  
Lead  
Boyd  
Peters

# 12 Month View of Complaint and Feedback Activity: Diagnostics - Endoscopy

## Progress Made

- Care Opinion (CO) is now being facilitated by the Feedback Team, and the aim is to promote and share the outcomes of feedback

## Next Steps

- To engage with the Endoscopy Service and share the benefits of Care Opinion in hope they sign up to the service

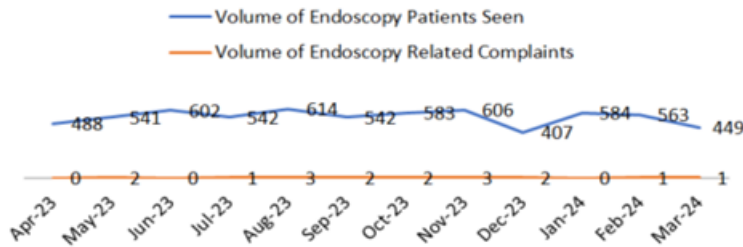
## Timescale

- End of May 2024

Over 12 months,  
3 compliments  
have been  
registered in  
Datix for  
Endoscopy

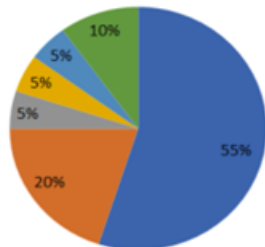
Total of 6521 Endoscopy procedures were carried out in last 12 months with 17 formal Stage 2 complaints raised – 0.26%

### conversion rate Volume of Endoscopy Treatments Completed in Relation to Volume of Stage 2 Complaints Received

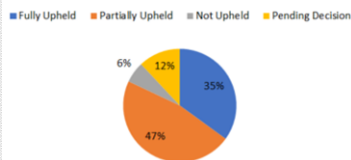


### Complaint Reasons Relating to Endoscopy Complaints

- Care and Treatment
- Communication
- Attitude & behaviour
- Accessing Treatment
- Nursing Care & Treatment
- Pre-procedure Anxieties



### Decision Outcome for Endoscopy Related Complaints



## NHS Highland – Listening and Responding to our



### The Patient Said..

To their MSP, that they are concerned with the late cancellation of their endoscopy procedure and lack of communication

### What We Did..

Apologised, explained cancellation and ensured an appointment would be expedited. Staff have been advised to improve their communication when handling cancellations, and giving reassurance of next appointments where possible.



### The Patient Said..

That offering an endoscopy appointment elsewhere is not suitable for him, and feels the service is not considering the individual needs of the patient

### What We Did..

Explained the options given and the reasons for offering the appointment elsewhere. Assured more two-way communication would be given when agreeing appointments with patients where possible.



### The Patient Said..

they had a traumatic experience regarding their Nasal Jejunal (NJ) feeding tube, they felt staff were untrained and using incorrect equipment.

### What We Did..

Apologised, reassured that Endoscopists have been reminded to fully explain difficult therapeutic endoscopy procedures with patients prior to proceeding. Offered a meeting.

Over the last 12 months 3 Stage 2 complaints have been logged where actions have been taken for improvement.



Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
**Chief Officer, Acute**

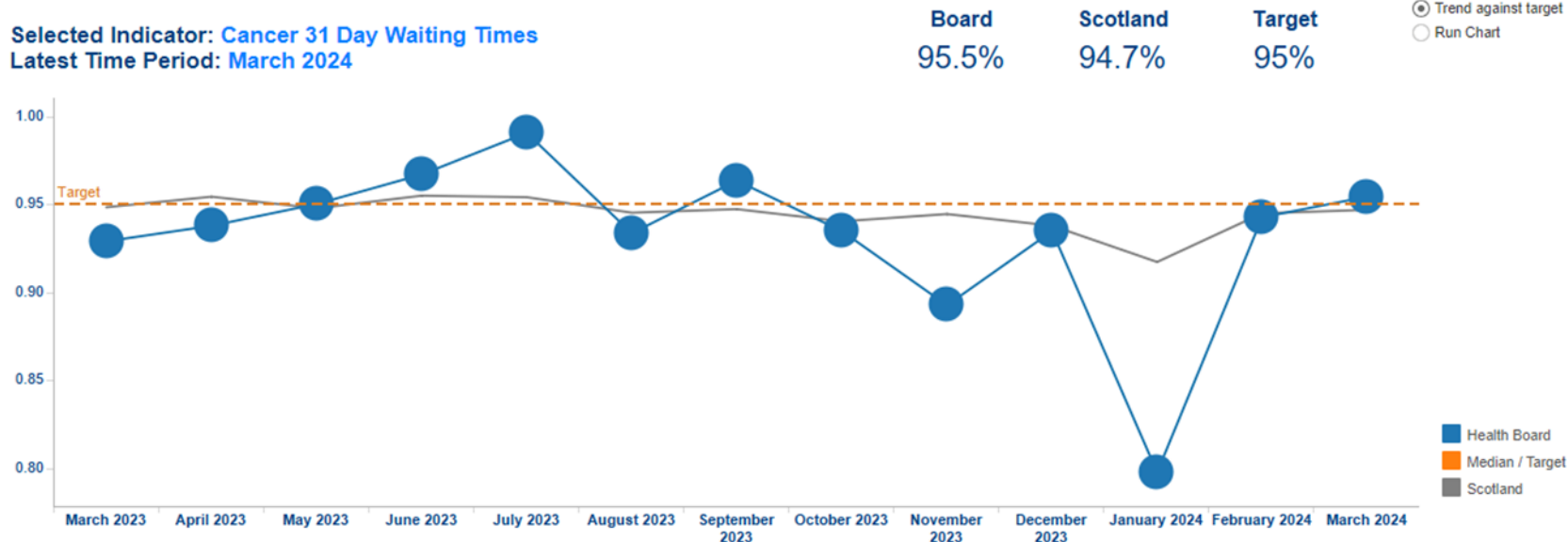
# 31 Day Cancer Waiting Times

Previous IPQR Actions	Assurance of Completion	Improvements to be made by July 2024
<ul style="list-style-type: none"> <li>Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services</li> <li>Cancer Performance Oversight Board being established chaired by Deputy Medical Director by Jan 24</li> <li>Programme of recovery with regards to urology and colorectal which will have specific improvement plans developed and target milestones by Jan 24</li> <li>Complete review of oncology in NHS</li> </ul>	<ul style="list-style-type: none"> <li>Continued prioritisation of Cancer patients for theatre access including High volume cancer specialties such as Urology and Breast</li> <li>Oncology Workshop to review baseline Service Model to both manage and treat patients complete. Agreed minimum requirement to care for 5 "big tumours" = 75% of new patients.</li> </ul>	<ul style="list-style-type: none"> <li>Review of theatre schedule to maximise capacity in tumour types at greatest risk</li> <li>Further renewed efforts to recruit to vacant posts.</li> <li>Development of contingencies involving regional and national centres to provide Consultant management capacity</li> <li>Recruit to vacant and additional service treatment staff eg Nurse Specialists/Con. Radiotherapists</li> </ul>

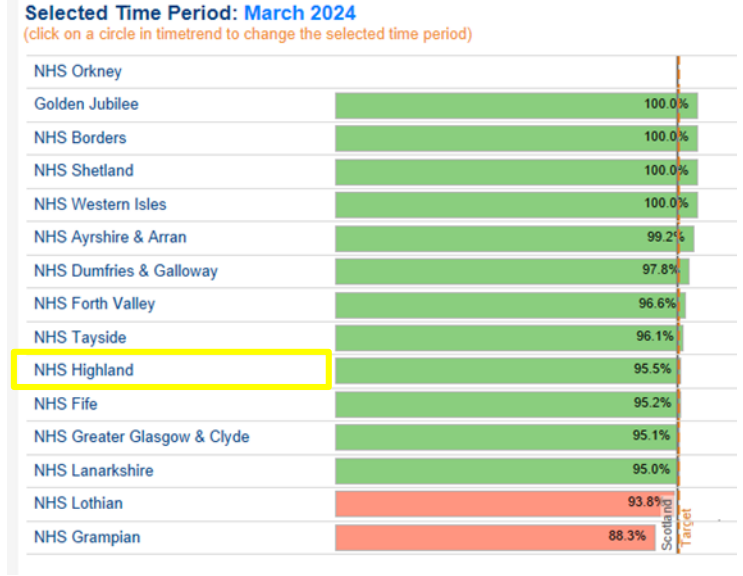
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Latest Performance	95.5% (March 24)
Scottish Average	94.7%
NHSS Target	95%
Performance Rating	Target Met – 1 month only
When was target last met? No of times in last 24 months	September 2023 7 times
Benchmarking	9th out of 15 Boards



**Selected Indicator: Cancer 31 Day Waiting Times**  
**Latest Time Period: March 2024**



### 31 Day Benchmarking with Other Boards





Together We Care  
with you, for you



**Exec Lead**  
**Katherine Sutton**  
Chief Officer, Acute

# 62 Day Cancer Waiting Times

Previous IPQR Actions	Assurance of Completion	Improvements to be made by July 2024
<ul style="list-style-type: none"> <li>As per 31 day</li> <li>Continued adherence to Framework for Effective Cancer Management principles</li> </ul>	<ul style="list-style-type: none"> <li>Continued reduction in backlogs of patients breach and not diagnosed and breached and not treated</li> <li>Prioritisation of patients to be seen within 14 days of referral</li> <li>See next Slide</li> </ul>	<ul style="list-style-type: none"> <li>As per 31 Day</li> <li>Continued compliance with FECM</li> </ul>

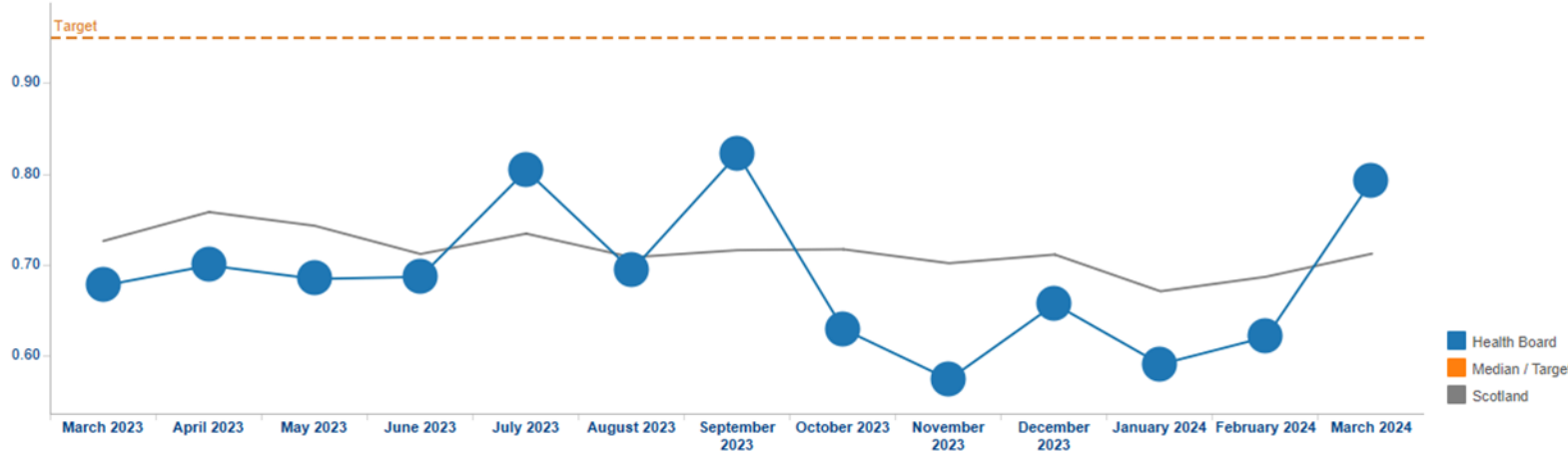
PERFORMANCE OVERVIEW	
Strategic Objective: Our Population Outcome Area: Treat Well	
Latest Performance	79.3%
Scottish Average	71.3
NHSS Target	95%
Performance Rating	Target Not Met 11 points above mean
When was target last met? Highest Performance	Never Met 82.2% Sept 2023
Benchmarking	7th out of 14 Boards



Selected Indicator: **Cancer 62 Day Waiting Times**  
Latest Time Period: **March 2024**

<b>Board</b>	<b>Scotland</b>	<b>Target</b>
79.3%	71.3%	95%

● Trend against target  
○ Run Chart



## 62 Day Benchmarking with Other Boards

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

NHS Orkney	
NHS Shetland	100.0%
NHS Dumfries & Galloway	90.6%
NHS Lanarkshire	85.7%
NHS Borders	85.2%
NHS Ayrshire & Arran	80.0%
NHS Forth Valley	79.7%
<b>NHS Highland</b>	<b>79.3%</b>
NHS Western Isles	75.0%
NHS Lothian	74.9%
NHS Fife	69.1%
NHS Greater Glasgow & Clyde	66.6%
NHS Tayside	65.7%
NHS Grampian	51.3%



Together We Care  
with you, for you



**Exec Lead**  
**Pamela Cremin**  
Chief Officer, HHSCP

# Psychology Waiting Times

## Previous IPQR Actions

- CAPTND questionnaire installation by eHealth
- CAPTND existing data fields assessed for quality and improvements identified
- SG self-assessment completion
- Reduced wait times
- Recruitment in line with SG recommendations for net workforce increase through the MH Outcomes Framework funding

## Assurance of Completion

- Before eHealth can complete the questionnaire implementation, they need to receive a software patch from InterSystems, which is estimated to be sent around 06/06/2024
- Existing data fields identified for data quality improvement as part of going process
- We have completed the SG assessment as we are part of the pilot. We are still refining how we improve engagement and quality of performance. We are working with SG to make improvements to the usability of the tool nationally
- Waiting times are continuing to reduce
- Workforce recruitment is part of an on-going process. We have identified gaps within our service provision related to our workforce structure

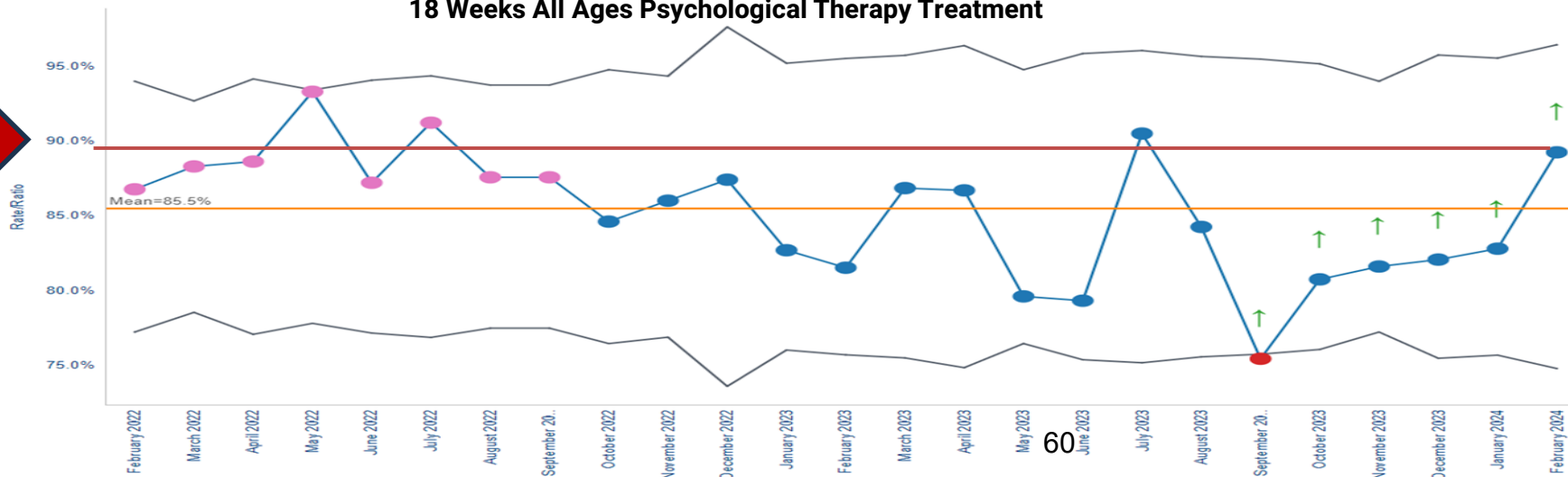
## Improvements to be made by July 2024

- We are in regular dialogue with the CAPTND national team and have alerted NHS Highland eHealth of the estimated software patch release dates
- Data field is an ongoing process and will update in July 2024
- SG Assessment is an on-going process, and we are in dialogue with SG regarding improvements to the national tool.
- Waiting times are continually monitored for reduction in our wait times and then focus on RTT 18 weeks regarding our performance
- Workforce is on-going and we will forward our requests for increase as part of the mental health outcomes framework
- We will be exploring if there more collaborative alliance with other Scottish Health Boards to address inequities in service

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

<b>Latest Performance</b>	89.2%
<b>Scottish Average</b>	77.7%
<b>NHSS Target</b>	90%
<b>Performance Rating</b>	Target Not Met Improving for 5 months
<b>When was target last met? No of times in &lt;24 months</b>	July 2023 1 time
<b>Benchmarking</b>	4th out of 14 Boards
<b>ADP Target</b>	Not applicable

**18 Weeks All Ages Psychological Therapy Treatment**



## Benchmarking with Other Boards

NHS Orkney	100.0%
NHS Western Isles	100.0%
NHS Greater Glasgow & Clyde	89.4%
<b>NHS Highland</b>	<b>89.2%</b>
NHS Ayrshire & Arran	84.1%
NHS Borders	83.4%
NHS Lothian	78.4%
NHS Lanarkshire	72.8%
NHS Tayside	71.3%
NHS Grampian	70.6%
NHS Forth Valley	69.8%
NHS Fife	69.2%
NHS Dumfries & Galloway	67.4%
NHS Shetland	66.7%



Together We Care  
with you, for you



Exec  
Lead  
Boyd  
Peters

## Complaint Activity: Last 3 months

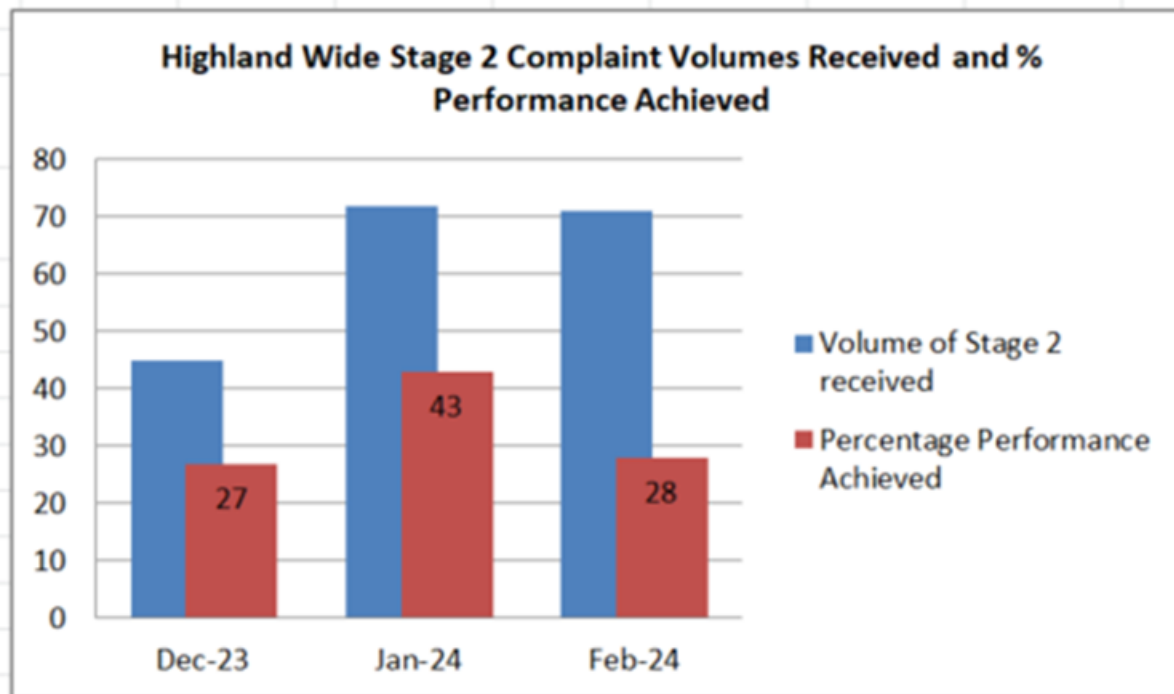
Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> <li>Continue to develop spotlight reports whilst working in partnership with Strategy &amp; Transformation</li> <li>Preparing for the SPSO Child Friendly Complaint Handling Procedure</li> </ul>	<ul style="list-style-type: none"> <li>To agree the agenda of topics for deep-dive analysis</li> <li>To work with Public Health and contribute to the progression of the UNCRC framework as well as reviewing requirements to prepare for the new Child Friendly CPH in FT</li> </ul>	<ul style="list-style-type: none"> <li>May 2023</li> <li>June 2023</li> </ul>

## PERFORMANCE OVERVIEW

Strategic Objective:  
Outcome Area:

Latest Performance (Target 60%)	February 28%
---------------------------------	--------------

NHS Boards	Performance % Achieved as reported in Annual reports 2022/2023
NHS F.V	43%
NHS Lothian	27%



### Top 3 Complaint themes

- Care and treatment - Relating to delays in diagnosis, miss-diagnosis, level of nursing care and issues with treatments
- Communication – Contact with Social Services, discharges from hospital, vaccination service, cancelled appointments
- Waiting Times – ENT appointments, ADHD assessments, adult psychiatry, NDAS assessments

### Factors which influenced complaint volumes has been:

- CAMHS & NDAS - wait times for service
- Lack of Adult Social Care provision
- Access to treatment at Minor Injury units in community hospitals
- Shingles Vaccinations – patients are sent appointments but when they arrive they are told they are not eligible

### Factors which influenced performance has been:

- A second consecutive month of high Stage 2 complaint volumes
- Administrative delays in case progressions
- Staff availability for progression of investigations



Together We Care  
with you, for you

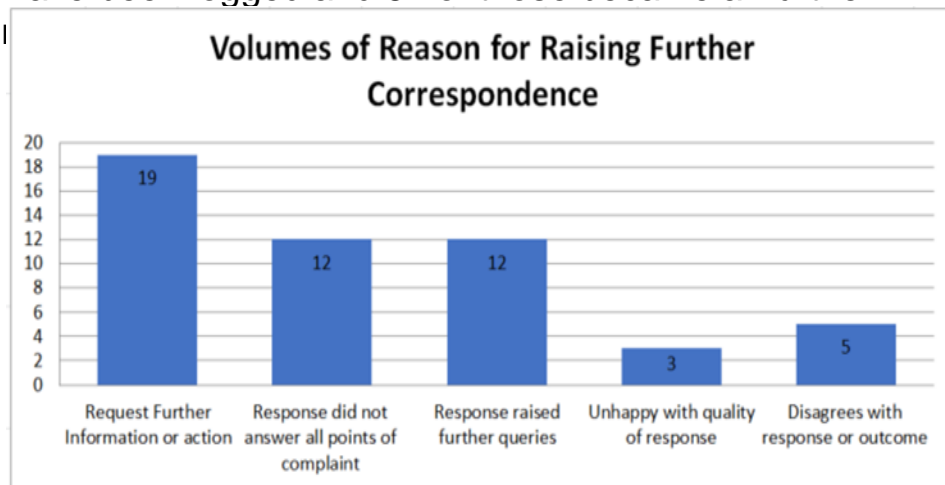


Exec Lead  
Boyd  
Peters

## Quality and Impacts: Review of SPSO and Further Correspondence Returns

The aim of this slide is to review aspects of Feedback Team workstreams which may give indication on the standards of NHS Highland complaint handling.

**Further Correspondence Activity:** Since August 2023 total of 550 Stage 2 have been logged and 34 of those became a Further Correspondence



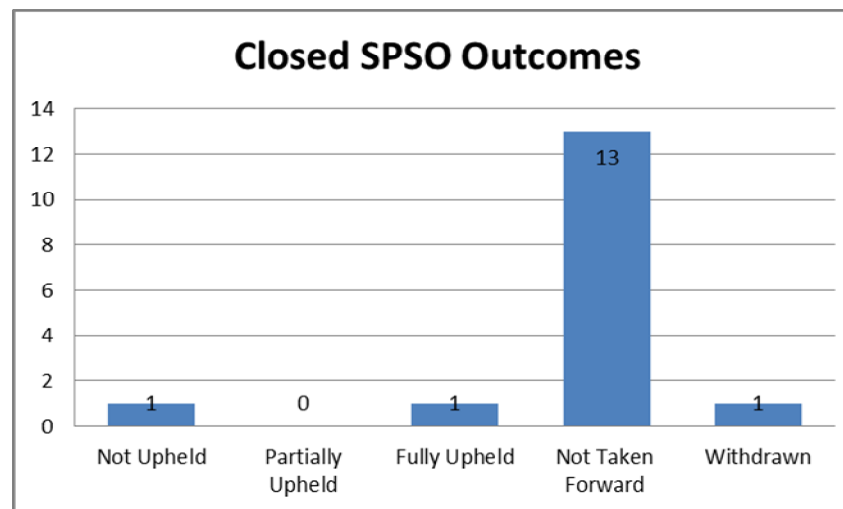
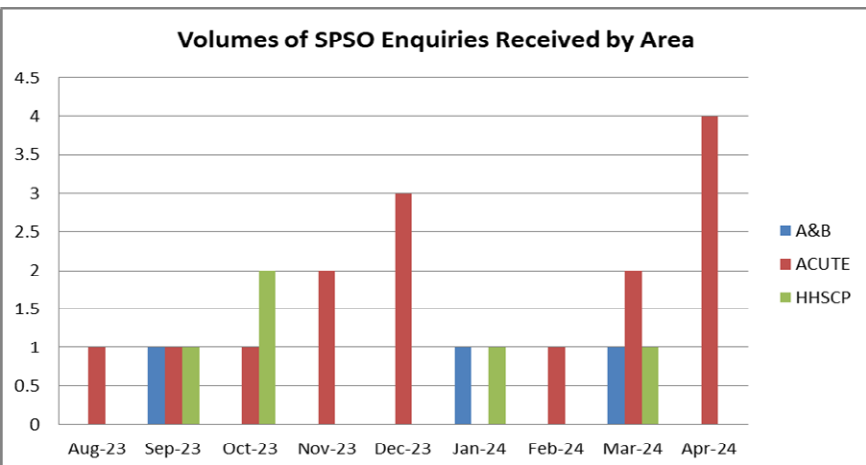
### Quality Improvement Recommendations for Complaint Handling

- Mandatory contact made with complainant when the complaint is received
- To not enter the complaint handling process until contact is made and clarifications on the complaint have been secured with full understanding and expectations given to complainant
- More meetings with complainants/families to explain outcomes of investigations
- Training on drafting a quality response
- Quality Management System with audits and structured feedback for continuous improvement
- Improved contacts lists for ensuring Professional Leads are involved at earlier stages of the complaint process

## SPSO Activity

Since August 2023 23 SPSO cases have been logged

- Increase In SPSO activity during March and April with a focus on enquiries on standard of care and treatment in respect of nursing practices, diagnosis and timeliness of treatments.
- A further focus is regarding communication on diagnosis decisions and any delays in treatment and impacts to a patient because of delays



In the last 13 months 16 cases have been closed.

- 2 enquiries have progressed to formal stage, where others are not taken forward on the basis the Board's responses have been deemed reasonable.
- It is reassuring to find that out of the 16 SPSO reviewed, 1 was fully upheld



Together We Care  
with you, for you

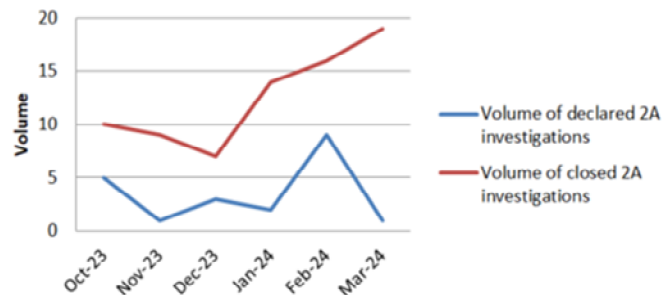


Exec  
Lead  
Boyd  
Peters

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

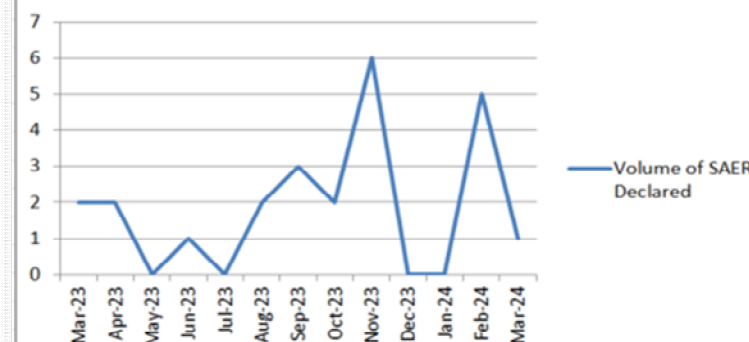
Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> <li>Undertaken refresher SAER training for Lead Reviewers in HHSCP</li> </ul>	<ul style="list-style-type: none"> <li>Reviewing and updating SAER resources following feedback from training</li> <li>Acute and HHSCP Interface Group is identifying ways to share learning and will be holding a learning event in September 2024</li> <li>SAER training will be delivered to Argyll &amp; Bute HSPC in next 3 months</li> </ul>	<ul style="list-style-type: none"> <li>August 2024</li> <li>By end of September 2024</li> <li>July 2024</li> </ul>

### Volume of Declared and Closed 2A Investigations over last 6 months

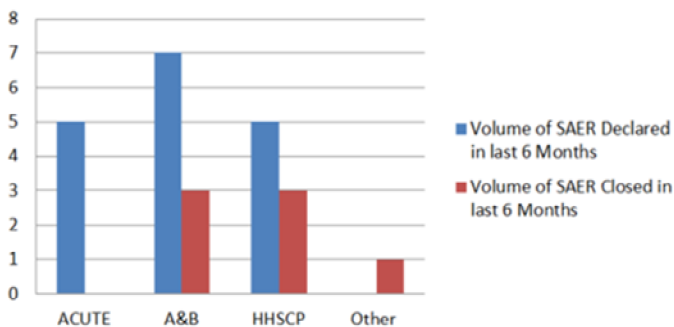


All adverse events reported on Datix are reviewed through the Quality and Patient safety structure. In the 6 month period 5925 adverse events were reported. We declared 17 SAERs (0.28% conversion rate) and 22 Level 2A reviews (0.37% conversion rate)

### Volume of SAERs Declared



### The Volume of Declared and Closed SAERs in the last 6 Months



### Examples of SAERs Declared:

- Care and treatment of young child
- Self harming behaviour
- Missed diagnosis

Clinical Governance Support Team continues to help ensure investigations are efficient and the correct people are involved at the earliest opportunity



Together We Care  
with you, for you

# Clinical Governance

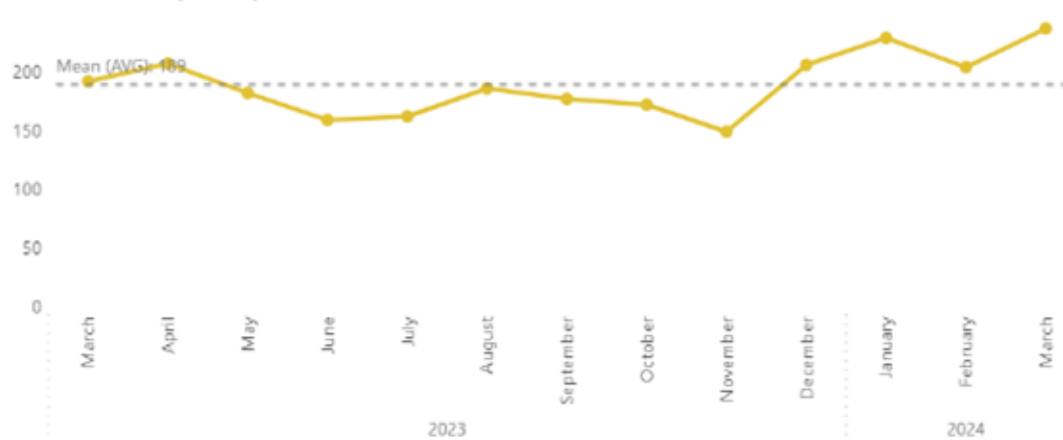


Executive Lead  
Louise Bussell

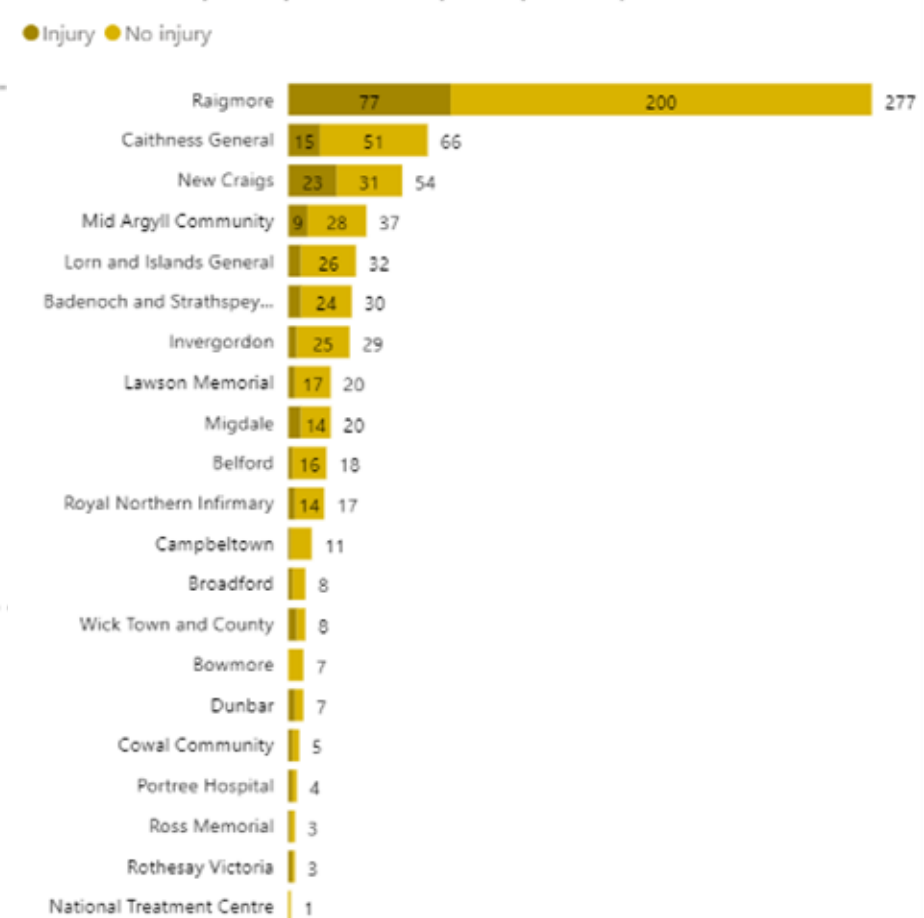
## Hospital Inpatient Falls | Run Chart and Site Harm/No Harm Outcome

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> <li>Increasing falls and falls with harm across all areas, possibly linked to number of surge beds in use in Acute Hospitals, surge beds in B&amp;S</li> <li>Falls audit tool has been updated</li> <li>Testing of MDT post fall sticker across 2nd floor Raigmore</li> <li>List of red flag medications developed to support post fall review</li> </ul>	<ul style="list-style-type: none"> <li>Falls audit tool to be used in areas with highest falls to inform future improvement work in these areas</li> <li>Single page prompt sheet to be developed aligned to SPSP driver diagram</li> </ul>	<p>30/4/24</p> <p>31/5/24</p>

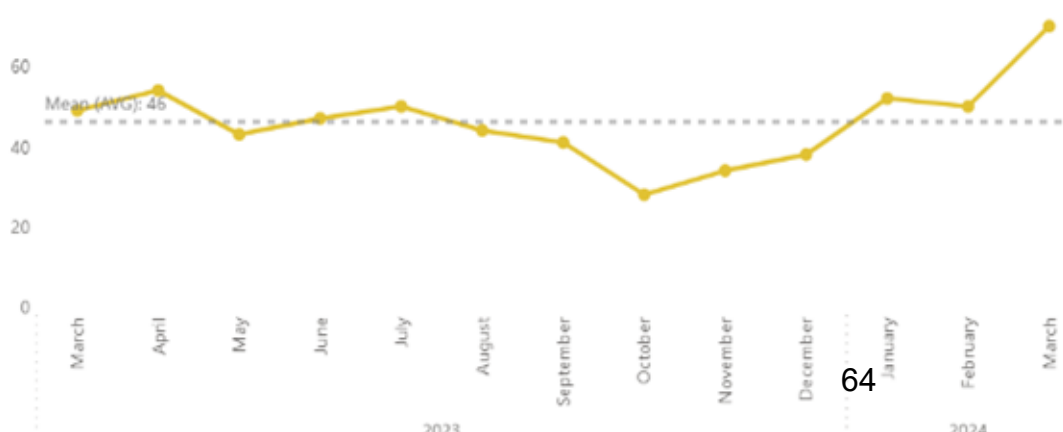
Number of Hospital Inpatient Falls



Number of Hospital Inpatient Falls | Sites | Result | Last 3 Months



Number of Hospital Inpatient Falls with Harm







Together We Care  
with you, for you

# Clinical Governance

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



Executive Lead  
Louise Bussell

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

● Abrasion (inc scratches) ● Bruise/Swelling ● Excoriation ● Fracture ● Laceration ● Multiple Injuries ● Musculoskeletal Injuries ● Other ● Pain only (no obvious injury) ● Sprain/Strain



Injury	Count
Bruise/Swelling	50
Laceration	50
Abrasion (inc scratches)	48
Pain only (no obvious injury)	37
Fracture	7
Other	4
Excoriation	2
Multiple Injuries	2
Musculoskeletal Injuries	2
Sprain/Strain	1
<b>Total</b>	<b>203</b>



Together We Care  
with you, for you

# Clinical Governance



Executive Lead  
Louise Bussell

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

### Progress Made

- Target aim to reduce pressure ulcers agreed
- Discussions undertaken with SAS re pilot pressure damage risk assessment and implementation of risk reduction measures for patients delayed waiting in ambulances.
- aSSKING model - have commenced trials on some Raigmore wards.
- Identified potential improvements to patient care from the standardisation of the Red Day Tool (HIS document) across acute and community settings - potential to improve compliance, interventions and communication across patient journey.
- aSSKING model to be trialled in community
- ELearning for pressure ulcers in progress
- Hybrid mattress evaluation and results being compiled

### Next Steps

- Reduction of hospital acquired PUs by 20%
- SAS investigating options to access pressure relieving equipment.
- Consideration of including pressure damage risk assessment in SAS triage tool.
- Development of an aide memoir for all users for aSSKING
- Plan community team trial to commence aSSKING
- Evaluate acute trial with QI team for Hybrid mattress in progress
- TV Lead to liaise with HIS re potential to make changes and next steps after trial of aSSKING tool
- ELearning for Pressure ulcers with updated tools

### Timescale

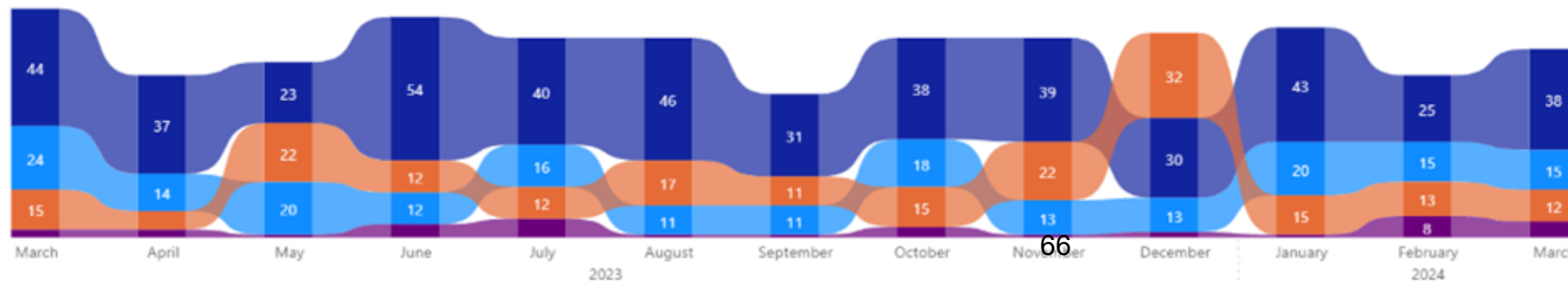
- June 2024
- June 2024
- June 2024
- August 2024
- May 2024
- May 2024
- May 2024
- June 2024

Number of Tissue Viability Injuries | All Subcategories | Last 13 Months



Number of Tissue Viability Injuries | Sub-Category | Last 13 Months

Developed in hospital   Developed/discovered in community   Discovered on admission   Known ulcer deteriorating



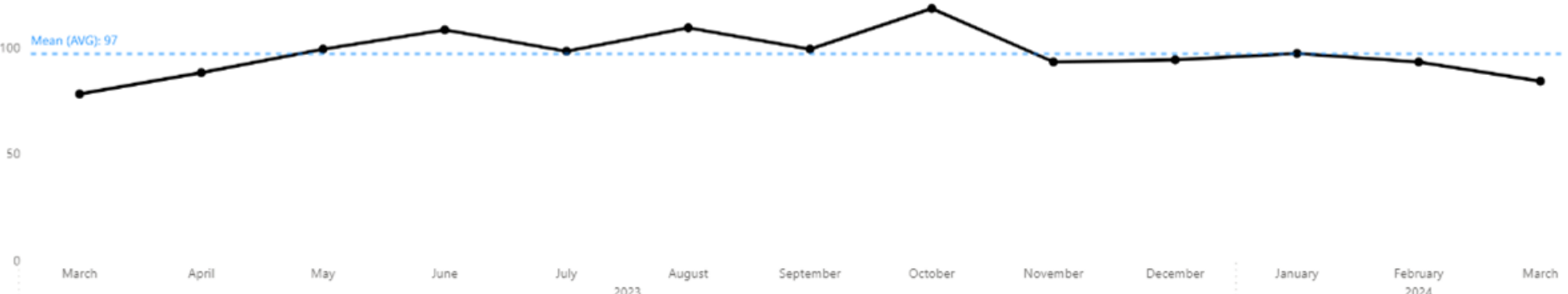


# Medication Errors

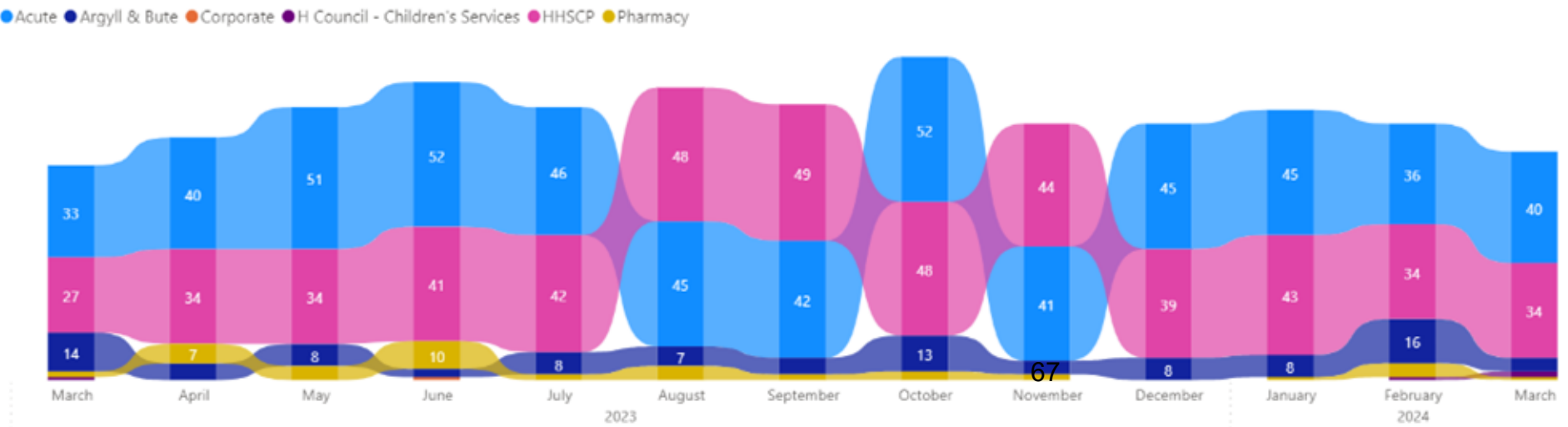
## Clinical Only Errors | Overall and Operational Unit Detail

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> <li>• Agreement to review role, remit and membership of Medicines Safety Subgroup (MSS) of ADTC</li> <li>• Ongoing roll out of HEPMA</li> <li>• Short life working group established to review medicines management policies in social care settings</li> <li>• Agreement to establish multiprofessional Controlled Drugs Governance Group</li> </ul>	<ul style="list-style-type: none"> <li>• Update and broaden membership of MSS</li> <li>• Develop medicines governance strategy and action plan for MSS</li> <li>• Controlled Drugs Governance Group to be established</li> <li>• Launch updates of medicines management in social care settings policies, including developing education and training resources</li> <li>• SLWG to establish and assure actions in line with sodium valproate National Patient Safety Alert</li> </ul>	<ul style="list-style-type: none"> <li>• May 2024</li> <li>• May 2024</li> <li>• May 2024</li> <li>• June 2024</li> <li>• June 2024</li> </ul>

Incidents | Run Chart



Number of Medication Error Incidents | Operational Unit | Last 13 Months



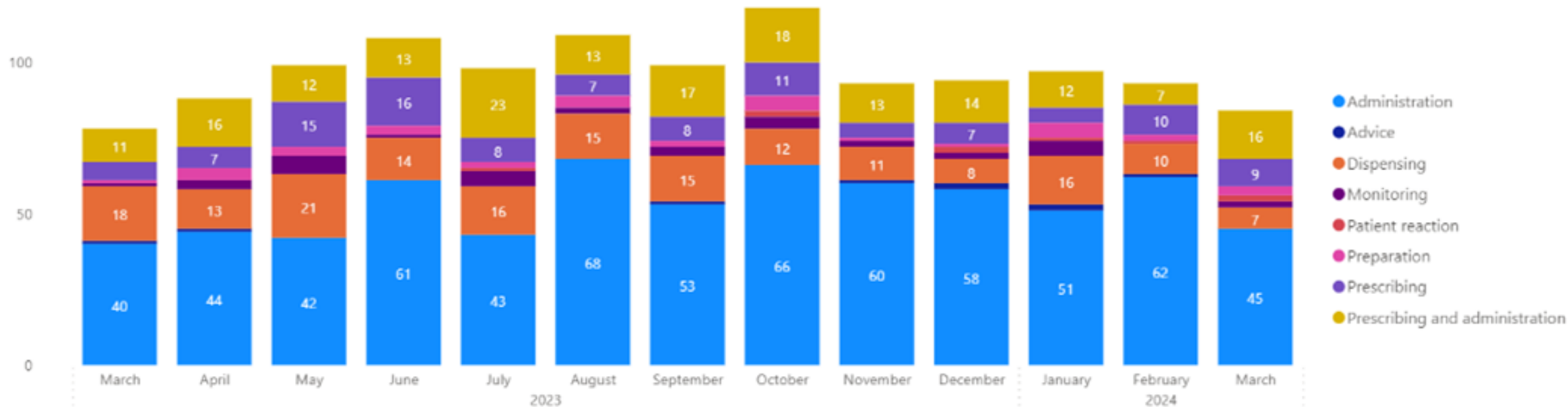


Together We Care  
with you, for you

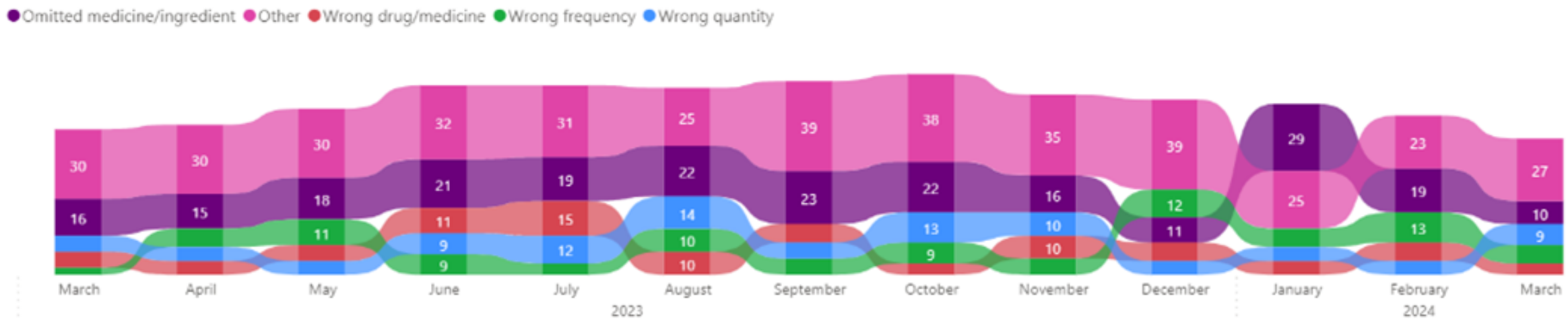
# Medication Errors

## Clinical Only Errors | Subcategory and Error Type Detail

### Number of Medication Error Incidents | Subcategory | Last 13 Months



### Number of Medication Error Incidents | Error Type (Top 5 recorded) | Last 13 Months





Together We Care  
with you, for you

# Infection Control | SAB, CDIFF and ECOLI

## Table Overview



Executive Lead  
Louise Bussell

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> <li>The current reduction aims are: Clostridioides difficile healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by April 2024. Staphylococcus aureus bacteraemia rate of 15.3; and EColi bacteraemia rate of 17.1</li> <li>Current NHS Highland and published PHS data identifies a rate of 24 (75 cases) for CDI 2023/24. This reduction aim will not be met</li> <li>Current NHS Highland and published PHS data identifies a rate of 15.2 (47 cases) for SAB 2023/24. This reduction aim may be met</li> <li>Current NHS Highland and published PHS data identifies a rate of 23 (74 cases) for EColi 2023/24. This reduction aim will not be met.</li> <li>NHS Highland was not above normal variation when analysing trends over the past three years and remains within predicted limits.</li> </ul>	<ul style="list-style-type: none"> <li>The Infection Prevention and Control Team actively monitor each patient with a reported episode of infection for learning and to prevent future occurrences. Information is disseminated to the wider teams.</li> <li>IPC annual work plan continues to be monitored, and a detailed report is submitted to Clinical Governance Committee for assurance.</li> <li>Await confirmation of future reduction aims for 2024/2025</li> <li>A review of CDIFF cases and their management is being conducted with various clinical colleagues and representatives from ARHAI to identify any learning and future actions due to increase reported in July-September and the reporting of CDIFF outbreaks.</li> </ul>	<ul style="list-style-type: none"> <li>Review end of year validated position validated position July 2024</li> <li>Local review of the management of CDIFF cases in Acute Care settings to commence May 2024</li> <li>Await forthcoming publication of reduction aims for 2024/25</li> </ul>

### Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024

Includes validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data when unavailable

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



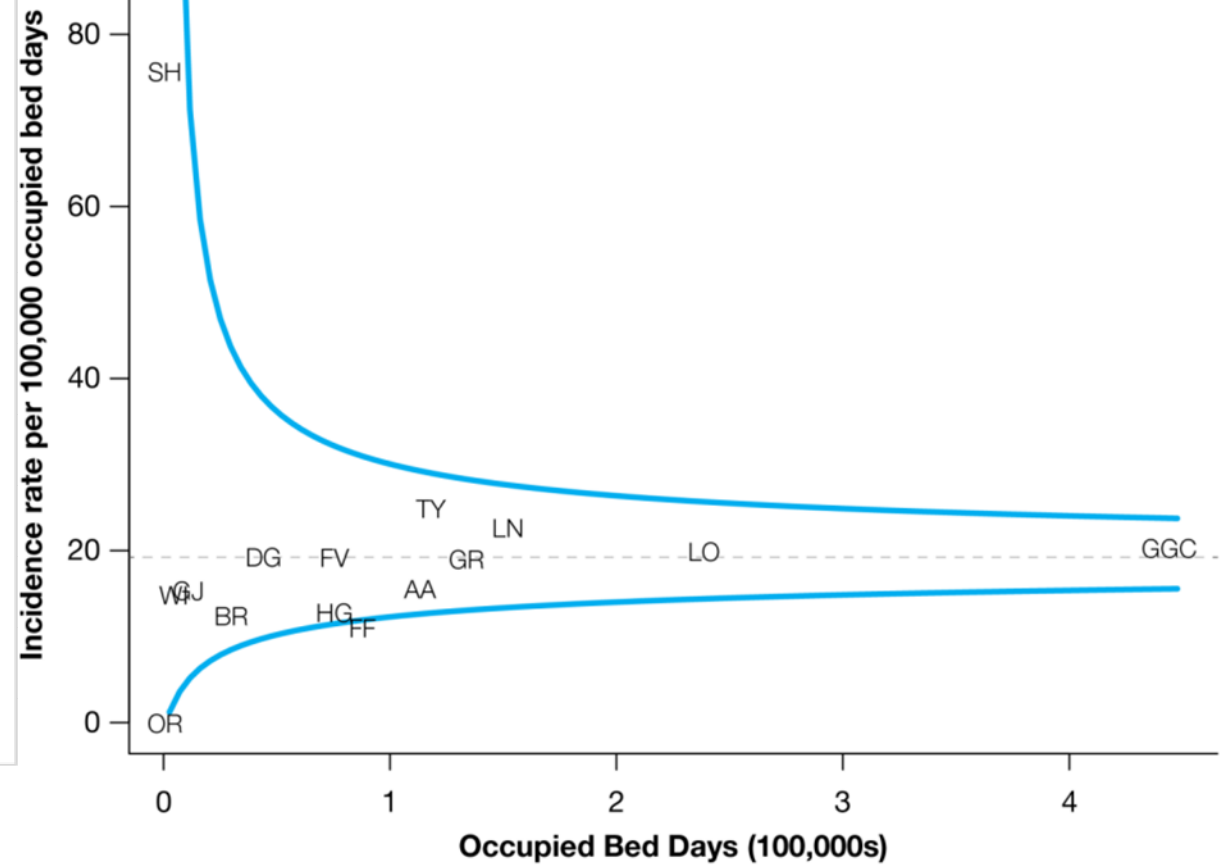
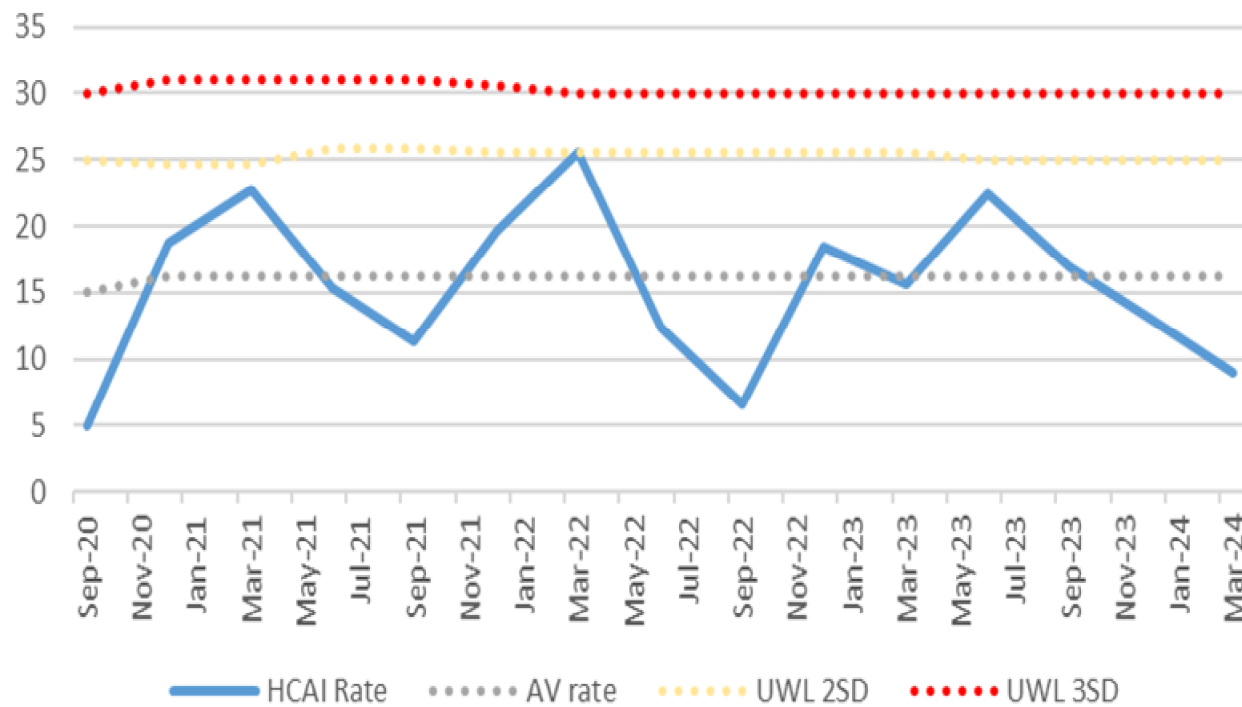
Together We Care  
with you, for you

# Infection Control

## Staphylococcus Aureus Bacteraemias (SABs)

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

Quarterly rates of Healthcare Associated SAB infection per 100000 bed days including ARHAI Scotland & NHS Highland data



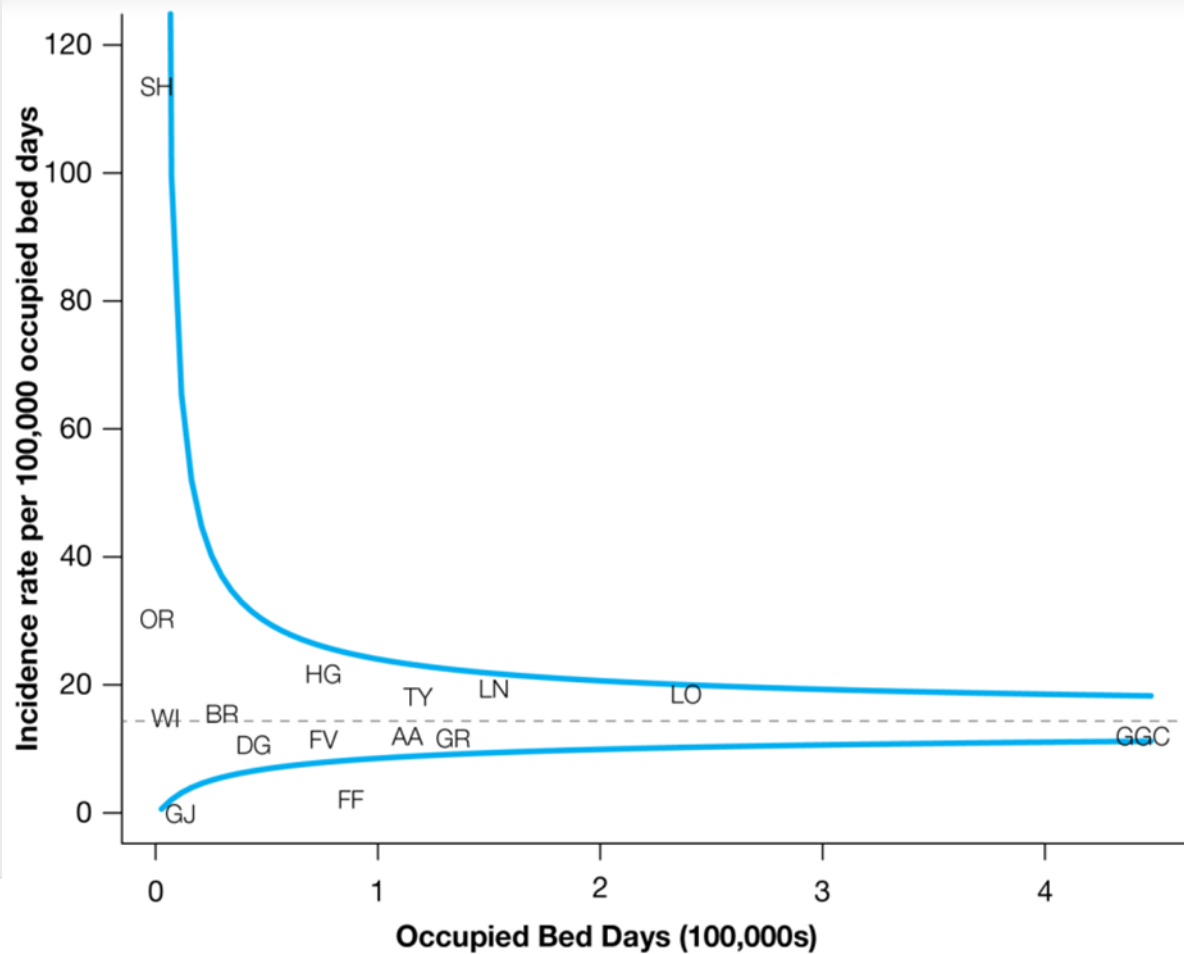
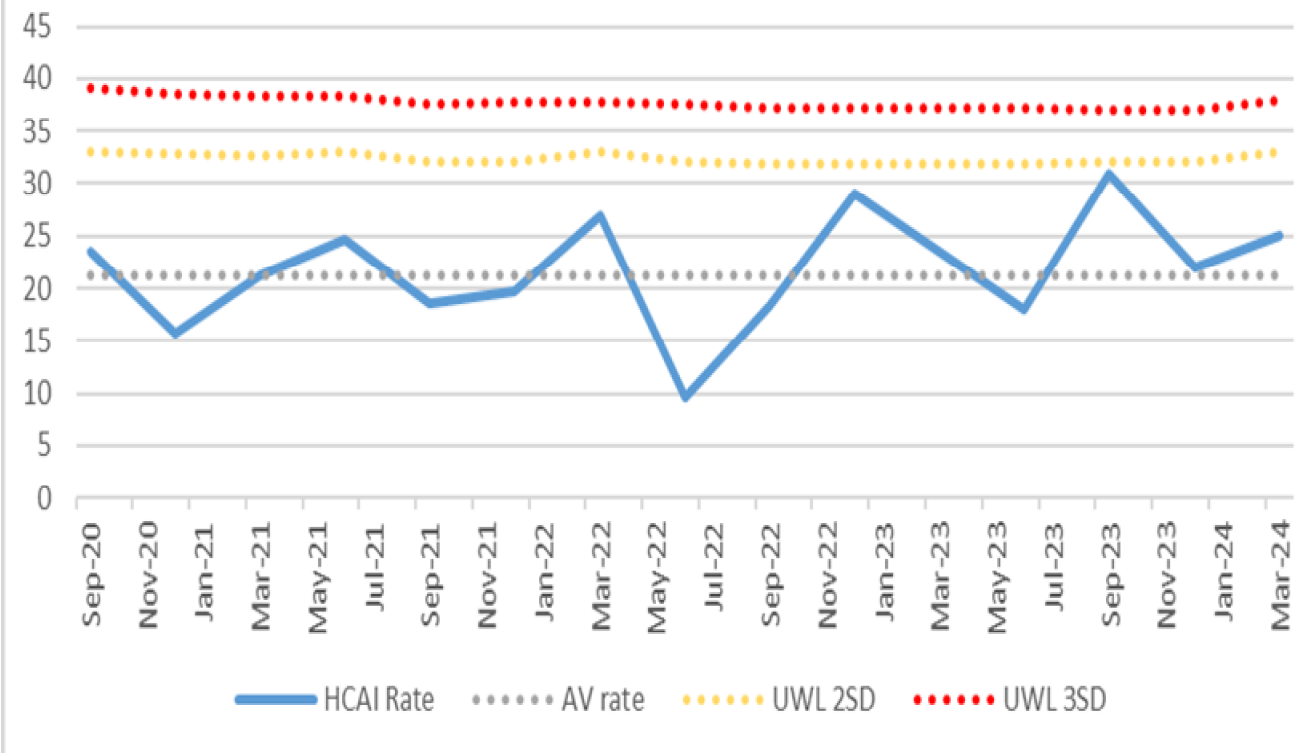


# Infection Control

## Clostridioides difficile infection (CDIFF)

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

### Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data





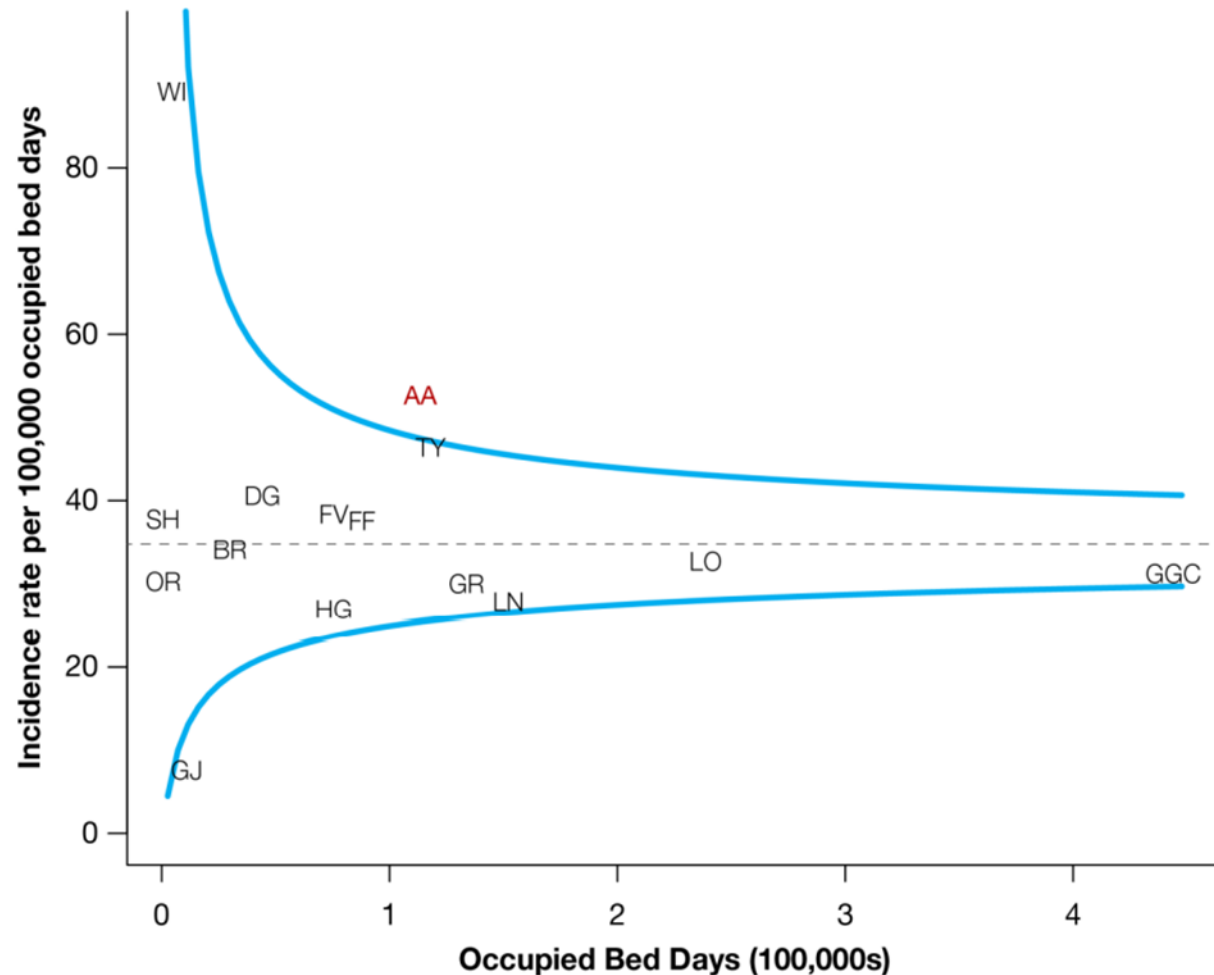
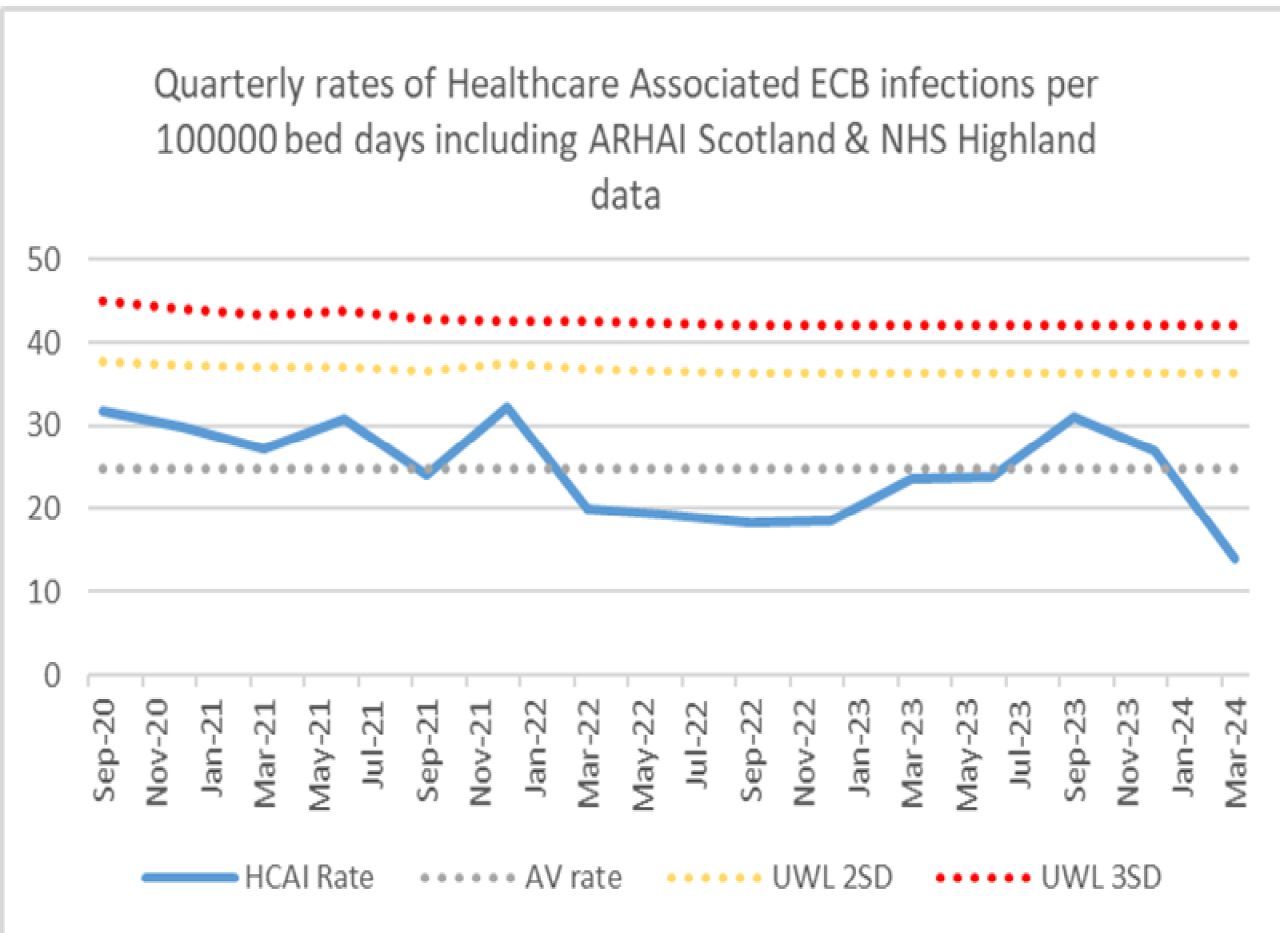
Together We Care  
with you, for you

# Infection Control

## E.coli bacteraemia (ECOLI)

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

Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data







Together We Care  
with you, for you

# Integrated Performance & Quality Report

## Objective 3 Our People



Gareth Adkins  
Director of People & Culture

NHS Highland absence remains above the national 4% target and over 6% for February and March 2024. The absence rate has increased each year since 2022. Long term absences remain high in musculoskeletal problems (7%) and anxiety/stress (23%) which contributes to staffing pressures within teams however with high levels of unknown causes being recorded the information is incomplete (more than 30%). Short term absences in Cold, Cough, Flu (19% of absences) remain high as well as gastro-intestinal problems (14% of absences) but again high levels of absence with no reason recorded (25%).

Absences with no reason recorded with an unknown cause/not specified remain an area for improvement (approx. 30%). Highlight reports are shared with SLTs and People Partners are engaging with SMTs in their areas to encourage Managers to ensure that an appropriate reason is recorded and continuously updated. The People Services Team continue to work closely with managers of long-term absent employees. Awareness of attendance management processes remains low and attendance on Once for Scotland courses for managers is low. To raise awareness reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and elearning.

Sickness absence workstream is being established to focus on areas with high sickness absence rates. Targeted support will be planned to enable changes which may see a reduction in the level of absence

The NHS Highland Health and Wellbeing Strategy is out for consultation for a period of 4 weeks. The feedback will be considered and the Strategy launched over the summer. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long term actions is being progressed by the Health & Wellbeing Group.

The average time to fill vacancies has increased to 134 days. The time to fill NHS Scotland KPI is 116 days. Within this data vacancies approved at a vacancy management group are counted and the count doesn't reflect those pre vacancy management group approvals or where staff have left post and the manager hasn't started the replacement process. To support the progression of vacancies in the system, hiring managers can help by ensuring that they have time arranged to review applications and undertake the process of shortlisting as soon after the closing date as possible and interview dates are arranged well in advance. An Executive Vacancy Monitoring group has been established to consider all vacancies across North Highland

The recruitment improvement plan continues to be progressed with many of the actions completed. An interim Onboarding survey was launched mid Jan 2024 which aimed to survey all new starts from 1st May - 31st Dec 23. The survey was issued to 598 employees, employed during this period. 173 returns were received; therefore the participation rate was 29%. Key results: 85% of respondents said their overall onboarding experience was favourable. 12% was neutral and 3% was unfavourable. Of the 173 returns; 55 returns were received from employees in Acute, 50 from HSCP, 36 from Argyll and Bute and 32 from Corporate Services. 86% said they would recommend NHS Highland as a great place to work. 52% moved to NHS from outwith, 28% moved from another Healthboard.

We continue to see high levels of leavers related to retirement (41%) and voluntary resignation (23%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 16% of our leavers. 9% of our workforce have left to move to new NHS Employment. Further encouragement is required to capture leaving reasons. An interim Exit feedback Survey has now closed. 50 leavers completed a return out of 840 leavers in that period. Key results: 61% of respondents said their overall experience was favourable. 17% were neutral and 22% was unfavourable. 20% of the returns related to retirement, 16% were moving to a different role externally, 12% were moving role internally. 28% were leaving for reasons unrelated to their role, 22% were moving for challenge/job growth. 48% of the respondent worked in the NHS for over 10 years.

NHS Highland's turnover remains stable in line with the other Boards across Scotland. The National Turnover rate is 9.4% as at March 2022, and was 8.1% as at March 2021. Although turnover remains stable, we aim to gather valuable information to better understand staff experiences from onboarding to exiting to help identify improvements

### Organisational Metrics Mar 2024

Sickness Absence Rate (%)

6.16

Long Term SA Rate (%)

3.64

Short Term SA Rate (%)

2.59

Recorded Absence Reason (%)

74.13

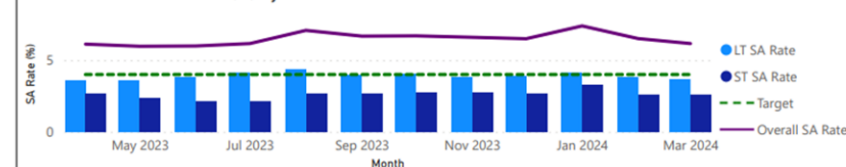
Vacancy Time to Fill (Days)

134.08

Annual Employee Turnover (%)

8.78

Sickness Absence Rates (%) by Month



Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month





Together We Care  
with you, for you

# Integrated Performance & Quality Report

## Objective 3 Our People



Gareth Adkins  
Director of People & Culture

Refreshed awareness sessions for managing PDP&R has been launched in the organisation; monitoring of attendance is in place. This will provide information on how to successfully and meaningfully undertake a PDP&R with individuals. The content of the sessions will be regularly reviewed to ensure alignment with policy and good practice. The People Partners will work with the senior leadership teams in ensuring that plans exist for increase in the amount of PDPs undertaken. As part of the Culture and Leadership Framework, new PDP&R training will be offered to all colleagues to improve understanding of the benefits and reasons for regular feedback and development and to increase completion rates. In addition an improvement plan is being progressed regarding the completion of PDPs commencing with senior managers.

A 6 month monitoring period has commenced from end of January for statutory and mandatory training. Each month reports are sent to EDG and their direct reports on the compliance levels against the agreed improvement trajectory for the core eLearning modules. An oversight group is established reporting to EDG. Overall improvements are being made in this area

### Training Metrics Mar 2024

Mandatory eLearning Completion (%)

**71.1**

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

V&A Practical Training Completion Rate (%)

**38.7**

M&H Practical Training Completion Rate (%)

**31.2**

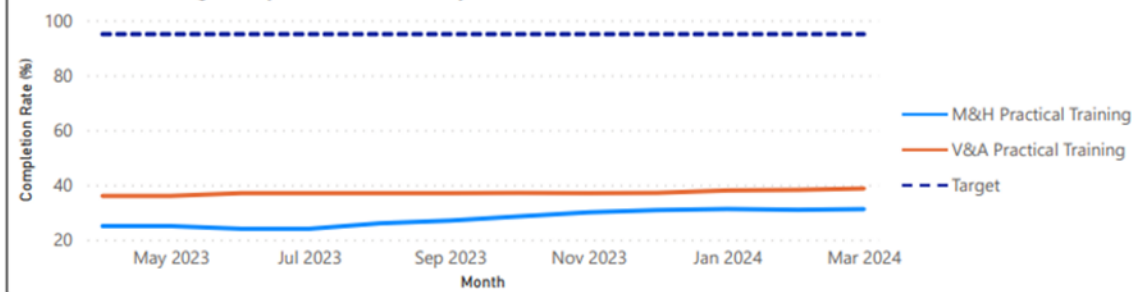
Appraisal Completion Rate (%)

**25.0**

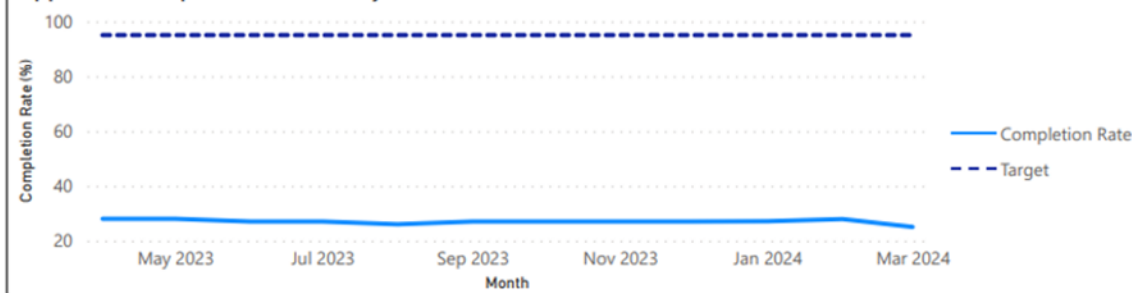
Core Mandatory eLearning Completion Rate (%) by Month



Practical Training Completion Rate (%) by Month



Appraisal Completion Rate (%) by Month



# Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
3	Covid Vaccine Uptake	Monthly	May 2024	July 2024
3	Board Comparison % Covid Vaccine Uptake	Monthly	May 2024	July 2024
4	LDP 12-week smoking quits by month of follow up-NHS Highland	Monthly	May 2024	July 2024
5	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	March 2024	July 2024
5	ABIs delivered	6 monthly	November 2023	July 2024
6	Drug and Alcohol Wait Times	Monthly	May 2024	July 2024
6	Board Comparison %	Monthly	May 2024	July 2024
7	18 Weeks CAMH Services Treatment	Monthly	May 2024	July 2024
7	Board comparison % Met Waiting time standard	Monthly	May 2024	July 2024

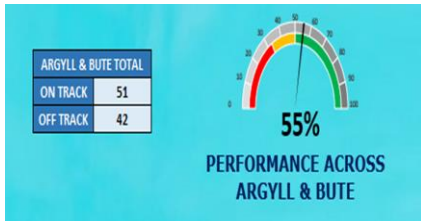
Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
8	A&E – 4 Hour Target	Monthly	May 2024	July 2024
8	Board Comparison % meeting Waiting time standard	Monthly	May 2024	July 2024
9	Delayed Discharges at Monthly Census Point	Monthly	May 2024	July 2024
9	Delayed Discharge Benchmarking	Monthly	May 2024	July 2024
10	New Outpatients 12 Week Waiting Times	Monthly	May 2024	July 2024
10	Board Comparison % Met waiting time standard	Monthly	May 2024	July 2024
11	New Outpatients Referrals, Patients seen and Trajectories	Monthly	May 2024	July 2024
11	New Outpatient Total Waiting List & Projection	Monthly	May 2024	July 2024
11	OP Patients Waiting Over 52 Weeks	Monthly	May 2024	July 2024
12	Inpatient or Day Case 12 Week Waiting Times (Completed)	Monthly	May 2024	July 2024
12	Board Comparison % Met waiting time standard	Monthly	May 2024	July 2024
13	Planned Care Additions, Patients seen and trajectories	Monthly	May 2024	July 2024
13	Total TTG Waits & Projection	Monthly	May 2024	July 2024
13	TTG Patients waiting over 78/104 weeks	Monthly	May 2024	July 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
14	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	May 2024	July 2024
14	Board Comparison % met Waiting time standard	Monthly	May 2024	July 2024
15	Endoscopy Tests: Maximum Wait Target 6 weeks	Monthly	May 2024	July 2024
15	Board Comparison % met waiting time standard	Monthly	May 2024	July 2024
16	Cancer 31 Day Waiting Times	Monthly	May 2024	July 2024
16	Board Comparison % Met waiting time standard	Monthly	May 2024	July 2024
17	Cancer 62 Day Waiting Times	Monthly	May 2024	July 2024
17	Board Comparison % Met waiting time standard	Monthly	May 2024	July 2024
18	18 Weeks All Ages Psychological Therapy Treatment	Monthly	May 2024	July 2024
18	Board comparison % Met Waiting time standard	Monthly	May 2024	July 2024
19	Volume of Radiology Treatments Completed in Relation to Volume of Stage 2 Complaints Received	Monthly	May 2024	July 2024
19	Complaint Reasons Relating to Radiology Complaints	Monthly	May 2024	July 2024
19	Decision Outcome for Radiology Related Complaints	Monthly	May 2024	July 2024
20	Volume of Endoscopy Treatments Completed in Relation to Volume of Stage 2 Complaints Received	Monthly	May 2024	July 2024
20	Complaint Reasons Relating to Endoscopy Complaints	Monthly	May 2024	July 2024
20	Decision Outcome for Endoscopy Related Complaints	Monthly	May 2024	July 2024

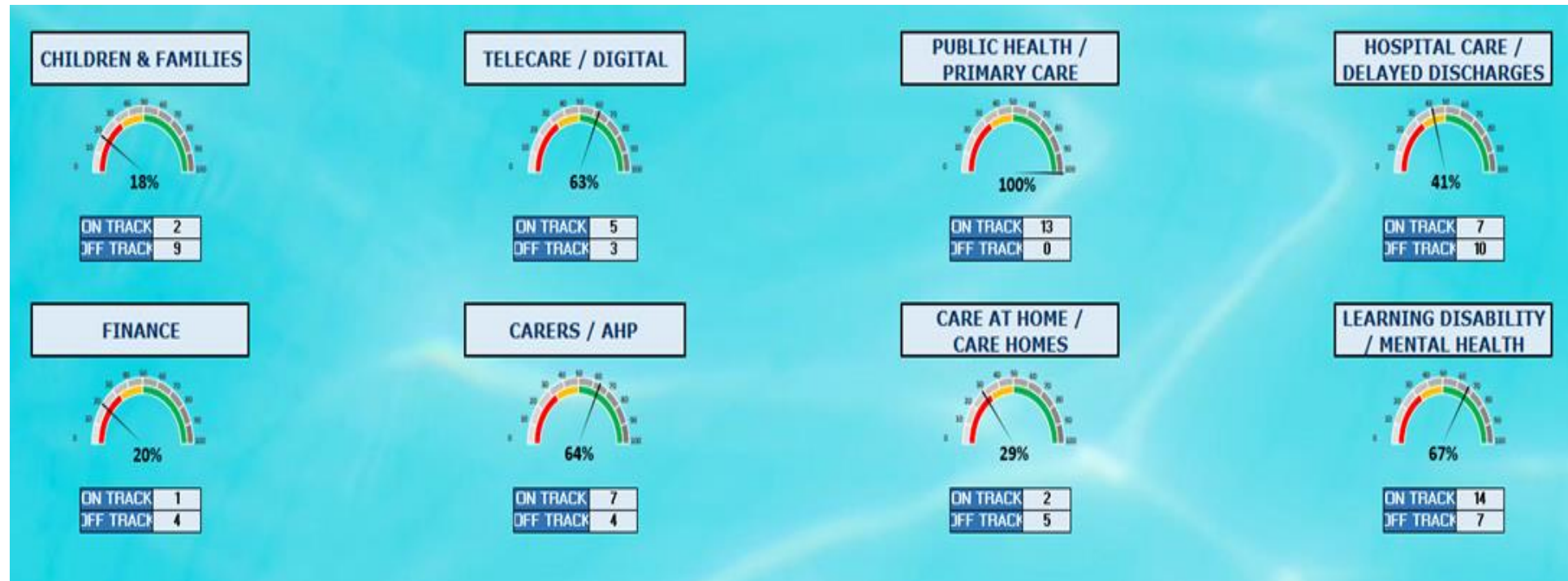
# Argyll & Bute Health & Social Care Partnership

Integrated Performance  
Management Framework  
FQ2 (23/24)

## 2023/24- FQ2 Performance Overview

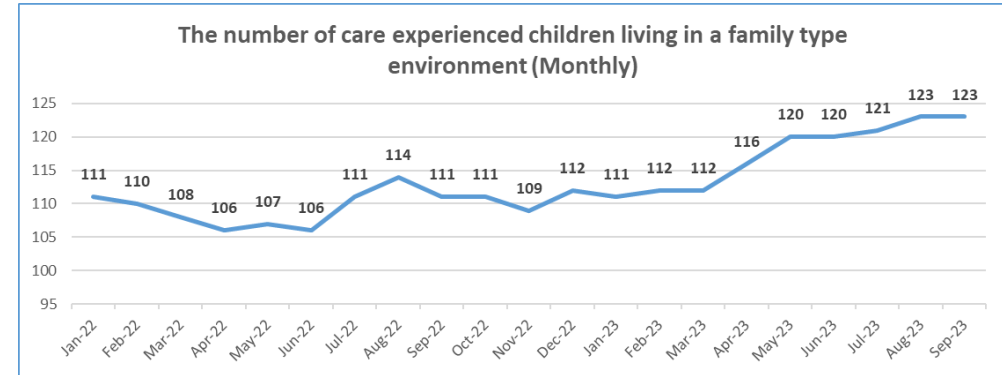
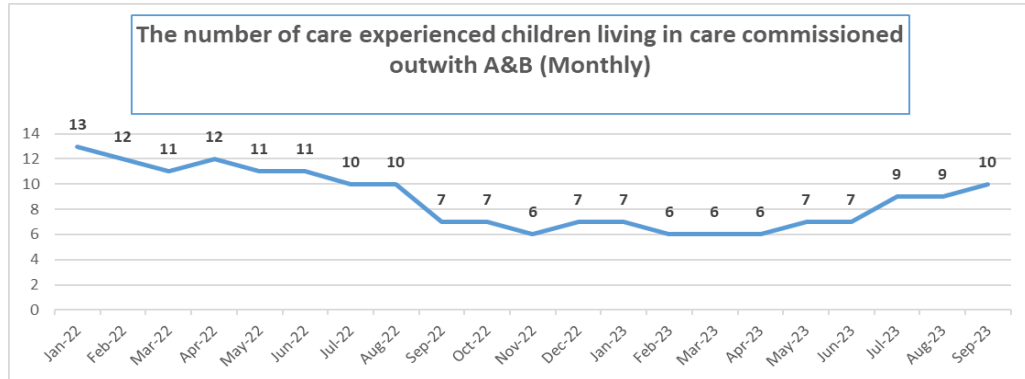


Overall performance for FQ2 notes that 55% of KPI's are scoring against target, with 51 reporting as on-track and 42 off-track, this is an improvement against previous FQ1 performance. The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators.



# Children & Families

Across 11 KPI, C&F services performance notes 2 (18%) on track, with 9 (82%) off track against the targets set in Q2 23/24. This is a decrease from 27% on track reported (-9%) variance on the previous quarter performance.



## Performance on or above target:

- Number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 17% above target performance.
- The percentage of panel Reports completed for Scottish Children’s Reporter Administration (SCRA) with 28 Days noted an increase to 100% against 80% target

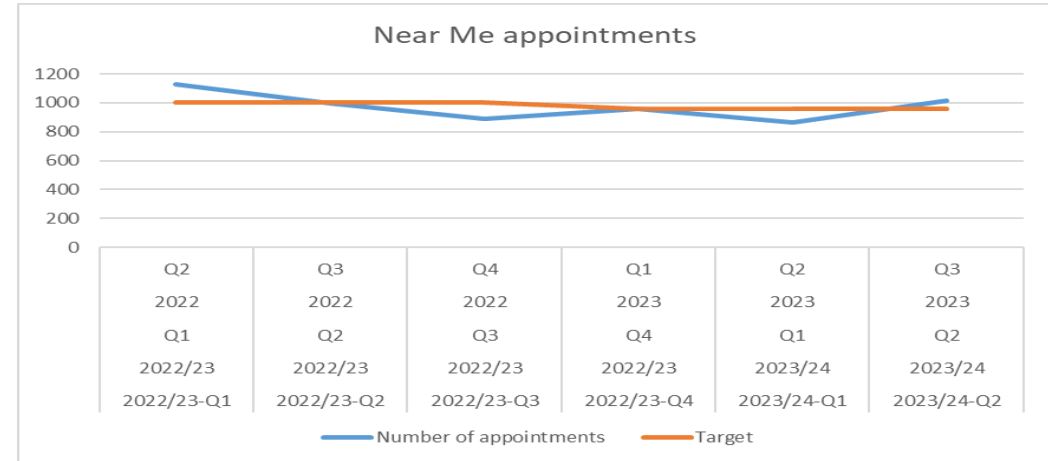
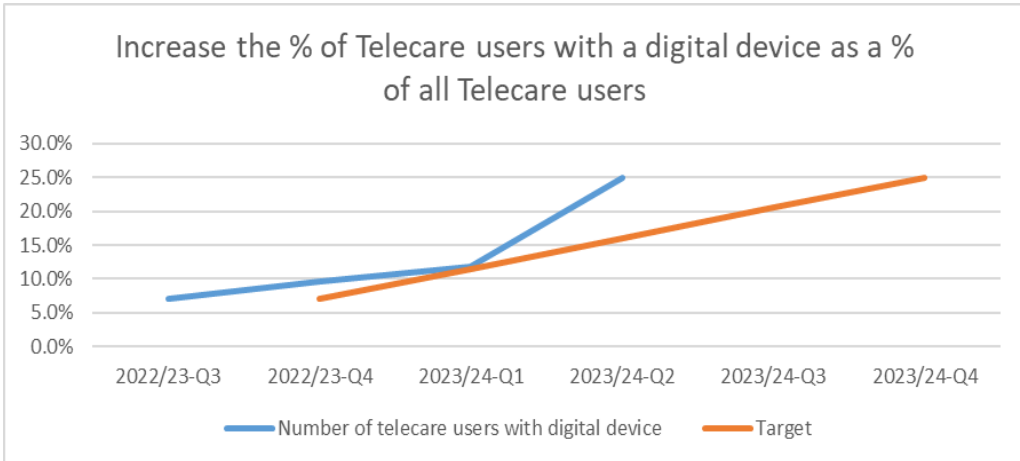
## Performance below target & areas for improvement:

- Performance around reducing numbers of care experience children looked after living in residential care commissioned out with A&B has declined due to noted increased this quarter from 5% to 7% of all children looked after. The number of children cared for in ‘external placements’ is small and as such consideration must be given when reviewing a percentage shift across a small population.
- With regards to the number of children seen within 18 weeks for Child & Adolescent Mental Health Services remains off track, with FQ2 noting 79.3% against a 90% target. This is however an increase of 17.2% on previous quarter’s performance and demonstrates steady longer-term progress in this area.



# Telecare & Digital

Benchmarked performance across the 8 Key Performance Indicators against target notes a significant increase in the number of KPI's reporting on-track with Q1 noting (3) 37.5% on track against FQ2 reporting (5) 62.5% on-track and increase of (25%) 3 KPI's remain off-track against target for FQ2.



### Performance on or above target:

- Digitalisation of Telecare Devices: Substantial progress has been made and the 25% end-of-year target has almost been achieved in FQ2.
- 'Near Me' Clinics: A significant 18% increase from the last quarter suggests that virtual appointments are becoming more widely accepted and may be a lasting trend beyond the decline post-COVID.
- SilverCloud: referrals remain on target with a 6% increase in referrals from last Quarter

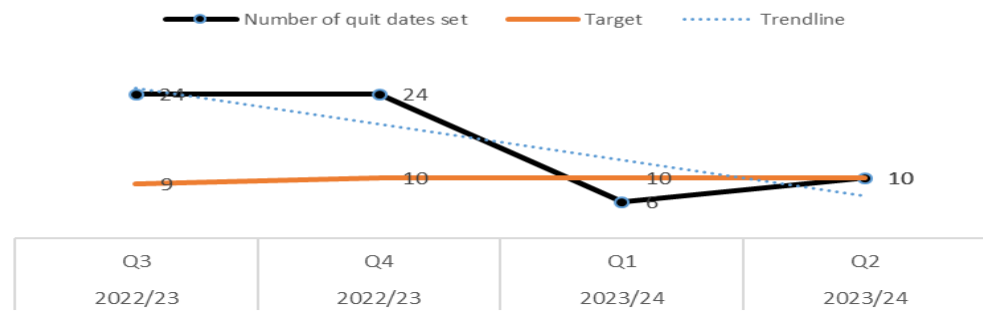
### Performance below target & areas for improvement:

- There has been an issue surrounding licensing of Just Checking equipment which has prevented new equipment going out during Q2. There has also been no new Buddi equipment issued.
- Telecare referrals being completed on time is an ongoing issue, the ability to keep track of outstanding referrals via a CMS has been lost during the migration to Eclipse

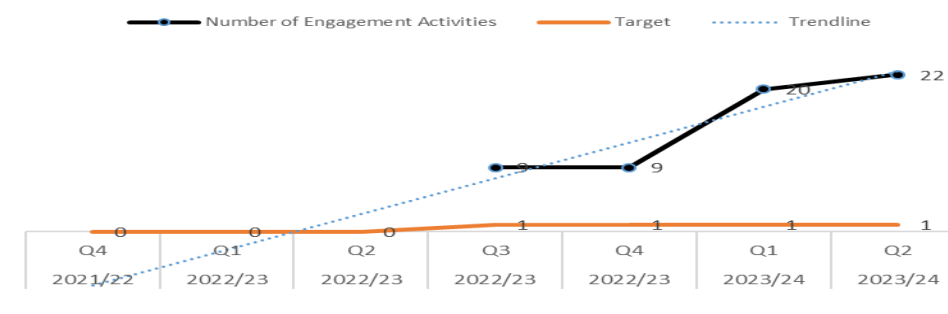
# Public Health & Primary Care

Benchmarked performance across the 13 Key Performance Indicators against target notes a sustained increase in the number of KPI's reporting on-track with Q2 noting (13) on track against FQ1 reporting (11) on-track. Across 5 KPI's, Public Health performance notes 5 (100%) are on track set against the targets in Q2 2023/24. This is an increase of 20% on the previous quarter performance

Smoking Cessation -Number of quit dates set in the most deprived 40% areas in A&B (Quarterly)



Number of engagement activities delivered in communities supported through the Living Well Network (Quarterly)



## Performance on or above target:

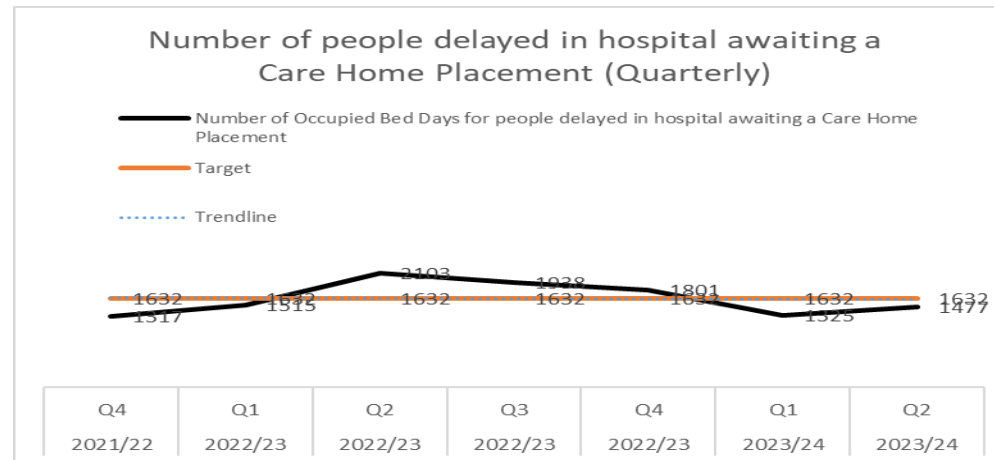
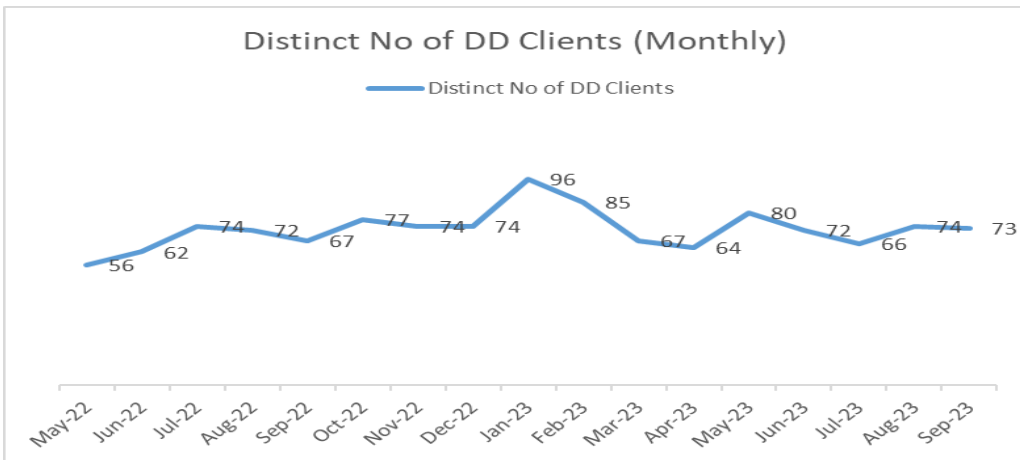
- Increasing the monthly number of quit dates is on target in Q2. There is a variance of 67%. It is noted that the “actual” reported in Q1 was incomplete as only had 1 months data.
- Monitoring contracts and KPIs of all PH commissioned contracts is 100% on track in Q2. This follows a 100% trend from Q3 of 2022/23.
- Increasing the number of engagement activities delivered in communities is on target in Q2 and shows an increase in performance each quarter. There is a variance of 10% in Q2 from Q1.
- In the current fiscal year, primary care in Argyll and Bute has effectively introduced several new services, achieving notable success.
- In the five most deprived areas—Helensburgh, Campbeltown, Dunoon, Rothesay, and Oban—GP practices now can refer their patients to a community link worker for either in-person or remote appointments.

## Performance below target & areas for improvement:

- Quarter 2 reported no KPI below target and all Public Health & Primary Care KPI's recorded as on or above target

# Hospital & Delayed Discharges

Across 17 KPI's, Hospital Care performance notes 7 (41%) on track, with 10 (59%) off track against the targets set in Q2 23/24. This is an increase from 27% on track reported (+14%) variance on the previous quarter performance. Discharge performance notes 3 (50%) on track, with 3 (50%) off track against the targets set in Q2 23/24. There is no variance from (50%) reported on track on the previous quarter performance.



**Performance on or above target:**

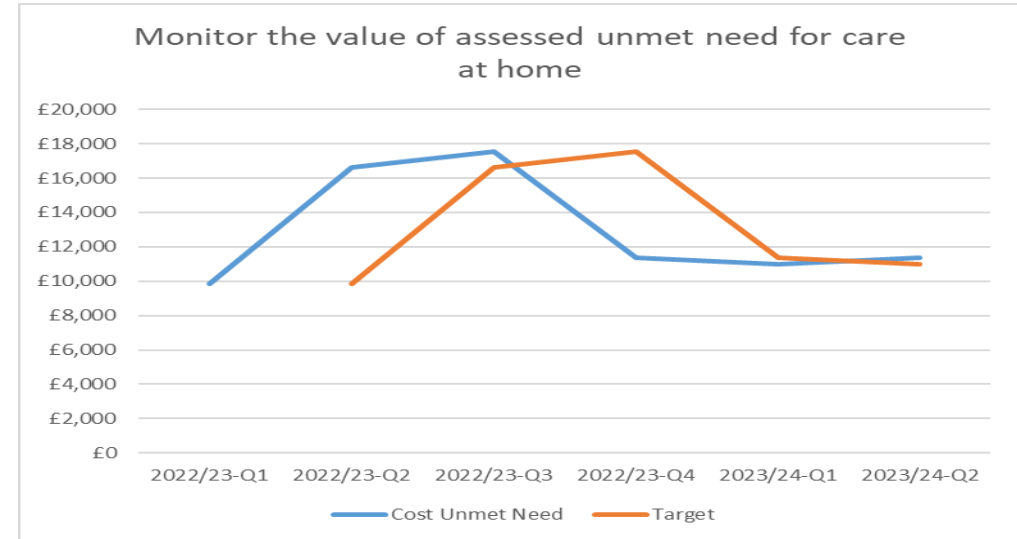
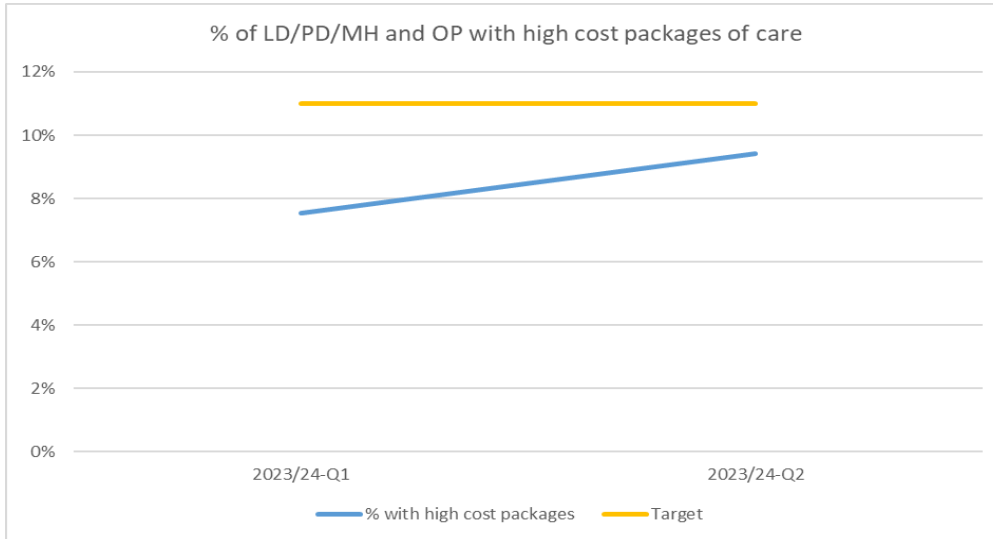
- Reducing the number of people delayed in hospital is on track, with a (-11%) variance on Q1. We are 100% on target on this quarter performance.
- Reducing the number of occupied bed days for people delayed in hospital awaiting a care home placement is on track. Note an increase of (11%) bed days on previous quarter performance.
- The number of inpatients 18+ who are discharged without delay is on track, with a (-1%) variance on Q1.
- Reducing the average Length of Stay for inpatients in A&B hospitals is on track, having dropped by 25% since Q1, and is exactly on target.

**Performance below target & areas for improvement:**

- Overall length of stay (bed days) in hospital is below target and showing a (14%) increase from Q1. (37%) below Q2 target.
- Reducing the number of people delayed in hospital due to care at home availability has slightly improved since Q1 (-14%). (16%) above Q2 target. Unplanned admissions to hospital for 65+ remain slightly above target and showing a 2% increase on Q1.

# Finance

Across 5 KPIs, Financial services performance notes 1 (20%) on track, with 4 (80%) off track against the targets set in Q2 23/24. This is a decrease from 40% on track reported (-20%) variance on the previous quarter performance.



### Performance on or above target:

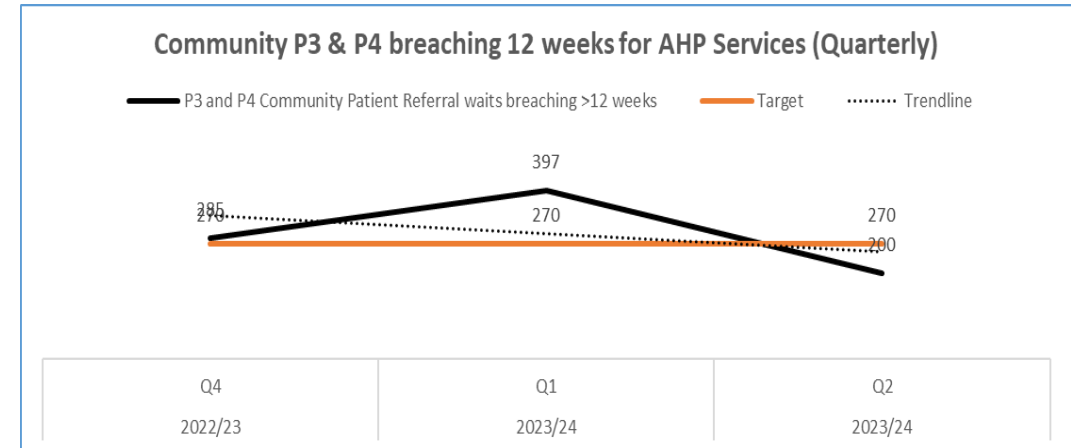
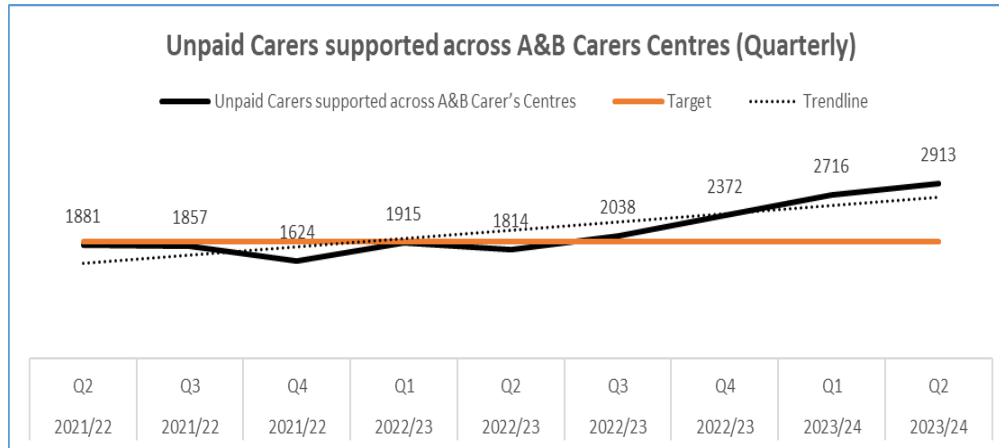
- The performance on reducing the percentage of clients with high-cost packages of care KPI is improving at 3% above target performance.

### Performance below target & areas for improvement:

- Reduction in value of assessed unmet need for care at home remains off track with costs increased this quarter on previous quarter.
- Performance with regards to reducing the cost of hospital stays as a result of delayed discharge remains off track, with FQ2 noting 24% above the target, and an increase of 13% on previous quarter's performance.
- The cost on pharmacy expenditure remains off track, with FQ2 noting 16% above target, matching 16% above target on the previous quarter.

# Carers & Allied Health Professionals

Across 11 KPI, Carers / AHP services performance notes 7 (64%) on track, with 4 (36%) off track against the targets set. This is an increase from 36% on track reported (+28%) variance on the previous quarter performance.



## Performance on or above target:

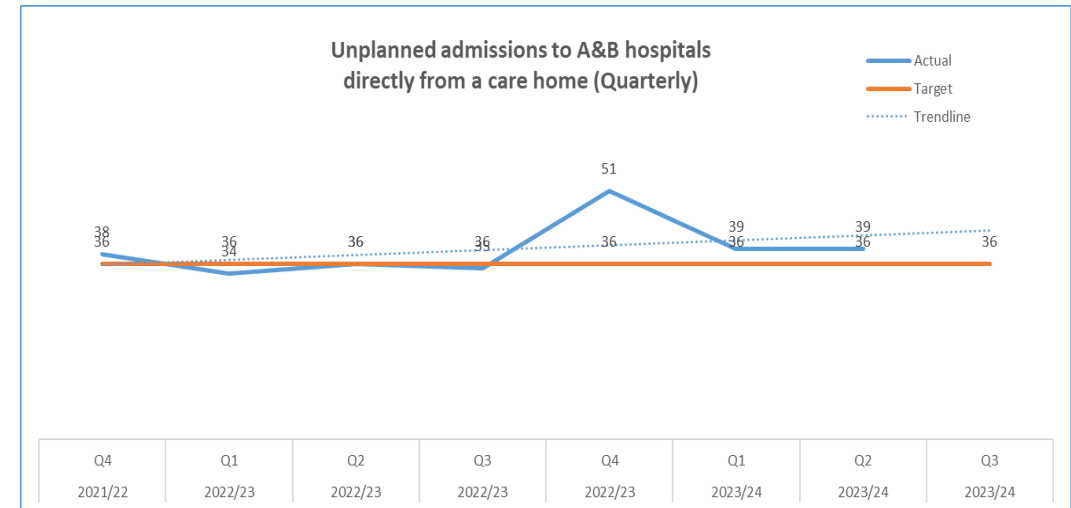
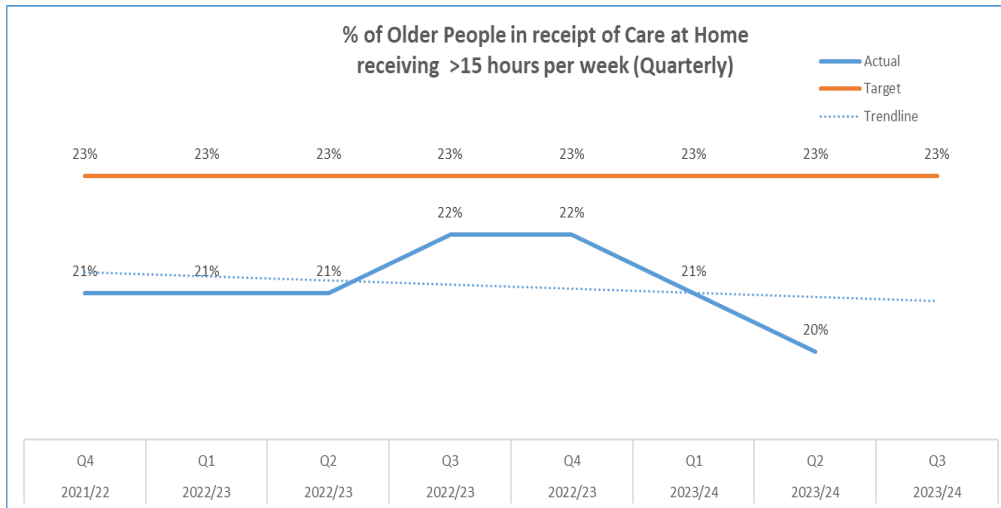
- The number of Unpaid Carers Supported / Registered across A&B's Carers Centres continues to increase. As reported last quarter, there has been a change to the data collection from the Carers Centres. For consistency the numbers used to define performance are those that are currently registered by the Carers Centres. In the new financial year the Target will be revised to reflect this change in reporting.
- There has been a slight increase in the number of completed Adult Carer Support Plans this quarter and this is now on target.
- AHP Outpatient Completed Waits have increased 5% this quarter.
- The rate of New Outpatient AHP referrals seen as a proportion of all referrals seen continues to be on track. The current rate of 30% well above target set (25%).

## Performance below target & areas for improvement:

- Young Carers Statements Completed have decreased recently although up on last quarter. Relative to retrospective quarterly data in 2021/22 and 2022/23 the current quarterly figure is consistent or slightly higher. This target will need to be revised due to the unique aspects of gathering information from Young Carers.
- AHP Outpatient Referral Waits breaching 4 weeks for MSK (Muscular Skeletal) have increased again this quarter – up 19% from last quarter. Those breaching 12 weeks is also off-track this quarter.

# Care at Home & Care Homes

Across 7 KPIs, Care at Home/Care Homes performance notes 2 on track, with 5 off track against the targets set in Q2 23/24. This is an overall increase of 29% as all KPI in Q1 were reported as off track.



### Performance on or above target:

- Percentage of Priority 1 & 2 referrals for a Care at Home service completed within the target response timescales
- Percentage of Older people in receipt of a Care at Home service with a Universal Adult Assessment completed at their 6 week point (Please note that both these indicators will be further developed as part of the annual KPI review process, this is a result of the move to Eclipse Case Management and a different process to count and record assessments and referrals. The annual KPI review will begin in FQ3 2023/24)

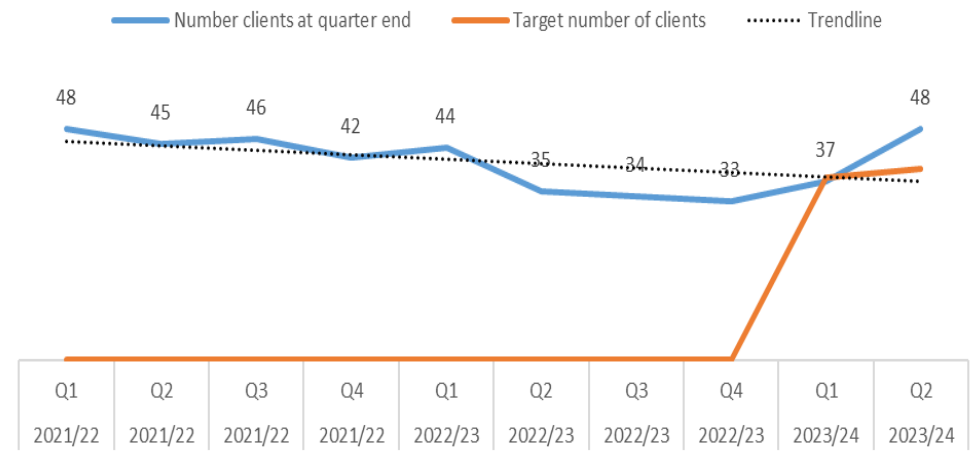
### Performance below target & areas for improvement:

- The % of Older People who waited > 6 months for their homecare monitoring review to be completed has continued to increase slightly – Q2 is 2% up on Q1 – and is now 22% above target.
- Performance on % of Older People receiving nursing care home service has remained static over a year and is still 9% below target
- Occupancy rates across A&B care homes continue to improve (4% up on Q1) but still 5% below target.

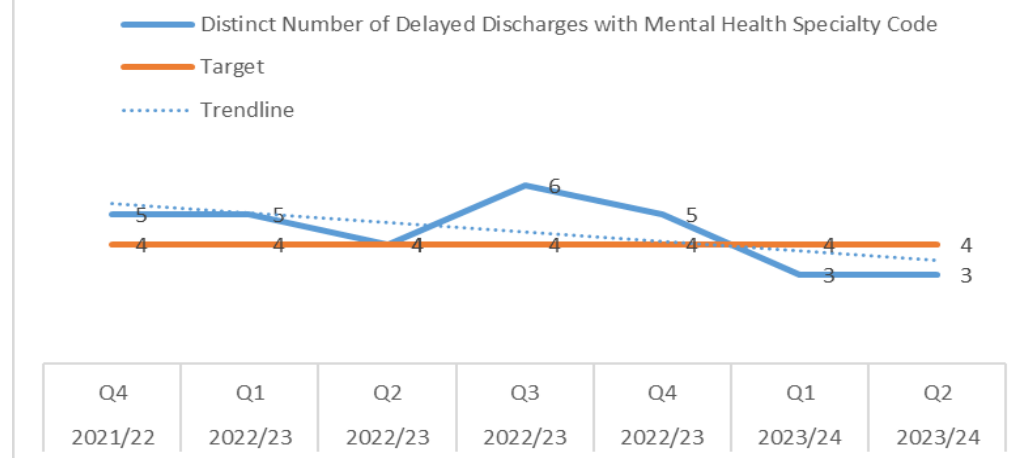
# Learning Disability & Mental Health

Across 21 KPI, Learning Disability / Mental Health/ ASP (Adult Support and Protection) / ADP performance notes 14 (67%) on track, with 7 (33%) off track against the targets set. This is an increase from 52% on track reported (+15%) variance on the previous quarter's performance.

The number of people with dementia and a home care service (Quarterly)



Distinct Number of Delayed Discharges with Mental Health Specialty Code (Quarterly)



## Performance on or above target:

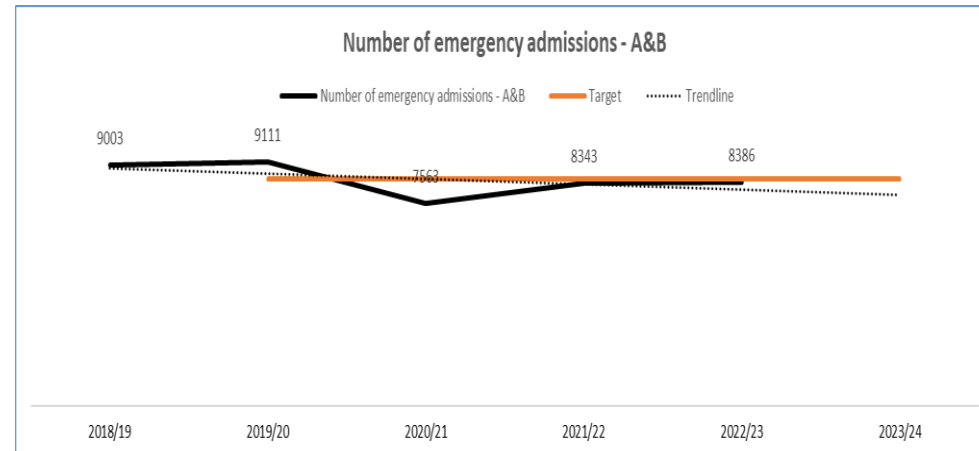
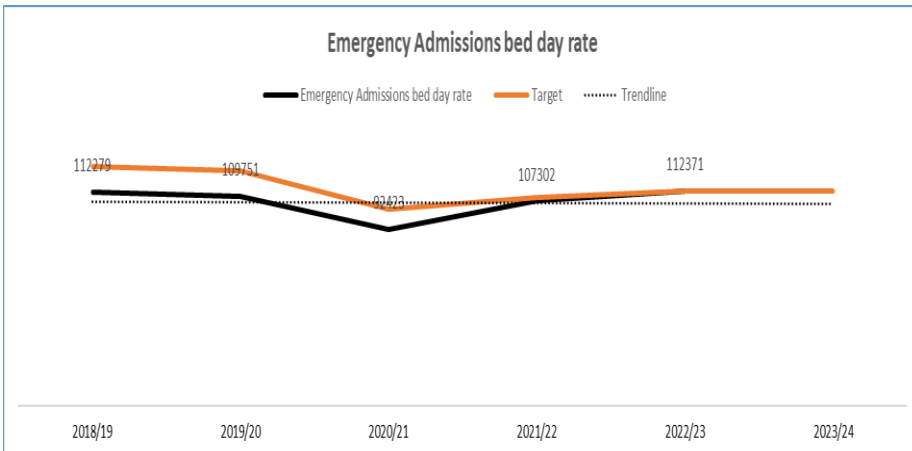
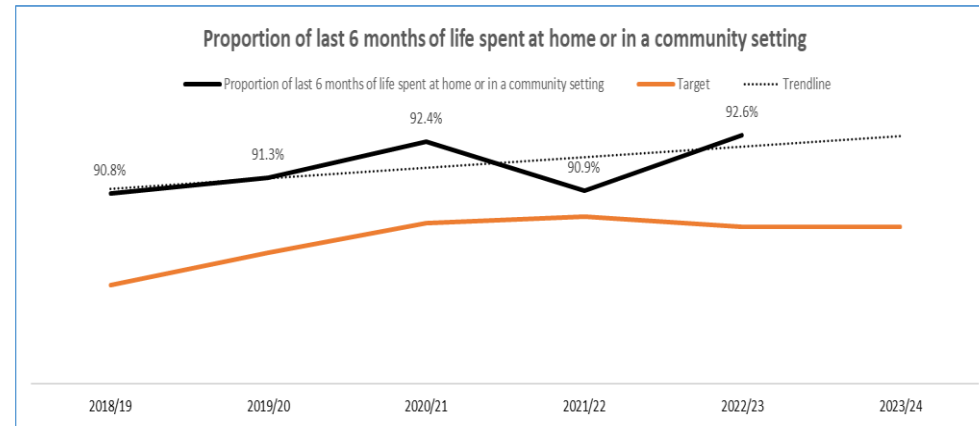
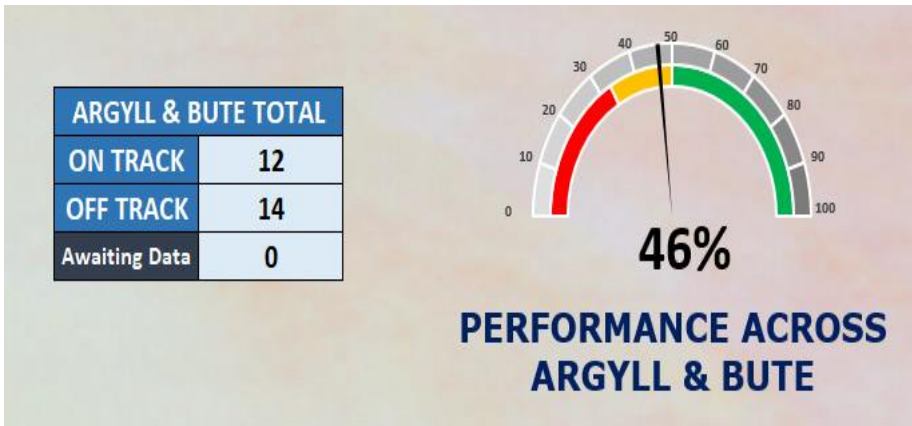
- There has been a gradual increase recently in the number of people with dementia supported by a Care at Home service. Since the last quarter it has risen by 11 (30%) to 48.
- The Dementia teams have also increased the number of people with needs assessed via Universal Adult Assessments. This has increased from 15 to 24 over the quarter (+60%).
- The number of referrals received for Post Diagnostic Support has also significantly increased this quarter rising from 26 to 62 (+138%).

## Performance below target & areas for improvement:

- The number of people waiting more than 12 weeks for a new Mental Health Outpatient service has been increasing slightly over recent quarters. At Q2 2023/24 there were 440 waiting, an increase of 5% on previous quarter.

# Health & Wellbeing Outcome Indicators & Ministerial Steering Group Integration Indicators

The latest data in relation to 26 HWBOI and MSG Indicators reports 46% on track, with 12 on track and 14 off track.







**Meeting:** Board Meeting  
**Meeting date:** 28 May 2024  
**Title:** Highland Child Poverty Action Report  
**Responsible Executive/Non-Executive:** Dr Tim Allison; Director of Public Health  
**Report Author:** Cathy Steer; Head of Health Improvement

**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 NHS Scotland 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		Anchor Well	X
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		<b>All Well Themes</b>			

**2 Report summary**

**2.1 Situation**

The Scottish Government require annual updates on progress of joint Local Authority and NHS Board published Child Poverty Reports. This report provides an update on The Highland Child Poverty Action Report 2022 - 23. It covers the Highland Council area only.

## 2.2 Background

In 2017 the Scottish Government introduced the Child Poverty (Scotland) Act which includes duties on both the Scottish Government and local partners to address child poverty. The legislation requires local authorities and health boards to jointly prepare annual Local Child Poverty Action Reports, setting out activities that have been undertaken in the area the previous year to reduce child poverty and identifying future activities.

## 2.3 Assessment

The report provides an update on progress made on identified actions to increase income through employment and income maximisation and to reduce cost of living.

The current update report is for the period ending March 2023. It is acknowledged that work to provide assurance on action undertaken in 2023/24 is still required. There is a proposal by Highland Council to present an update report for 2023/24 in Autumn 2024.

Whilst many children's services remain under the provision of Highland Council, it has been suggested that NHS Boards focus on four identified priority areas to tackle child poverty. These are:

- leadership and accountability.
- staff training.
- our role as an anchor organisation focusing on parental employment and procurement.
- income maximisation

The update report that will be presented to the board later this year will include actions that will support NHS Highland to meet the four identified priority areas outlined above and will link to NHS Highlands Anchors Strategic Plan..

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

### Comment on the level of assurance.

An update report for 2023/24 will be developed by Autumn 2024. It will identify the actions that NHS Highland intend to take to impact child poverty based on the four priority areas outlined above. This report will provide assurance for 2023/24 to ensure that NHS Highland meets the requirements of the Child Poverty (Scotland) Act.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Poverty has an impact on the health and wellbeing of communities and specifically for children living in families impacted by poverty. If we can deliver on some of the identified actions, then we can mitigate some of the worst effects of poverty and make a difference on the gap in health for communities who are the most disadvantaged.

**3.2 Workforce**

A route out of poverty can be through access to good quality jobs and Fair Work. NHS Highland is a major employer in the organisation that can provide these opportunities. We seek to not only support our workforce through Fair Work and reasonable pay, but also to offer this opportunity to those furthest from the job market and seeking employment.

**3.3 Financial**

Many of the actions detailed in the plan rely on doing things differently or in partnership rather than financial resources specifically. Some of the actions may require either workforce commitment or funding going forward, but there are no specific financial risks identified in the delivery of the plan.

**3.4 Risk Assessment/Management**

There are risks if actions on child poverty are not undertaken. These are primarily long-term in relation to health outcomes, partnership and societal risks.

**3.5 Data Protection**

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

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

The actions are targeted to those most in need and living in poverty. Since this is an update report there is no impact assessment.

**3.7 Other impacts**

No other impacts to note.

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

This is an update report and so areas of communication, involvement and engagement have formed part of the original report.

**3.9 Route to the Meeting**

This update report sits as a priority theme within the Highland’s Integrated Children’s Service Plan which provides oversight to the ongoing work of the plan.

**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 one – Highland Child Poverty Action Update Report 22 – 23

**Appendix 1**

# **Highland**

## **Local Child Poverty Action Update Report 2022 - 23**

**November 2023**

## Contents

<b>Contents</b>	<b>Pages</b>
<b>The Approach in Highland</b>	<b>3</b>
<b>Section 1: Background and Context</b>	<b>4 - 9</b>
<b>The Child Poverty (Scotland) Act 2017</b>	
<b>Poverty in Highland</b>	
<b>Section 2: Action in Highland</b>	<b>10 - 22</b>
<b>Summary of Actions to Address Child Poverty 2022/23</b>	
<b>Section 3: Action in Highland</b>	<b>23 - 25</b>
<b>Actions to be taken to Address Child Poverty 2022/23</b>	

## The approach in Highland

There is a strong commitment in Highland to address poverty and inequality within individual agencies and across the Community Planning Partnership. The vision for the Community Planning Partnership through its Highland Outcome Improvement Plan is:

*“To work together to reduce inequality within Highland communities”.*

The Highland Community Planning Partnership brings together public agencies, third sector organisations and other key community groups to work collaboratively with the people of Highland to deliver better outcomes.

The Highland Community Planning Partnership works strategically at a Highland level, through a series of nine geographical local Community Partnerships as well as regional thematic groups. Ultimately these deliver our Local Outcome Improvement Plan.

The Highland Outcome Improvement Plan sets out the vision, purpose and focus for the Highland Community Planning Partnership from 2017-2027. The partnership believes working towards this plan will have a significant impact on reducing inequalities in Highland.

Reducing child poverty is a priority theme within the Highland’s Integrated Children’s Service Plan which sits within a context of the Community Planning Partnership and delivering against the Highland Outcome Improvement Plan.

Our partnership recognises that children’s services planning and planning to reduce child poverty is an ongoing process and that central to good planning is to ensure robust connections between all national and local strategic planning. Our child poverty plan connects the partnership strategic planning within a single framework. This framework provides both the tools for planning, self-evaluation, reporting, performance management and assurance.

Our child poverty plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed and responsive and preventative support to children, young people and families.

Highland’s Integrated children’s Services Board provides oversight to the on-going work of the plan. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, Scottish Fire and Rescue Service and a number of Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council and NHS Highland Board.

The process to review the Integrated Children’s Services Plan began during 2022/23. A Strategic Needs Assessment was undertaken to create the evidence base for the new plan and evidence from that can be found in the 2022/23 Action Plan Report. Child Poverty remains a core priority and the actions developed through that process are reflected in section three as actions for 2023/24 – 2025/6. A life courses approach has been taken to the new plan and actions are structured under three life course stages: Getting Started (pre-birth to school), Growing Up (primary) and Moving On (secondary to young adult).

## Section 1: Background and Context

### Child Poverty (Scotland) Act 2017

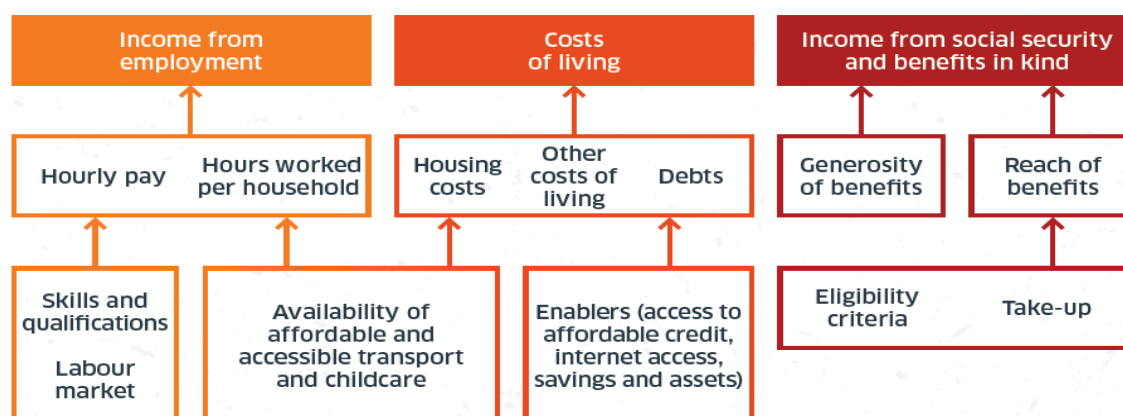
In 2017, the Scottish Government introduced the [Child Poverty \(Scotland\) Act](#). This replaced the previous UK Child Poverty Act 2010 and included duties on both the Scottish Government and local partners to address child poverty. It also introduced income targets as a driver for reducing child poverty across Scotland. Child poverty can have negative effects on the health, wellbeing and educational attainment of the children who experience it. It also has a wider cost for society<sup>1</sup>. By introducing a Child Poverty Act, which sets out clear targets for reducing the number of children living in poverty, progress can be monitored on meeting these targets.

The legislation requires:

- The Scottish Government to produce a Child Poverty Delivery Plan every four years highlighting how it intends to meet the child poverty targets laid out in the Act. It must also publish annual progress reports setting out progress towards meeting the child poverty targets. The Scottish Government's second Delivery Plan – [Best Start Bright Futures](#), sets out policies and proposals to help reach the child poverty targets set for 2030.
- Local authorities and health boards to jointly prepare annual Local Child Poverty Action Reports which set out activities that have been undertaken in the local authority area during the previous year to reduce child poverty and contribute to the delivery of the national targets and any planned future activities.

Evidence suggests that there are three key drivers which influence the experience of child poverty. These are income from employment, costs of living and income from social security and benefits. These drivers are set out in figure 1 below.

**Figure 1: Scottish Government, Local Child Poverty Action Report Guidance 2018**



Increasing incomes and reducing costs of living are mechanisms for reducing child poverty but there are many other actions that take place to improve children's quality of life and life chances.

<sup>1</sup> A 2023 study found that child poverty in the UK was costing over £39 billion a year -

<https://cpag.org.uk/news/cost-child-poverty-2023#:~:text=In%202008%2C%20the%20total%20cost,cost%20could%20be%20substantially%20higher.>



### **Child Poverty**

Research shows that 53 per cent of children in Scotland have experienced poverty in the last 12 years. Across all measures, children are more likely to be in poverty than adults, 24% of children in Scotland were living in relative poverty in 2020-23. Families move in and out of poverty and can easily be pushed into poverty<sup>2</sup>. In 2020/21, around one in five children under 16 were considered to live in relative poverty (below 60 percent of median income after housing costs) in Highland. This figure is comparable to Scotland as a whole<sup>3</sup>.

The Child Poverty Action Group reported in 2023:

- For out-of-work families in Scotland, social security provides around 60% of the income needed to meet a socially acceptable standard of living.
- Working families in Scotland are often unable to meet the minimum socially acceptable standard of living even if working full time on the 'national living wage'.
- Remote areas of Scotland are at increased risk of being unable to reach a socially acceptable standard of living due to higher cost of essentials.

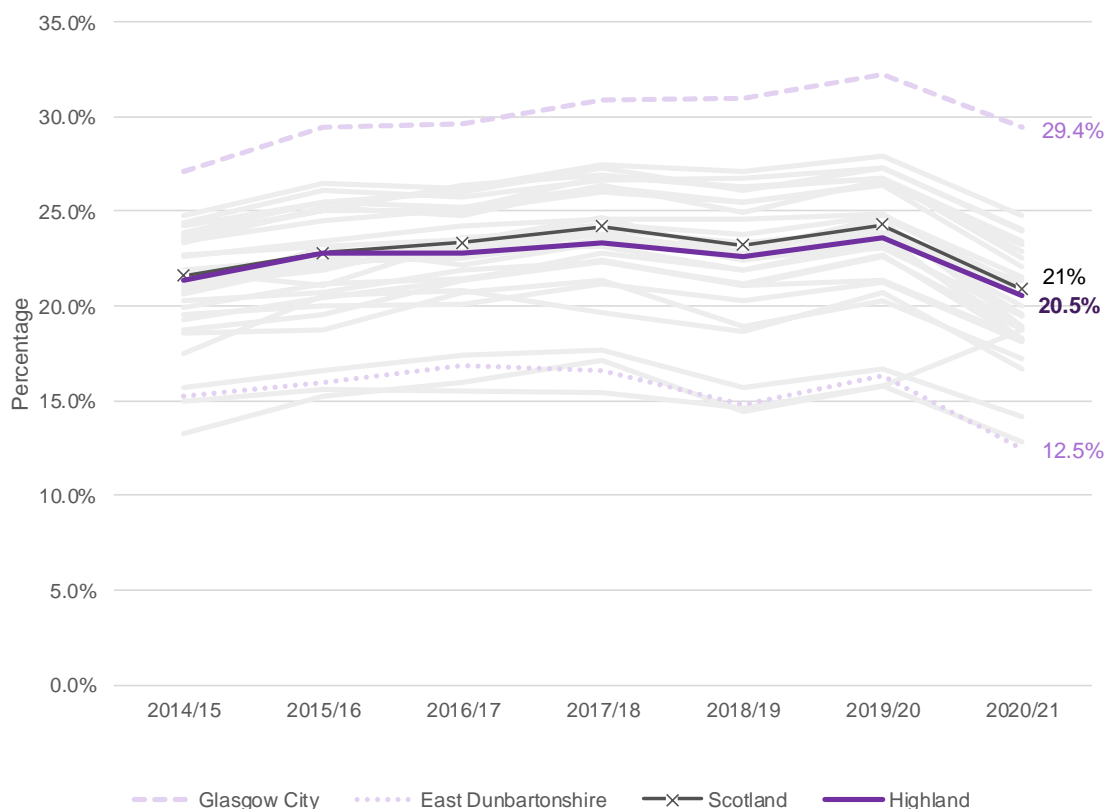
The latest figures from the End Child Poverty Coalition suggest a reduction in child poverty across Scotland, including Highland, however this is unlikely to yet reflect the impact of covid on low income households nor the more recent challenges related to the cost of living as outlined below.

### **Figure 2: Percentage of children aged under 16 years living in income poverty after housing costs by Local Authority in Scotland**

---

<sup>2</sup> Scottish Government. Child Poverty Analysis. [Online] <https://www.gov.scot/collections/child-poverty-statistics/>

<sup>3</sup> Stone, J. Local indicators of child poverty after housing costs, 2020/2. Centre for Research in Social Policy Loughborough University for End Child Poverty Coalition; 2022. [https://endchildpoverty.org.uk/wp-content/uploads/2022/07/Local-child-poverty-indicators-report-2022\\_FINAL.pdf](https://endchildpoverty.org.uk/wp-content/uploads/2022/07/Local-child-poverty-indicators-report-2022_FINAL.pdf)



Source: End Child Poverty Coalition

In October 2023, the Joseph Rowntree Foundation (JRF) published its report *Poverty in Scotland 2023*<sup>4</sup>. Its findings note that:

- The statutory child poverty reduction targets are unlikely to be met without significant additional Scottish Government action.
- While the Scottish Child Payment is likely to reduce child poverty, the growth of in-work poverty is holding back further progress.
- One in four people in working single-parent families are in poverty.
- One in four families with three or more children face in-work poverty.
- Two-thirds of families experiencing in-work poverty said they would not be able to pay an unexpected bill of £200 with their own money or savings.
- Two in five families experiencing in-work poverty were also behind on one or more bill: 14% were behind on their rent or mortgage, 17% behind on their electricity or gas bills.

JFR found that in the UK<sup>5</sup>:

- 43% of families with three or more children were in poverty in 2021/22.
- 44% of children in lone-parent families were in poverty in 2021/22.
- In October 2023:
  - 47% of the poorest fifth of households were in arrears.
  - 72% of households were going without essentials.
  - 58% of households reported not having enough money for food.

<sup>4</sup> <https://www.jrf.org.uk/poverty-in-scotland-2023>

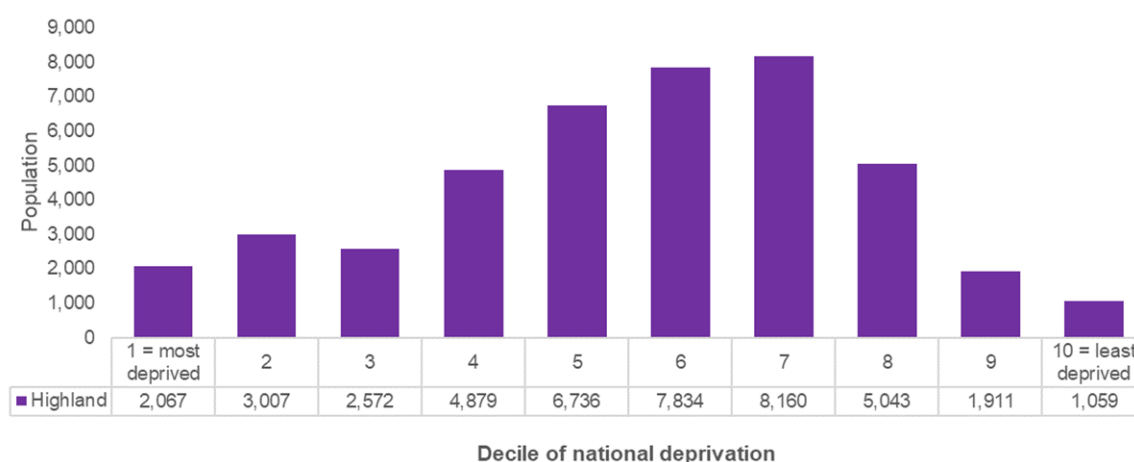
<sup>5</sup> <https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk>

## Deprivation

Deprivation, as measured by the Scottish Index of Multiple Deprivation, provides further context for Highland. Figure 3 highlights that the majority of the Highland child population live in areas ranked in deciles five to seven nationally i.e. outwith those areas classified as the most deprived. 8% of Highland’s children and young people live in the 15% of areas categorised as most deprived.

Data from the income and employment domains of the SIMD illustrates this, as 81.1% of income deprived and 81.3% of employment deprived people in Highland do not live in the 15% most deprived areas in Scotland.<sup>6</sup>

**Figure 3: Number of children and young people aged under 18 years of age living in Highland in 2021 by national decile of the Scottish Index of Multiple Deprivation**



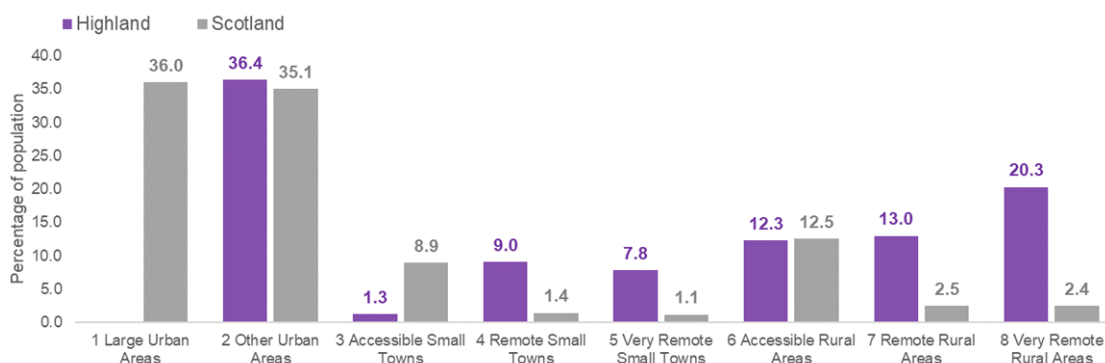
Source: Scottish Index of Multiple Deprivation 2020v2 and National Records of Scotland Small Area Population Estimates 2021

## Remote and Rural Factors

In Highland, one in three children and young people under 18 years reside in remote rural areas, with one in five living in very remote rural areas. In contrast, one in twenty children lives in remote rural areas in Scotland, with one in forty living in very remote rural areas.

**Figure 4: Percentage of the population aged under 18 years of age living in urban and rural areas in Highland and Scotland in 2021**

<sup>6</sup> Scottish Index of Multiple Deprivation 2020v2 <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>



Source: Scottish Government Urban Rural Classification 2020 and NRS Small Area Population Estimates for 2021

Remoteness from services and facilities is an important factor in relation to considering poverty and deprivation in Highland with access challenges compounding other disadvantages. In remote and rural areas, low incomes of people are exacerbated by additional costs. This includes more expensive food and clothing, more expensive household goods, increased home energy costs and the costs of transport as shown in work on the Minimum Income Standard for Remote Rural Scotland.<sup>7</sup> This highlights that for people living in rural areas of Scotland, a minimum acceptable standard of living typically requires between a tenth and a third more household spending than in urban parts of the UK.

Evidence from the literature highlights that people living in rural areas experience deprivation differently from those living in towns and cities. Particular issues in rural areas include:

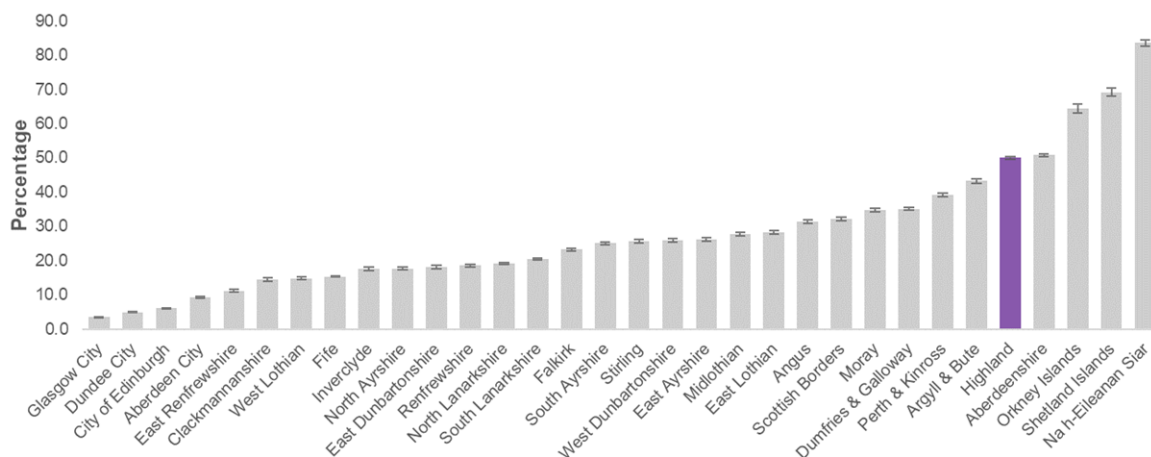
- Less accessible key services including health and social care, childcare and high speed digital networks
- Higher consumption of fuel for heating and transport
- 33% of households in Highland experience fuel poverty (average for Scotland is 24%)<sup>8</sup>
- Reduced opportunities to earn adequate income
- Higher cost of living impacted by prices for basic essential supplies
- Limited frequency and coverage of public transport

50% of children and young people in Highland live in the most deprived access quartile according to SIMD. This is amongst the highest levels in Scotland.

<sup>7</sup> *Minimum income standard for Remote Rural Scotland – Policy update 2016*, Loughborough University <http://www.hie.co.uk/common/handlers/download-document.ashx?id=90d6c2f6-a461-4ff8-9902-49f073765e39>

<sup>8</sup> <https://www.gov.scot/publications/scottish-islands-data-overview-2023/pages/9/>

**Figure 4: Young people living in the most access deprived quintile, aged 00-25 years in 2020**



Source: ScotPHO Community Profiles – SIMD 2016, Scottish Government and Public Health Scotland

In 2022, the Scottish Government and the Scottish Rural College published *Improving our understanding of child poverty in rural and island Scotland*.<sup>9</sup> It identified that interventions to tackle child poverty in rural and island locations should:

- recognise higher costs of living and of service delivery in these locations
- ensure early intervention and a long term approach
- place children and families at the centre of the intervention
- explore digital approaches as a delivery mechanism, where appropriate
- involve schools as key partners
- ensure all interventions are rural and island proofed.

<sup>9</sup> <https://www.gov.scot/publications/improving-understanding-child-poverty-rural-island-scotland/>

## Section 2: Action in Highland

### What have we done to address Child Poverty in 2022/23

The following summarises the key actions identified in the partnership's 2020/21 Child Poverty Action Report against each of the core themes. Progress against each of these actions, alongside actions to address the covid specific circumstances are detailed.

<b>Theme: Income from Employment</b>						
<b>Improvement Priority: Work to reduce the Poverty Related Attainment Gap in Highland</b>						
<b>Area for Action</b>		<b>Progress</b>				
Target the use of SEF to fund collaborative lead officers who work directly with schools 3-18 to improve quality standards and outcomes on a particular focus on those who are disadvantaged.		During 2022/23 there were improvements seen to inspection outcomes across ELC, primary and secondary settings.				
		<p>There were improvements to the literacy and numeracy data across primary schools and some at SCQF level:</p> <ul style="list-style-type: none"> <li>For Highland in S4 to S6, the awards gained by young people in Quintile 1 has improved and remained steady on 2022 figures for S4 achieving 1+ Level 5 awards.</li> <li>There has been a significant 4% improvement on the previous year for S5 learners from our most deprived areas achieving 1 or more Level 6 awards resulting in a 10% improvement over the last 4 years and reducing the attainment gap for this cohort by 9% over the same time period.</li> </ul>				
		<b>Attainment Gap Between SIMD Quintile 1 and 5*</b>				
		Cohort and SCQF Level	2018/19	2020/21	2021/22	2022/23
		S4 Cohort 1 @ level 5	21	28	22	22
		S5 Cohort 1 @ level 6	38	39	35	27
		S6 Cohort 5 @ level 6	31	37	30	22
		*The difference between quintile 1 and quintile 5 is the attainment gap.				

Area for Action	Progress																																										
<p>Target the use of SEF to fund MCR pathways programme to support care experienced children and young people to achieve a positive destination</p>	<p>Positive destination outcomes for disadvantaged and care experienced young people have improved and the gap with the national average has reduced. However, we are still slightly below the national average.</p> <table border="1" data-bbox="779 357 2175 507"> <thead> <tr> <th></th> <th>No</th> <th>Overall %</th> <th>No</th> <th>ASN %</th> <th>No</th> <th>FSM %</th> <th>No</th> <th>LAC %</th> <th>No</th> <th>CEYP %</th> <th>No</th> <th>SIMD 1/2 %</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>MCR</td> <td>22</td> <td>96</td> <td>18</td> <td>95.83</td> <td>21</td> <td>100</td> <td>8</td> <td>100</td> <td>5</td> <td>94.44</td> <td>15</td> <td>83.33</td> <td>6</td> </tr> <tr> <td>Highland</td> <td>2475</td> <td>95.27</td> <td>2358</td> <td>92.79</td> <td>1301</td> <td>90.39</td> <td>220</td> <td>72</td> <td>18</td> <td>79.94</td> <td>63</td> <td>87.71</td> <td>240</td> </tr> </tbody> </table>		No	Overall %	No	ASN %	No	FSM %	No	LAC %	No	CEYP %	No	SIMD 1/2 %	No	MCR	22	96	18	95.83	21	100	8	100	5	94.44	15	83.33	6	Highland	2475	95.27	2358	92.79	1301	90.39	220	72	18	79.94	63	87.71	240
	No	Overall %	No	ASN %	No	FSM %	No	LAC %	No	CEYP %	No	SIMD 1/2 %	No																														
MCR	22	96	18	95.83	21	100	8	100	5	94.44	15	83.33	6																														
Highland	2475	95.27	2358	92.79	1301	90.39	220	72	18	79.94	63	87.71	240																														
<p>Set ambitious stretch aims as required by Scottish Government to ensure performance improves to be in line with the national average and develop a collaborate improvement framework to support schools to deliver the improvement.</p>	<p>During 22/23 stretch aims were set in conjunction with the Scottish Government for school leavers attainment. New targets are longer term and progress against them reported annually to Scottish Government and we are currently on track to achieve attainment targets for literacy and numeracy in primary and senior phase attainment indicators are on track. Individual stretch targets will be set for each school.</p> <ul style="list-style-type: none"> <li>• Stretch aim 2025/26 = 1@ SCQF level 5 for quintile 1 = 6% increase</li> <li>• Stretch aim 2025/56 = 1@ SCQF level 6 for quintile 1 = 8% increase</li> </ul>																																										
<p>Work to continue the roll-out of digital resources to support course materials and literacy and numeracy activities and to support schools register for the Digital Schools Award.</p>	<p>An Education and Learning Digital Strategy was agreed in February 2023 with the aims of ensuring digital technology is central within the curriculum; to support the development of skills and confidence of educators and to improve access to digital technology for all learners.</p> <p>Delivery of digital resources to schools has continued and will continue to be developed as a result of the focus on Workforce for the Future and the digital offering that has been made.</p> <p>Digital learning is a core part of the collaborative improvement framework for primaries, in English and Gaelic medium. This builds on the interrupted learners offer, the online curriculum offer to small secondary schools and pupils unable to access mainstream education.</p>																																										

<b>Theme: Income from Employment</b>	
<b>Improvement Priority: Work to reduce the Poverty Related Attainment Gap in Highland</b>	
<b>Area for Action</b>	<b>Progress</b>
<p><b>Scottish Attainment Challenge Scotland Fund - Schools Programme- Funded LA strategic plan to support 10 Highland schools with highest levels of deprivation in areas of Literacy; Numeracy and HWB. For 2021/22 there is a focus on:</b></p> <ul style="list-style-type: none"> <li>• Continue to implement the collaborative improvement framework including targeted training and support for teachers and leaders in relation to literacy, numeracy, assessment, moderation and standardisation</li> <li>•</li> </ul>	<p>The collaborative improvement framework is in place to support management and leadership development at all levels and across all parts of the services. Area based meetings focus on achievement and thematic groups on school improvement are location and context specific.</p> <p>Feedback from school leaders is positive and positive improvement to attainment and inspection outcomes can be seen.</p>
<p><b>Effective Use of Data as a Lever to attain Educational Equity</b>  <i>Series of improved toolkits including planning tools; reflective analysis , data dashboards and support training . Actions include:</i></p> <ul style="list-style-type: none"> <li>• Improving Approaches to PEF planning</li> <li>• Improving Data Literacy at all Levels</li> </ul>	<p>Collaborative lead officers scrutinise PEF plans alongside the PEF administrator to ensure they are evidence informed, within budget and in line with content of self-evaluation and school improvement plans.</p> <p>Tracking and monitoring progress of PEF plans are part of collaborative improvement work, with a particular focus on care experienced and other targeted groups of pupils. There has been a series of profession learning sessions delivered by Education Scotland and Highland Council staff to support improved use of data to support literacy and numeracy.</p> <p>Self-evaluation (SECI) training has been delivered in partnership with Education Scotland that has focused on evidencing self-evaluation.</p>



Area for Action	Progress																																																																																																																													
<p><b>Developing the Young Workforce – Equity of Opportunity</b></p> <ul style="list-style-type: none"> <li>Through work of the DYW co-ordinators, focus on raising attainment and develop appropriate ambitious guidance</li> <li>Expanding and embedding the My Future My Success programme across Highland.</li> </ul>	<p>We continue to embed Developing the Young Workforce (DYW) in the curriculum, ensuring relevance to the learning the children &amp; young people undertake and ensuring all have access to skills development and entrepreneurial learning. The entitlement through the career education standard, along with work-based learning, develops young people’s employability and understanding of the Highland economy. For young people furthest from the labour market, enhanced provision through pathway planning and My Future My Success (MFMS) will create additional opportunities for young people to develop and practice their skills development.</p>																																																																																																																													
<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Overall %</th> <th>No</th> <th>ASN %</th> <th>No</th> <th>FSM %</th> <th>No</th> <th>LAC %</th> <th>No</th> <th>CEYP %</th> <th>No</th> <th>SIMD 1/2 %</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>MFMS</td> <td>136</td> <td>96.32</td> <td>130</td> <td>95.37</td> <td>103</td> <td>96.97</td> <td>31</td> <td>100</td> <td>6</td> <td>90</td> <td>12</td> <td>96</td> <td>21</td> </tr> <tr> <td>MCR</td> <td>22</td> <td>96</td> <td>18</td> <td>95.83</td> <td>21</td> <td>100</td> <td>8</td> <td>100</td> <td>5</td> <td>94.44</td> <td>15</td> <td>83.33</td> <td>6</td> </tr> <tr> <td>Highland without MFMS</td> <td>2339</td> <td>95.25</td> <td>2228</td> <td>92.56</td> <td>1095</td> <td>90.32</td> <td>168</td> <td>66.67</td> <td>14</td> <td>77.36</td> <td>41</td> <td>87.39</td> <td>194</td> </tr> <tr> <td>Highland</td> <td>2475</td> <td>95.27</td> <td>2358</td> <td>92.79</td> <td>1301</td> <td>90.39</td> <td>220</td> <td>72</td> <td>18</td> <td>79.94</td> <td>63</td> <td>87.71</td> <td>240</td> </tr> <tr> <td>Virtual</td> <td>24750</td> <td>95.68</td> <td></td> <td>93.9</td> <td></td> <td>93.41</td> <td></td> <td>89.6</td> <td></td> <td></td> <td></td> <td>91.95</td> <td></td> </tr> <tr> <td>Northern Alliance</td> <td>9690</td> <td>95.09</td> <td></td> <td>93.05</td> <td></td> <td>89.27</td> <td></td> <td>81.58</td> <td></td> <td></td> <td></td> <td>88.39</td> <td></td> </tr> <tr> <td>National</td> <td>54719</td> <td>95.87</td> <td></td> <td>93.69</td> <td></td> <td>92.81</td> <td></td> <td>87.94</td> <td></td> <td></td> <td></td> <td>94</td> <td></td> </tr> </tbody> </table>																No	Overall %	No	ASN %	No	FSM %	No	LAC %	No	CEYP %	No	SIMD 1/2 %	No	MFMS	136	96.32	130	95.37	103	96.97	31	100	6	90	12	96	21	MCR	22	96	18	95.83	21	100	8	100	5	94.44	15	83.33	6	Highland without MFMS	2339	95.25	2228	92.56	1095	90.32	168	66.67	14	77.36	41	87.39	194	Highland	2475	95.27	2358	92.79	1301	90.39	220	72	18	79.94	63	87.71	240	Virtual	24750	95.68		93.9		93.41		89.6				91.95		Northern Alliance	9690	95.09		93.05		89.27		81.58				88.39		National	54719	95.87		93.69		92.81		87.94				94	
	No	Overall %	No	ASN %	No	FSM %	No	LAC %	No	CEYP %	No	SIMD 1/2 %	No																																																																																																																	
MFMS	136	96.32	130	95.37	103	96.97	31	100	6	90	12	96	21																																																																																																																	
MCR	22	96	18	95.83	21	100	8	100	5	94.44	15	83.33	6																																																																																																																	
Highland without MFMS	2339	95.25	2228	92.56	1095	90.32	168	66.67	14	77.36	41	87.39	194																																																																																																																	
Highland	2475	95.27	2358	92.79	1301	90.39	220	72	18	79.94	63	87.71	240																																																																																																																	
Virtual	24750	95.68		93.9		93.41		89.6				91.95																																																																																																																		
Northern Alliance	9690	95.09		93.05		89.27		81.58				88.39																																																																																																																		
National	54719	95.87		93.69		92.81		87.94				94																																																																																																																		
<p style="text-align: center;">Percentage of School Leavers in a Positive Destination</p> <table border="1"> <thead> <tr> <th></th> <th>2018/19</th> <th>2019/20</th> <th>2020/21</th> <th>2021/22</th> <th>2022/23</th> </tr> </thead> <tbody> <tr> <td>Highland</td> <td>94.79</td> <td>92.55</td> <td>94.33</td> <td>94.45</td> <td>95.27</td> </tr> <tr> <td>VC</td> <td>94.88</td> <td>93.56</td> <td>95.52</td> <td>95.8</td> <td>95.68</td> </tr> <tr> <td>Northern Alliance</td> <td>94.98</td> <td>92.99</td> <td>95.32</td> <td>95.41</td> <td>95.09</td> </tr> <tr> <td>National Establishment</td> <td>95.05</td> <td>93.36</td> <td>95.48</td> <td>95.74</td> <td>95.87</td> </tr> </tbody> </table>																2018/19	2019/20	2020/21	2021/22	2022/23	Highland	94.79	92.55	94.33	94.45	95.27	VC	94.88	93.56	95.52	95.8	95.68	Northern Alliance	94.98	92.99	95.32	95.41	95.09	National Establishment	95.05	93.36	95.48	95.74	95.87																																																																																		
	2018/19	2019/20	2020/21	2021/22	2022/23																																																																																																																									
Highland	94.79	92.55	94.33	94.45	95.27																																																																																																																									
VC	94.88	93.56	95.52	95.8	95.68																																																																																																																									
Northern Alliance	94.98	92.99	95.32	95.41	95.09																																																																																																																									
National Establishment	95.05	93.36	95.48	95.74	95.87																																																																																																																									

<b>Theme: Income from Employment</b>	
<b>Improvement Priority: Improve opportunities for training and apprenticeships for parents and young people as part of the Council's Economic Prosperity Fund</b>	
<b>Area for Action</b>	<b>Progress</b>
Support the roll out of Parental Employability Support Fund programme – targeting 'in work' progression for parents	<p>The Parental Employability Support Fund programme has ceased, with parental support outcomes now embedded within the Child Poverty element of Scottish Government's No One Left Behind (NOLB) support.</p> <p>A total of 125 parents were supported to access employability support under NOLB.</p> <p>The Raised-Up North initiative was developed and launched in 2023, specifically to help working parents in receipt of Universal Credit to access training and development support, with a view to raising their household income. To date 23 people have been helped by the scheme and outcomes in terms of growing household income will be monitored wherever possible.</p> <p>An Employability Child Poverty Co-ordinator joined the Highland Council employability team in August 2023, with an initial focus on working closely with Job Centre Plus colleagues across the Highlands to provide additional support to parents find employment and help working parents' progress. This has resulted in new referrals coming into the Highland Employability Service and in several cases, employment has been secured.</p> <p>Links are also being established with community groups across the Highlands with a view to engaging more parents in need of support.</p>
Support the development of the Young Person Guarantee work placement programme as a way to support job creation	<p>Important to note that the Young Person Guarantee workplace programme has ceased, with outcomes for young people now embedded as part of the Scottish Government's No One Left Behind (NOLB) support.</p> <p>299 young people under the age of 25 were supported through No One Left Behind (67% of the overall total) of which 40 young people under the age of 25 years have been supported through work placement programmes.</p> <p>Individual HEP partners maintain strong links with Highland employers and feedback from them is a helping to drive the design of training options and the delivery of recruitment events in communities across the Highlands.</p> <p>A good example of this is the Aim High course where young people undertake the employability award, supplemented by employers offering work experience opportunities based on individual job aspirations.</p>

Develop the Modern Apprenticeship scheme for 16-65 year olds at all levels to support all sectors in Highland, including upskilling and vocational qualifications post Covid-19	The Highland Council Modern/Graduate Apprenticeship programme is suitable for people of all ages (16 – 67yrs old). There are now 25 Modern Apprenticeship Frameworks being used and a further 7 Graduate Apprenticeship frameworks.		
		<b>2021/22</b>	<b>2022/23</b>
	Total Enrolled	484	614
	Total Completed	231	366
	Total undergoing apprenticeship qualifications (MA/GA)	203	176
	New apprenticeships	165	173
Upskilling staff	319	441	

<b>Theme: Cost of Living</b>	
<b>Improvement Priority: Address food insecurity by increasing equity of access to good quality food</b>	
<b>Area for Action</b>	<b>Progress</b>
Continue to lobby Scottish Government the provision of the financial support for families during the school holidays beyond June 2022 and consider Council led support to mitigate.	In partnership with COSLA, work continued to lobby the Scottish Government for school holiday food support for families. Support has been agreed and provided on a year-by-year basis and provided for in summers 2022 and 2023 and other school holidays over that period.
Support the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support including the development of a 'How to' guide to support groups wishing to take this forward	<p>During winter 2022/23 the Community Led Initiatives: Cost of Living Support Fund was established to support mitigating the impacts of the cost of living crisis. The Fund was aimed at enabling local groups to respond to the needs of their local communities to support them through the cost of living crisis. The criteria focused on the provision of food and spaces to support local communities:</p> <ul style="list-style-type: none"> <li>• Provide community support initiatives that provide food/activities</li> <li>• Enhance existing provision through extending local hours or introducing/increasing food provision</li> <li>• Adapt existing provision to meet identified local needs</li> <li>• Strengthen or establish food larders or food table provision</li> </ul> <p>£450,000 was distributed, supporting 106 projects across Highland. Projects included:</p> <ul style="list-style-type: none"> <li>• Establishing a drop in/warm space for individuals to come to where food and activities are provided</li> <li>• Extending the opening hours/number of days of existing community hub provision and supporting free food/drinks as part of the provision</li> <li>• Community hub provision targeted at specific groups within the community e.g. youth provision, older people, families</li> <li>• Supporting or extending food larder provision within local areas</li> <li>• Provision of food parcels or warmth parcels (e.g. with flasks/blankets) for specific vulnerable families or individuals</li> </ul> <p>A wide range of local community projects have been developed to provide support around the provision of food. One example is Happy Healthy Hilton which has evolved over this period:</p> <ul style="list-style-type: none"> <li>• From the end of 2022, until April 2023 the Cost of Living Support Fund provided funding for Highlife Highland to provide free lunches at the Centre on a Wednesday, Thursday, Friday along with the creation of a foodbank which was support through Cfine.</li> </ul>

	<ul style="list-style-type: none"> <li>• This developed through the period of April – September 2023, run through the Culduthel Christian Centre, who facilitated one afternoon tea session using the café space within the centre so that the community who attended the meals still had connection to the centre and access. This provided a tea and cake offering.</li> <li>• From September 20-23, Inverness Foodstuff have received funding from the Scottish Government’s Social Isolation and Loneliness to provide free meals on a Wednesday and Friday. As part of the offering work is underway to re-establish access to services so that a community hub approach is taken for the attendees of the meals offering.</li> <li>• The food offering was complemented with access to services such as THC Housing, Welfare, CAB, Police, Fire, access to digital services, Mental Health Support, play sessions for parents and toddlers and access to activities such as nature walks.</li> <li>• Numbers attending are 40/50 people per session.</li> </ul> <p>Work continued to promote the availability of the Highland Food Activity Map across Highland communities. The map includes:</p> <ul style="list-style-type: none"> <li>○ food banks</li> <li>○ local food producers</li> <li>○ community fridges and larders</li> <li>○ community cafés</li> </ul> <p>Highland Council’s Community Support Co-ordinators continues to work with groups during 2022/23 to support the development of sustainable food tables and fridges.</p>
Continue to develop strategies to increase uptake of free-school meals targeted at secondary provision.	<ul style="list-style-type: none"> <li>• Availability of free school meals was promoted during 2022/3 via social media and direct through school network channels.</li> <li>• National negotiations are ongoing on data sharing to enable automatic awards of free school meals and ensure families do not have to apply. The Council’s Head of Revenues and Business Support is working with COSLA and the Cabinet office to improve data sharing to enable automatic entitlement to encourage greater uptake.</li> </ul>

<b>Theme: Cost of Living</b>	
<b>Improvement Priority: Reduce the financial barriers on families</b>	
<b>Area for Action</b>	<b>Progress</b>
Promote the uptake of clothing grants and explore passporting awards	<p>During 2022/23, clothing grants were promoted through schools and social media channels. A shared form was developed to jointly promote free school meals and clothing grant uptake. During 2022/23, 4,398 pupils were entitled to clothing grants.</p> <p>National negotiations are ongoing on data sharing to enable automatic awards of free school meals and ensure families do not have to apply.</p>
Encourage the uptake of concessionary leisure schemes for children with low income backgrounds through specific targeting of the opportunity to free school meals and clothing grants recipients	<p>High Life Highland Budget Leisure Card</p> <ul style="list-style-type: none"> <li>• There are 9,596 households (17,381 individuals) across Highland that have a registered budget card.</li> <li>• Individuals and families in receipt of income related benefits are eligible for the budget scheme where customers: <ul style="list-style-type: none"> <li>○ can access leisure centres for fifty pence per visit; or</li> <li>○ take up a subscription for £3 per month for individuals or £5 for families. (This was introduced in 2022 to encourage increased activity levels and bring the budget card into line with the main leisure subscription scheme) .</li> </ul> </li> <li>• The budget card provides the same access to leisure centres as the regular leisure subscription and includes individual activities as well as instructor led/coached activities and swimming lessons.</li> <li>• Access to the scheme is promoted through schools.</li> </ul>
Promote and raise awareness of fuel discounts and grants and energy advice and switching services	<p>During 2022/23, the welfare team identified potential beneficiary households for energy and fuel advice and referred direct to the Energy Advice project run by CAB.</p> <p>Inverness CAB undertake checks and provided advice regarding switching, during 2022/23, in excess of 2,600 households were referred for energy advice and support.</p> <p>During 2022/23 the Council supported over 16,000 households to benefit from a range of different Highland Council fuel discounts including Low Income and Energy Support payment.</p>
Implementation of the Northern Alliance <i>Cost of the School Day Toolkit</i>	<p>The Cost of the Day Toolkit was piloted in a number of schools during 2021/22 and this was expanded during 2022/23 with the aim of rolling out to all schools in 2023/24.</p> <p>Awareness raising of the purpose and impact of Cost of the School Day has been delivered through staff CPD session to support embedding the approach going forward.</p>

<b>Theme: Cost of Living</b>	
<b>Improvement Priority: Increase access to and uptake of affordable and flexible childcare</b>	
<b>Area for Action</b>	<b>Progress</b>
Support the uptake of 1140 hours ELC provision	<p>All parents now have access to 1140 within their community or within reasonable travelling distance. 1140 hours is offered to all or pro-rata according to eligibility dates and only where parents request less do they get that.</p> <p>1140 is promoted across Local Authority and partner Private, Voluntary and Independent providers around enrolment time with press releases, each individual setting advertises what they offer. Some offer drop ins or information sessions. Work is undertaken to promote uptake through key universal service teams and the health visitor/midwifery financial inclusion pathway promotes childcare entitlement.</p>
Support the uptake of eligible 2 year old ELC provision	<p>Work is ongoing to access eligibility data from national sources in order to directly target the offer to parents/carers of eligible 2s. For eligible 2s, the Council writes to parents/carers 3 times per year to make the offer and encourage take-up.</p> <p>1140 is promoted around enrolment time with press releases and each individual setting advertises what they offer. Some offer drop ins or information sessions. Work is undertaken to promote uptake through key universal service teams and the health visitor/midwifery financial inclusion pathway promotes childcare entitlement.</p>
Continue to promote Scottish child payment and Scottish child disability payment	<p>A strategy has been developed to promote awareness of access to childcare cost supports.</p> <p>HMRC advice on access to childcare costs and tax-free childcare is promoted across partnership networks in Highland. The Council's Welfare Support team, as part of their remit, will identify any potential entitlements clients may have to these specific payments as well as providing support to make any applications.</p>
Explore options with partnerships to support flexible models of childcare in individual communities	<p><i>Single Care Model</i></p> <p>Focus on the delivery of both adult and child care as a single service in rural and remote locations. This seeks to address care provision across the age spectrum within a rural community where there have been difficulties with recruitment of staff, to provide an integrated care service which can provide child and adult care due to small numbers and ensuring a viable service.</p> <p>CALA have been in progressing discussions with the Care Inspectorate and have set up a workstream to support development and see what elements require further work and flexibility from regulation and legislation. Such a model fits well with the planned changes to SSSC regulations due in the summer 2024 as well as the Addressing Depopulation Action Plan.</p>

*Pop Up Play/recruitment*

A model of play and recruitment has been developed to address challenges of recruitment into childcare. It has been seen as a positive development, learning from the event included working more closely and at an earlier stage with the local schools and also re establishing relationships with key agencies. Other areas being considered include Ullapool, South Skye and Lochalsh and Caithness. Providing flexible childcare in rural areas is key driver to reducing child poverty through increased parental employment.

*Scottish Football Association (SFA)*

The SFA were funded by SG to roll out unregulated school aged childcare to test if that is used by families and how it benefits children especially in more deprived areas and those with lower attendance. Work is being progressed to consider whether this can be developed further in Highland. FC Sonas (gaelic football) are running similar sessions in Fort William area and looking to expand this.

*Changes to Childminding Models in Rural and Remote Communities:*

Work is ongoing to explore:

- Whether childminders could be given financial subsidy to enable sustainability. This would enable a childminder to establish a service where there is a need but not yet at full capacity to be a viable business.
- Whether childminders could be funded for the care of their own and family children. Excluding this is a major barrier in rural and island communities.
- Potential changes to Care Inspection regulations in order to reduce the paperwork, bureaucracy and time taken to become a childminder, or to provide more support to guide childminders through this.

*Changes to current rural and remote childcare provision particularly 3<sup>rd</sup> sector providers:*

Next steps are to consider:

- Whether there could be a greater flexibility in the Care Inspectorate's timescales around service development and staffing for childcare in remote rural areas.
- When a Local Authority increases rent on their building stock that a childcare provider is exempt from the increases (this makes the provision unsustainable). For those delivering funded ELC a system is in place that means providers pay the let charges but a reasonable charge.
- The need to look at innovative solutions for managerial expertise in rural communities.
- Minimum qualifications, skills, experience and knowledge for community volunteers to create a flexible care staffbank
- Rural Childcare (Care) Practitioner – a new model which has the nurturing nature of a childminder but also the ability to deliver childcare within the local community (outwith a domestic setting) such as running holiday clubs in the local village hall. Consideration needed to ensure the role is viable and could be salaried/subsidised.



<b>Theme: Income from Social Security and benefits in kind</b>	
<b>Improvement Priority: Maximise uptake of child related social security benefits</b>	
<b>Area for Action</b>	<b>Progress</b>
<p>Maximise uptake of DWP and Social Security Scotland benefits, including those with childcare costs, including outcomes from the Council's Advice &amp; Information contract.</p>	<ul style="list-style-type: none"> <li>• Support for families to maximise incomes and ensure households are able to access all entitlements continued to be a key focus for partners during 2022/23.</li> <li>• Specialist support is available through the Council's Welfare Team and CAB Highland network and this was promoted through the wider Partnership and directly signposted to individuals and families who would benefit.</li> <li>• Support has been developed in the form of the Money Worries leaflet – available in 6 languages and an easy read version. – Money Matters course and information provided on entitlements through the community group bulletin and this continues to be a key source of support and available on different organisations web and social media platforms and in local premises.</li> <li>• More than <b>26,000</b> residents within Highland sought support from welfare services (Council and CAB) during the financial year 2022/23. This generated in excess of <b>109,000</b> client contacts seeking advice on a variety of issues including cost of living, welfare, money and housing.</li> <li>• In Highland, financial gains derived for clients during 2022/23, by these welfare services, exceeded <b>£24.3m</b>.</li> <li>• During 2022/23, the Revenues &amp; Business Support section administered welfare payments to vulnerable and marginalised residents which exceeded <b>£60m</b>. These payments were a mixture of regular welfare payments including one-off specific awards towards mitigating cost of living challenges.</li> </ul>
<p>Implementation of midwifery financial inclusion pathway</p>	<p>A joint Welfare Advice &amp; Health Partnership (WHAP) was set up in 22/23 to provide access to money and welfare rights advice in health care settings. This is achieved by embedding welfare advice specialists in healthcare settings through partnership working between local authorities, health boards and GP practices.</p> <p><b>Midwifery Pathway</b> - The <i>Highland Information Trail</i> has been introduced to guide professionals to resources available to support and improve maternal and child health across Highland. It covers information from both a national and local perspective from pre pregnancy through to the age of five.</p> <p>This includes information and the application process for:</p> <ul style="list-style-type: none"> <li>• Best Start Grant/Best Start foods</li> <li>• Benefits entitlement</li> </ul>

- Early Learning and Childcare entitlement
- @8-12 weeks 'Worrying about money' leaflet and details about the 'Worrying about money' phone app.
- @22 weeks the 'Find help to balance your budget' leaflet

The **Health Visitor's Pathway** continues to develop:

- Health Visitors routinely enquire after money worries as part of the Health Visitor Universal Pathway. If the family disclose a need, a referral to the Welfare Team is offered
- The Worrying About Money leaflet is shared with all families.
- Additional training and resources are now available to health staff e.g. Asking Families About Money Worries – Guidance for Health visitors, Midwives and Family Nurse Partnerships booklet and Child Poverty e-learning course from Public Health Scotland.

Current priorities are:

- Adapt the FI Pathway for families with infants to access emergency formula milk.
- Access to emergency funds for families in remote and rural areas - explore cash first approaches.
- Explore what measures can be put in place to provide assurance on the delivery of the FI Pathway.

**GP Pathway** - A referral pathway is operating to enable GP practices to refer to the Council's Welfare Team. Welfare advice specialists provide an effective support service on all matters relating to welfare benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their homes, and have a better quality of life.

WAHP's provide GP practices with specialist welfare advice specialists who can support patients to improve their financial situation. There is a strong correlation between improving people's financial situation and improved health outcomes so supporting patients around financial issues should:

- ensure people are directed to the right support.
- help reduce demand on practice time through practice staff being able to identify patients who would benefit from financial advice during appointments.
- allow GP appointments to be more focused on medical matters.

### Section 3: What are we planning to do to address Child Poverty in 2023/24

The actions to address Child Poverty in 2023/24 are outlined below and reflect those agreed as part of the new Integrated Children’s Service’s Plan 2023-2026, where one of the core priorities is Child Poverty. Child Poverty has been a core priority of the Integrated Children’s Service’s Plan since 2021 however the actions identified for the 2023/24 plan reflect the life courses approach taken throughout the whole plan. This reflects a new approach for the child poverty action plan.

The partnership actions to address child poverty are aligned to the Integrated Children’s Plan and are reported as part of the Integrated Children’s Service Plan monitoring.

<b>Theme: Getting Started Pre birth – 5 years</b>			
<b>Improvement priority:</b> We will reduce the financial barriers in order to increase participation, raise aspirations and address the impacts of poverty.			
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>
Develop flexible models of childcare in rural areas	<ul style="list-style-type: none"> <li>• New models piloted</li> <li>• A more sustainable delivery model in place, including a shift in the balance of ELC delivery between LA and PVI providers.</li> </ul>	March 2026	Regional Economic Partnership – Childcare Sub-group
Implement the Whole Family Approach to mitigate the impacts of poverty	<ul style="list-style-type: none"> <li>• Rolling out toolkit for infant food insecurity</li> <li>• Building linkages between schools and local food provision</li> <li>• Pilot service to person approaches within local areas</li> </ul>	March 2026	Integrated Children’s Services Board
Develop financial inclusion pathways	<ul style="list-style-type: none"> <li>• Increased number of service areas operating a financial inclusion pathway</li> </ul>	March 2025	Head of Revenues and Business Support, Highland Council

<b>Theme: Growing Up – Primary Years</b>			
<b>Improvement priority:</b> Mitigate the impact of the cost of living crisis			
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>
Increase the uptake of sanitary products in schools	Increase in product take-up from young people	August 2025	Children's Rights and Participation Group
Develop system for weekend food support	Year 1: Options for delivery of support explored	March 2025	Poverty Reduction Delivery Group
Roll out cost of the school day toolkit	Increase in take up of schools using the toolkit	August 2025	Head of Lifelong Learning and Gaelic

<b>Theme: Moving On: Secondary and Young Adulthood</b>			
<b>Improvement priority:</b> We will raise attainment and close the poverty related attainment gap			
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>
Raise awareness of the impact of poverty amongst children and young people	Baseline – Lifestyle Survey	March 2026	Poverty Reduction Delivery Group
Roll out the Family First approach	<ul style="list-style-type: none"> <li>• Reduce numbers of children in external residential provision</li> <li>• Increase proportion of children in kinship care</li> <li>• Increased number of foster carers</li> <li>• Increased community services and supports</li> </ul>	March 2026	Head of Children, Young People and Families
Identify way to provided targeted support within universal services.	To be developed	Aug 2023	Poverty Reduction Delivery Group

# NHS Highland



**Meeting:** Board Meeting

**Meeting date:** 28 May 2024

**Title:** Quarter 4 Whistleblowing Report

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

**Report Author:** Gareth Adkins, Director of People & Culture

## 1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

## **2 Report summary**

### **2.1 Situation**

This report is for Quarter 4 covering the period 1<sup>st</sup> February – 31<sup>st</sup> March 2024.

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

### **2.2 Background**

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

As part of the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports. The Staff Governance Committee plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place.

The Guardian Service provide our Whistleblowing Standards confidential contacts service. The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is: - kept informed as to how the investigation is progressing - advised of any extension to timescales - advised of outcome/decision made - advised of any further route of appeal to the Independent National Whistleblowing Office (INWO)
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland. Staff can also raise concerns directly with:
  - their line manager
  - The whistleblowing champion
  - The executive whistleblowing lead

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

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

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

### **2.3 Assessment**

In the Q4 Whistleblowing reporting period 1<sup>st</sup> February – 31<sup>st</sup> March 2024:

- 3 new cases have been raised.
- 1 Monitored referral remains under review.
- 1 case arising from an INWO query will now be progressed under the standards.

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



A follow-up contact with the complainant’s trade union representative has not resulted in any further action. We will seek advice from INWO in due course if we do not receive any further contact.

The query from INWO was in relation to a complaint made by a member of staff in relation to a concern they raised through the guardian service in July 2022. The complainant has subsequently provided further information on current concerns with quality of care. It was agreed with the complainant that the main outcome they were seeking was that there were issues with the quality of care and that suitable actions were underway to address them. They further agreed that service managers would be asked if they were aware of the issues and what was being done to address them as an alternative to an investigation under the whistleblowing standards. The executive lead has agreed to meet with the complainant in February 2024 to discuss the case and the outcome of the intervention. It is hoped this will lead to further learning for the organisation on how we can improve reporting of quality of care issues through ‘business as usual’ routes. For example, if staff have concerns about quality of care can we move to a position where staff are able to raise issues through line management and/or clinical governance mechanisms.

Following the meeting in February it was established that the complainant felt that little progress had been made and they wish to revisit the option to investigate this as a whistleblowing concern. This is now being progressed with the appointment of an investigator.

Compliance with the timescales within the standards remains a challenge. We will review the capacity available to support the process but note that the complexity of these processes remains a challenge to achieving an outcome within 20 working days.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

The Board is asked to take moderate assurance on basis of commitment to the principles of the standards and completing robust investigations but with a challenge to achieving this within the 20 working days within the standards.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

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

**3.2 Workforce**

Our workforce has additional protection in place under these standards.

**3.3 Financial**

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

**3.4 Risk Assessment/Management**

The risks of the implementation have been assessed and included.

**3.5 Data Protection**

The standards require additional vigilance on protecting confidentiality.

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

No issues identified currently.

**3.7 Other impacts**

None

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

N/A

**3.9 Route to the Meeting**

N/A

**4 Recommendation**

The Board is asked to:

- (a) Take Moderate Assurance – To give confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.
- (b) Note the content of the report.

**4.1 List of appendices**

None

**NHS Highland**



Meeting: Board Meeting  
 Meeting date: 28 May 2024  
 Title: Updates to Standing Financial Instructions  
 Responsible Executive/Non-Executive: Heledd Cooper, Director of Finance  
 Report Author: Ruth Daly, Board Secretary

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

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

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

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

**2 Report summary**

**2.1 Situation**

This report asks the Board to approve updates to Standing Financial Instructions to be incorporated into the Board's Code of Corporate Governance and for onward submission to NHS Highland Board on 28 May 2024.

**2.2 Background**

The Code of Corporate Governance includes a wide range of control documents including the Standing Financial Instructions (SFIs).

The most recent update to the Code was agreed at the Board in March. Since this time further revisions have been sought to SFIs.

**2.3 Assessment**

The Audit Committee agreed an update to the Board's Code of Corporate Governance in March 2024. During consideration of the annual update at the Board on 26 March,

members sought inclusion of references to commissioning of care homes/care at home within the Standing Financial Instructions. The Board Secretary undertook to address this with the Director of Finance.

Furthermore, since this time, a request to make further revisions to SFIs was received to make further changes to procurement thresholds.

Appendix A to this report sets out all the changes that are proposed as tracked changes. Consideration of the proposed changes has highlighted an exception in our working practices relating to advance payments to adult social care providers. Current arrangements reflect compliance with previous SFIs provisions and exclusions which pertained particularly to adult social care. Current arrangements support sector stability and a separate paper will be brought to Audit Committee appraising of this position at a later date.

Subject to Audit Committee's agreement, updated SFIs will be submitted for agreement at the Board meeting on 28 May.

#### 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### 3 Impact Analysis

#### 3.1 Quality/ Patient Care

#### 3.2 Workforce

#### 3.3 Financial

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

#### 3.4 Risk Assessment/Management

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

#### 3.5 Data Protection

This report does not involve personally identifiable information.

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

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

#### 3.7 Other impacts

No other impacts

#### 3.8 Communication, involvement, engagement and consultation

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

#### 3.9 Route to the Meeting

The contents of this report have been considered by individual governance committees.

### 4 Recommendation

The Board is asked to:

- (a) **take assurance from** the revisions to Standing Financial Instructions;
- (b) **approve** the revisions to the Standing Financial Instructions as recommended by the Audit Committee
- (c) **Note** that a fully revised version of SFIs will be incorporated into the Code of Corporate Governance and uploaded to the web once fully agreed.

#### **4.1 List of appendices**

The following appendix is included with this report:

- Appendix A revised updated Standing Financial Instructions

**SECTION C**

**NHS Highland**

**Standing Financial Instructions**

## STANDING FINANCIAL INSTRUCTIONS

### INDEX

		Page No.
1.	<a href="#">Introduction</a>	73
2.	<a href="#">Key Responsibilities for Financial Governance</a>	74
3.	<a href="#">Audit</a>	77
4.	<a href="#">Financial Management</a>	79
5.	<a href="#">Annual Accounts and Reports</a>	81
6.	<a href="#">Banking and Cash Handling</a>	82
7.	<a href="#">Security of Assets</a>	83
8.	<a href="#">Pay</a>	84
9.	<a href="#">Non Pay</a>	84
10.	<a href="#">Primary Care Contractors</a>	90
11.	<a href="#">Income</a>	90
12.	<a href="#">Financial Management System</a>	91
13.	<a href="#">Condemnations, Losses and Special Payments</a>	91
14.	<a href="#">Risk Management</a>	92
15.	<a href="#">Retention of Documents</a>	93
16.	<a href="#">Patient's/Clients' Property and Funds</a>	93
17.	<a href="#">Stores</a>	94
18.	<a href="#">Authorisation Limits</a>	94
19.	<a href="#">Endowment Funds</a>	95
20.	<a href="#">Joint Ventures</a>	95

## **1 INTRODUCTION**

1.1 Standing Financial Instructions (SFIs) are issued in accordance with the financial directions made under the provisions of the NHS (Financial Provisions) (Scotland) Regulations 1974, and all other enabling powers, for the regulation of the conduct of the Board, its members, officers and agents in relation to all financial matters. These SFIs form part of the Standing Orders and should be used along with the Standing Orders and Scheme of Delegation.

### **1.2 Terminology**

Any expression to which a meaning is given in the Health Service Acts, Scottish Statutory Instrument number 302 (2001) which brought NHS Boards into being, or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and:

- a) "NHS Highland" means all elements of the NHS under the auspices of Highland Health Board.
- b) "Board" and "Health Board" mean Highland NHS Board, the common name of Highland Health Board.
- c) "Budget" means a resource expressed in financial terms and set by the Board for the purposes of carrying out for a specified period any or all functions of the Health Board.
- d) "Chief Executive" means the Chief Officer of the Health Board.
- e) "Director of Finance" means the Chief Financial Officer of the Health Board.
- f) "Budget Holder" means any individual with delegated authority to manage finances (income and/or expenditure) for a specific area of the Board.

1.3 All staff individually and collectively are responsible for the security of the property of the Board, for avoiding loss, for economy and efficiency in the use of the resources and for conforming with the requirements of the Code of Corporate Governance, including Standing Orders, Standing Financial Instructions and Financial Operating Procedures.

1.4 The Director of Finance, on behalf of the Chief Executive, shall be responsible for supervising the implementation of the Board's Standing Financial Instructions and Financial Operating Procedures and for co-ordinating any action necessary to further these as agreed by the Chief Executive. The Director of Finance shall review these at least every two years and be accountable to the Board for these duties.

1.5 Wherever the title, Chief Executive, Director of Finance, or other nominated officer is used in these Instructions, it shall be deemed to include such other staff who have been duly authorised to represent them.

1.6 All relevant employees and agents shall be provided with a copy of these SFIs and are required to complete a form stating that these Instructions have been read and understood and that the individual will comply with the Instructions. They must also sign for any amendments.

1.7 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting

1.8 Failure to comply with Standing Financial Instructions is a disciplinary matter, which could result in dismissal.

1.9 The Standing Financial Instructions along with the Scheme of Delegation and Financial Operating Procedures provide details of delegated financial responsibility and authority.

## **2 KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE**

### **The Board and Audit Committee**

2.1 The Board shall approve these SFIs and Scheme of Delegation

2.2 The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.



2.3 The Board shall agree the terms of reference of the Audit Committee which must conform with current relevant Scottish Government Instruction and other guidance on good practice.

2.4 The Board shall perform its functions within the total funds allocated by the Scottish Government.

#### **The Chief Executive (Accountable officer)**

2.5 The Chief Executive as Accountable Officer for the organisation is ultimately responsible for ensuring that the Board meets its obligations to perform its functions within the allocated financial resources. The Director of Finance is responsible for providing a sound financial framework that assists the Chief Executive when fulfilling these commitments.

2.6 The Board shall delegate executive responsibility for the performance of its functions to the Chief Executive. Board Members shall exercise financial supervision and control by requiring the submission and approval of budgets within approved allocations, by defining and approving essential features of the arrangements in respect of important procedures and financial systems, including the need to obtain value for money, and by defining specific responsibilities placed on individuals.

2.7 It shall be the duty of the Chief Executive to ensure that existing staff and all new employees and agents are notified of their responsibilities within these Instructions.

#### **The Director of Finance**

2.8 Without prejudice to any other functions of employees of the Board, the duties of the Director of Finance shall include the provision of financial advice to the Board and its employees, the design, implementation and supervision of systems of financial control and preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties.

2.9 The Director of Finance shall keep records of the Board's transactions sufficient to disclose with reasonable accuracy at any time the financial position of the Board.

2.10 The Director of Finance shall require any individual who carries out a financial function to discharge their duties in a manner, and keep any records in a form, that shall be to the satisfaction of the Director of Finance.

2.11 The Director of Finance shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of separation of duties and internal checks to supplement these Standing Financial Instructions.

2.12 The Director of Finance shall be responsible for setting the Board's accounting policies, consistent with the Scottish Government and Treasury guidance and generally accepted accounting practice.

2.13 The Director of Finance will either undertake the role of Fraud Liaison Officer or nominate another senior manager to the role, to work with Counter Fraud Services and co-ordinate the reporting of Fraud and Thefts.

2.14 The Director of Finance is entitled without necessarily giving prior notice to require and receive:

- access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- access at all reasonable times to any land, premises or employee of the health board;
- the production of any cash, stores or other property of the health board under an employee's control; and
- explanations concerning any matter under investigation.

#### **All Directors and Employees**

- 2.15 All directors and employees, individually and working together, are responsible for:  
 Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:
- a) ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 7);
  - b) ensuring that asset records/registers are kept up-to-date;
  - c) performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
  - d) following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.
    - Avoiding loss;
    - Securing Best Value in the use of resources; and
    - Following these SFIs and any other policy or procedure that the Board may approve.
- 2.16 All budget holders shall ensure that:
- Information is provided to the Director of Finance to enable budgets to be compiled;
  - Budgets are only used for their stated purpose; and
  - Budgets are never exceeded.
- 2.17 When a budget holder expects their expenditure will exceed their delegated budget, they must secure an increased budget, or seek explicit approval to overspend before doing so.
- 2.18 All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees must remain beyond suspicion.
- 2.19 All employees shall observe the requirements of MEL (1994) 48, which sets out the Code of Conduct for all NHS staff. There are 3 crucial public service values which underpin the work of the health service:
- Conduct**  
 There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.
- Accountability**  
 Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.
- Openness**  
 The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Highland, other health organisations and its staff, patients and the public.
- 2.20 All employees shall:
- Ensure that the interest of patients remain paramount at all times;
  - Be impartial and honest in the conduct of their official business;
  - Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and
  - Demonstrate appropriate ethical standards of personal conduct.
- 2.21 Furthermore, all employees shall not:
- Abuse their official position for the personal gain or to the benefit of their family or friends;
  - Undertake outside employment that could compromise their NHS duties; and
  - Seek to advantage or further their private business or interest in the course of their official duties.

- 2.22 The Director of Finance shall publish supplementary guidance and procedures in the form of Financial Operating Procedures to ensure that the above principles are understood and applied in practice.
- 2.23 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.
- 2.24 All employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards

### **3 AUDIT**

#### **Audit Committee**

- 3.1 In accordance with Standing Orders the Board shall formally establish an Audit Committee, with clearly defined terms of reference.
- 3.2 Where the Audit committee feels there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chairperson of the Audit Committee should raise the matter at a full meeting of the Board. In considering whether to do so, the Committee must be mindful of the arrangements with NHS Counter Fraud Services (CFS) and the role of the Fraud Liaison Officer (FLO). Exceptionally, the matter may need to be referred to the Scottish Government Health & Social Care Directorates (SGHSCD).
- 3.3 It is the responsibility of the Audit Committee to ensure an effective internal audit service is provided and this will be largely influenced by the professional judgement of the Director of Finance.

#### **Director of Finance**

- 3.4 The Director of Finance is responsible for:
- a) Ensuring there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources, including the establishment of a professional internal audit function headed by a Chief Internal Auditor;
  - b) Ensuring that Internal Audit is adequate and meets the mandatory NHS internal audit standards;
  - c) Taking appropriate steps, in line with SGHSCD guidance, to involve CFS and/or the Police in cases of actual or suspected fraud, misappropriation, and other irregularities;
  - d) Ensuring that the Chief Internal Auditor prepares the following risk based plans for approval by the Audit Committee:
    - Strategic audit plan covering the coming four years,
    - A detailed annual plan for the coming year.
  - e) Ensuring that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit Committee, for the consideration of the Audit Committee and the Board.

The report should include:

    - A clear statement on the adequacy and effectiveness of internal control;
    - Main internal control issues and audit findings during the year;
    - Extent of audit cover achieved against the plan for the year.
  - f) Progress on the implementation of internal audit recommendations including submission to the Audit Committee.

- 3.5 The Director of Finance shall refer audit reports to the appropriate officers designated by the Chief Executive and failure to take any necessary remedial action within a reasonable period shall be reported to the Chief Executive.

### **Internal Audit**

- 3.6 Internal Audit shall adopt the Public Sector Internal Audit Standards (PSIAS), which are mandatory and which define internal audit as “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

Minor deviations from the PSIAS should be reported to the Audit Committee. More significant deviations should be considered for inclusion in the Annual Governance Statement.

- 3.7 Internal Audit activity must evaluate and contribute to the improvement of governance, risk management and control processes using a systematic and disciplined approach. Internal Audit activity and scope is fully defined within the Audit plan, approved by the Audit Committee.
- 3.8 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance, or the nominated FLO, must be notified immediately, and before any detailed investigation is undertaken.
- 3.9 The Chief Internal Auditor is entitled without necessarily giving prior notice to require and receive:
- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case they shall have a duty to safeguard that confidentiality), within the confines of the data protection act.
  - b) Access at all reasonable times to any land, premises or employees of the Board;
  - c) The production or identification by any employee of any cash, stores or other property of the Board under an employee’s control; and
  - d) Explanations concerning any matter under investigation.
- 3.10 The Chief Internal Auditor, or appointed representative, will normally attend Audit Committee meetings; and has a right of access to all Audit Committee members, the Chairperson and Chief Executive of the Board.
- 3.11 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting and follow-up systems for internal audit shall be agreed between the Director of Finance, the Audit Committee and Chief Internal Auditor. The agreement shall comply with the guidance on reporting contained in Government Internal Audit Standards.

### **External Audit**

- 3.12 The External Auditor is concerned with providing an independent assurance of the Board’s financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of the Board rests with Audit Scotland. The appointed External Auditor’s statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000 which supersedes the Local Government (Scotland) Act 1973 (Part VII) as amended by the National Health Services and Community Care Act 1990.
- 3.13 The appointed auditor has a general duty to satisfy themselves that:
- The Board’s accounts have been properly prepared in accordance with the Direction of the Scottish Ministers to comply with the accounting principles and disclosure

requirements of the edition of the Government Financial Reporting Manual (FRM) which is in force for the year for which the statement of accounts are prepared;

- Proper accounting practices have been observed in the preparation of the accounts;
- The Board has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.

3.14 In addition to these responsibilities, Audit Scotland's Code of Audit Practice requires the appointed auditor to consider:

- a) Whether the statement of accounts presents fairly the financial position of the Board;
- b) The Board's main financial systems;
- c) The arrangements in place at the Board for the prevention and detection of fraud and corruption;
- d) Aspects of the performance of particular services and activities;
- e) The Board's management arrangements to secure economy, efficiency and effectiveness in the use of resources.

3.15 The Board's Audit Committee provides a forum through which Non-Executive Members can secure an independent view of any major activity within the appointed auditor's remit. The Audit Committee has a responsibility to ensure that the Board receives a cost-effective audit service and that co-operation with Board senior managers and Internal Audit is appropriate.

3.16 The External Auditor, or appointed representative, will normally attend Audit Committee meetings; and has a right of access to all Audit Committee members, the Chairperson and Chief Executive of the Board

## **4 FINANCIAL MANAGEMENT**

This section applies to both revenue and capital budgets.

### **Planning**

4.1 The Scottish Government has set the following financial targets for all boards:

- To operate within the revenue resource limit, see 4.2.
- To operate within the capital resource limit.
- To operate within the cash requirement.

4.2 All Boards are required to develop a balanced plan over a three year period. This requires Boards to deliver a break even position over a three year period. In each year, Boards have flexibility to underspend or overspend up to one per cent of their annual resource budgets.

All Boards will be required to develop a balanced plan over a three-year period in order to benefit from the increased flexibility. Where this is not delivered, the NHS Board Performance Escalation Framework will be put in place.

The Chief Executive shall produce an Annual Operational Plan. The Chief Executive shall submit a Plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The Annual Operational Plan shall contain:

- a statement of the significant assumptions within the Plan; and
- details of major changes in workload, delivery of services or resources required to achieve the plan.

4.3 Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:

- show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
- be consistent with the Annual Operational Plan;
- be consistent with the Board's financial targets;
- identify potential risks;
- identify funding and expenditure that is of a recurring nature; and

- identify funding and expenditure that is of a non-recurring nature.

- 4.4 The Health Board shall approve the financial plan for the forthcoming financial year.
- 4.5 The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.
- 4.6 The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.
- 4.7 The Director of Finance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.
- 4.8 The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used, consisting of proposals for individual schemes, major equipment, IT developments, backlog maintenance, statutory compliance works and minor scheme provision. The approval of business cases shall be as described in the Scheme of Delegation.
- 4.9 The Director of Finance shall release capital funds allowing for project start dates and phasing.

#### **Budgetary Control**

- 4.10 The Board shall approve the opening budgets for each financial year on an annual basis.
- 4.11 The Chief Executive shall delegate the responsibility for budgetary control to designated budget holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts.
- 4.12 4.12 Employees shall only act on their delegated authority when there is an approved budget in place to fund the decisions they make.
- 4.13 4.13 Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:
- the amount of the budget;
  - the purpose(s) of each budget heading;
  - what is expected to be delivered with the budget in terms of organisational performance; and
  - how the budget holder will report and account for their budgetary performance.
- 4.14 The Chief Executive/Director of Finance may agree a virement (administrative transfer of funds) procedure for non-pay expenditure that would allow budget holders to transfer resources from one budget heading to another
- 4.15 The Director of Finance shall devise and maintain systems of budgetary control. These will include:
- monthly financial reports to the Board in a form approved by the Board containing:
    - a) net expenditure of the Board for the financial year to date; and
    - b) a forecast of the Board's expected net expenditure for the remainder of the year on a monthly basis from the month 2 position onwards.
    - c) capital project spend and projected outturn against plan;
    - d) explanations of any material variances from plan and/or emerging trends;
    - e) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
  - the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, including those responsible for capital schemes, for the areas that they are responsible for;
  - investigation and reporting of variances from agreed budgets;

- monitoring of management action to correct variances and/or emerging adverse trends; and
- ensuring that adequate training is delivered on an on-going basis to budget holders.

### **Monitoring**

- 4.16 The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limits on the last day of each month

## **5 ANNUAL ACCOUNTS AND REPORTS**

- 5.1 The Director of Finance, on behalf of the Board, shall prepare, certify and submit audited Annual Accounts to the SGHSCD in respect of each financial year in such a form as the SGHSCD may direct.
- 5.2 The Director of Finance will ensure that the Annual Accounts and financial returns are prepared in accordance with the Annual Accounts Manual as issued by SGHSCD together with the guidance contained in the Government Financial Reporting Manual (FReM), detailing the accounts and returns to be prepared, the accounting standards to be adopted and the timetable for submission to the SGHSCD.
- 5.3 The Audit Committee will ensure that the Annual Accounts are reviewed and submitted to the Board for formal approval and the Chief Executive will ensure that they are recorded as having been so presented. The Annual Accounts will be subject to statutory audit by the external auditor appointed by Audit Scotland.
- 5.4 The Director of Finance shall prepare a Financial Statement for inclusion in the Board's Annual Report, in accordance with relevant guidelines, for submission to Board members and others who need to be aware of the Board's financial performance.
- 5.5 The Board shall publish an Annual Report, in accordance with the Scottish Government's guidelines on local accountability requirements.

## **6 BANKING AND CASH HANDLING**

- 6.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.
- 6.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract (GBS) and the Scottish Public Finance Manual.
- 6.3 The Board shall approve the banking arrangements. No employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.
- 6.4 The Director of Finance shall:
- Establish separate bank accounts for non-exchequer funds;
  - Ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;
  - Ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
  - Promptly bank all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under exceptional arrangements approved by the Director of Finance; and
  - Report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.
- 6.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:

- The conditions under which each bank and GBS account is to be operated;
- Ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).
- The limit to be applied to any overdraft;
- Those authorised to sign cheques or other orders drawn on the Board's accounts; and
- The required controls for any system of electronic payment.

6.6 The Director of Finance shall:

- Approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;
- Provide adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- Approve procedures for handling cash and negotiable securities on behalf of the Board.

6.7 Money in the custody of the Board shall not under any circumstances be used for the encashment of private cheques.

6.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes other than in exceptional circumstances. Such deposits must be in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

## **7 SECURITY OF ASSETS**

7.1 Overall responsibility for the security of the Board's assets rests with the Board's Chief Executive. All members and employees have a responsibility for the security of property of the Board and it shall be an added responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Any significant breach of agreed security practice should be reported to the Chief Executive

7.2 Wherever practicable, items of equipment shall be marked as property of Highland NHS Board.

7.3 The Chief Executive shall define the items of equipment to be controlled, and officers designated by the Chief Executive shall maintain an up-to-date register of those items. This shall include separate records for equipment on loan from suppliers, and lease agreements in respect of assets held under a finance lease and capitalised.

7.4 The Director of Finance shall approve the form of register and the method of updating which shall incorporate all relevant requirements for capital assets.

7.5 Additions to the capital asset register must be added to the records based on the documented cost of the asset at the time of acquisition.

7.6 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorised documentation.

7.7 The value of each asset where applicable shall be indexed to current values and depreciated using methods and rates as suggested in the Capital Accounting Manual and notified by the SGHSCD.

7.8 Revaluation of land and buildings will be provided by the Board's recommended Valuation Agent on a rolling annual programme designed to ensure that all such assets are revalued once every five years.



- 7.9 Annual indexation for land and buildings not included in the revaluation exercise in any given year will be provided by the Board's recommended Valuation Agent.
- 7.10 Any damage to the Board's premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the procedure for reporting losses.

## **8 PAY**

### **Remuneration Committee**

- 8.1 The Board shall approve the terms of reference for the Remuneration Committee, in line with any relevant guidance or requirements.
- 8.2 The Board shall remunerate the Chair and other non-executive directors in accordance with instructions issued by Scottish Government.

### **Processes**

- 8.3 The Chief Executive shall establish a system of delegated budgetary authority within which budget holders shall be responsible for the engagement of staff within the limits of their approved budget.
- 8.4 All time records, payroll timesheets and other pay records and notifications shall be in a form approved by the Director of Finance and shall be authorised and submitted in accordance with their instructions. This also includes e-expenses, SSTS and eESS.
- 8.5 The Director of Finance shall be responsible for ensuring that rates of pay and relevant conditions are applied in accordance with current agreements. The Chief Executive, or the Board in appropriate circumstances, shall be responsible for the final determination of pay. There will be no variation to agreed terms and conditions without the prior approval of the Director of Human Resources & Organisational Development and Director of Finance. The Director of Finance shall determine the dates on which the payment of salary and wages are to be made. These may vary due to special circumstances (e.g. Christmas and other Public Holidays). Payments to an individual shall not be made in advance of normal pay, except:
- a) To cover a period of authorised leave, involving absence on the normal pay day; or
  - b) As authorised by the Director of Human Resources & Organisational Development or Director of Finance to meet special circumstances, and limited to the net pay due at the time of payment.
- 8.6 All employees shall be paid by bank credit transfer unless otherwise agreed by the Director of Finance.
- 8.7 The Board shall delegate responsibility to the Director of Human Resources & Organisational Development for ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any existing NHS policies.

## **9 NON PAY**

### **Tendering, Contracting and Purchasing Procedures**

- 9.1 The Director of Finance shall prepare detailed procedural instructions on the obtaining of goods, services and works, incorporating thresholds set by the Board. The current Authorisation Limits are set out in Scheme of Delegation and the Financial Operating Procedures/Delegated level of Authority Matrix.
- 9.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.

- 9.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of boards (including NHS Highland), and the Board shall implement these nationally negotiated contracts where appropriate.
- 9.4 The Board shall operate within the processes established for the procurement of publicly funded construction work.
- 9.5 The Board shall comply with Public Contracts (Scotland) Regulations 2015 (and any subsequent relevant legislation) for any procurement it undertakes directly.
- 9.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.
- 9.7 All other aspects of procurement activity must follow the requirements of the Standing Orders and SFIs. Any decision to depart from the requirements of this section must have the approval of NHS Highland Board.
- 9.8 The Director of Finance shall:
  - Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.
  - Ensure the preparation of comprehensive procedures for all aspects of procurement activity.
- 9.9 The following basic principles shall be generally applied:
  - Procurement activity satisfies all legal requirements;
  - Adequate contracts are in place with approved suppliers for the supply of approved products and services;
  - Segregation of duties is applied throughout the process;
  - Adequate approval mechanisms are in place before orders are raised;
  - All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
  - All payments made are in accordance with previously agreed terms, and what the Board has actually received.
- 9.10 Limits of Authorisation of Orders shall be in accordance with those designed officers contained with the DLA matrix.

9.11 Contract Implementation and Tendering Matrix

THRESHOLD	PROCEDURE	ELECTRONIC SYSTEM
£GPA threshold	FTS Competitive Tender	PCS-Tender (Mandatory)
£50,000 - £GPA threshold	Regulated Competitive Tender	PCS-Tender (Mandatory)
£1025,000 - £49,999.99	Competitive Quotation (Minimum of 2)	PCS Quick Quote (Mandatory)
£54,000 - £249,999.99	One Written Quotation	
Under £45,000	No Requirement	

[The method for calculating the estimated contract value of a Regulated procurement is exclusive of VAT.](#)

**Formatted:** Font: (Default) Arial, 11 pt, Font color: Black, Condensed by 0.05 pt, Pattern: Clear

**Formatted:** Font: (Default) Arial, 11 pt, Font color: Black, Condensed by 0.05 pt, Pattern: Clear

**Formatted:** Indent: Left: 0 cm

In the following exceptional circumstances, and except in cases where a Regulated Competitive Tender or the 'Find a Tender Service' (FTS) procedure must be adhered to, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds ~~£24,999,000~~, a "Procurement Waiver Process Authorisation Form" may be granted by completing said form for approval by the appropriate director and the Head of Procurement. Requests with a value between £50,000 and £100,000 will require authorisation from Procurement, Finance and sign off by the Director of Finance. Requests with a value above £100,000 will also require sign off from the Chief Executive. Requests above £250,000 require sign off by the NHS Highland Board.

At least one of the following conditions must be outlined in the Procurement Waiver form for requests between ~~£25,000~~ and £49,999.99:

1. where the repair of a particular item of equipment can only be carried out by the manufacturer;
2. where the supply is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive quotations or tenders;
3. a contractors special knowledge is required;
4. where the number of potential suppliers is limited, and it is not possible to invite the required number of quotations or tenders, or where the required number do not respond to an invitation to tender or quotation to comply with these SFIs;
5. where, on the grounds of urgency, or in an emergency, it is necessary that an essential service is maintained or where a delay in carrying out repairs would result in further expense to NHS Highland.

In the case of 1, 2, 3, and 4 above, the form must be completed in advance of the order being placed, but may be completed retrospectively in the case of 5.

At least one of the following conditions must be outlined in the Procurement Waiver form for requests £50,000 and above:

1. No tenders or no suitable tenders/requests were received in response to an Open or Restricted procedure;
2. The products involved are manufactured purely for the purpose of research, experiment, study or development under the conditions stated in the regulations (for supplies only);
3. The works, supplies or services can be provided only by a particular economic operator for one of the following reasons:
  - Absence of competition for technical reasons.
  - Procurement aimed at the creation/acquisition of a unique work of art or performance.
  - Protection of exclusive rights, including intellectual property rights.
4. Extreme urgency brought about by events unforeseeable for the contracting authority and in accordance with the strict conditions stated in the regulations.
5. Deliveries by the original supplier ordered under the strict conditions stated in the regulations.
6. New works/services, constituting a repetition of existing works/services and ordered in accordance with the strict conditions stated in the regulations.
7. Service contract to be awarded to the winner(s) under the rules of a design contest.

8. Procurement of supplies quoted and purchased on a commodity market.
9. Purchase from the liquidator in an insolvency procedure, an arrangement with creditors or a similar procedure under national laws and regulations or a supplier winding up its business activity.
10. The procurement falls outside the scope of application of the regulations.
11. The procurement is for Health & Social Care & falls below the regulated threshold of £663,540 including VAT (indicative value excluding 20% VAT (£552,950)).
12. The procurement is for Works and falls below the regulated threshold of £42,000,000.

The Director of Finance will maintain a record of all such exceptions.

Formatted: Highlight

Where additional works, services or supplies have become necessary and a change of supplier/contractor would not be practicable (for economic, technical or interoperability reasons) or would involve substantial inconvenience and/or duplication of cost, an existing contractor may be asked to undertake additional works providing the additional works do not exceed 50% of the original contract value and are provided at a value for money cost which should normally be at an equivalent or improved rate to the original contract.

When goods or services are being procured for which quotations or tenders are not required and for which no contract exists, it will be necessary to demonstrate that value for money is being obtained. Written notes/documentation to support the case, signed by the responsible Budget Holder, must be retained for audit inspection.

Further detail on the ordering of goods and services and relevant documentation are set out in the Financial Operating Procedures.

When procuring Health & Social Care and Support Services, the Best practice guidance for public bodies on procurement of care and support services shall apply.

In all instances, the Scottish Procurement Policy Handbook and the Scottish Government Procurement Journey must be followed.

- 9.12 No order shall be issued for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive.
- 9.13 Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Board within the Scheme of Delegation.
- 9.14 All procurement on behalf of the Board must be made on an official order on the approved e-Procurement systems, PECOS, JAC or Maximo.
- 9.15 The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in circumstances approved by the lead senior officer for procurement. Examples of such instances are:
  - Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking.
- 9.16 The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in circumstances approved by the Director of Finance. Examples of such instances are:
  - Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.

- Where payment in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- Purchases from petty cash shall be undertaken in accordance with relevant financial operating procedures.

Formatted: Font: (Default) Arial

### **Commissioning of Patient Services**

- 9.17 The Director of Finance, jointly with the Deputy Chief Executive will ensure service agreements are in place with other healthcare providers for the delivery of patient services, ensuring the appropriate financial details are contained and clarity on reporting of performance, quality and safety issues.
- 9.18 The Director of Finance shall be responsible for maintaining a system for the payment of invoices in respect of patient services in accordance with agreed terms and national guidance and shall ensure that adequate financial systems are in place to monitor and control these.

### **Payment of Invoices**

- 9.19 The Director of Finance shall be responsible for the prompt payment of all invoices. The Director of Finance shall publish the Board's performance in achieving the prompt payment targets in accordance with specified terms and national guidance.
- 9.20 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by the Board. The system shall provide for authorisation by agreed delegated officers, a timetable and system for the payment of invoices and instruction to staff regarding handling, checking and payment of invoices.
- 9.21 The Director of Finance shall ensure that payments for goods and services are made only after goods and services are received. Prepayments will be permitted in exceptional circumstances and with the prior approval of the Director of Finance

### **Additional Matters for Capital Expenditure**

#### **Overall Arrangements for the Approval of the Capital Plan**

- 9.22 The Board shall follow any national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.
- 9.23 The Chief Executive shall ensure that:
- there is an adequate appraisal and approval process in place for determining capital expenditure priorities within the Property Strategy and the effect of each proposal upon business plans;
  - all stages of capital schemes are managed, and are delivered on time and to cost;
  - capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
  - all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

#### **Implementing the Capital Programme**

- 9.24 For every major capital expenditure proposal the Chief Executive shall ensure:
- that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:
    - a) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
    - b) appropriate project management and control arrangements; and
  - that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.

- 9.25 The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. The Chief Executive shall issue to the manager responsible for any scheme:
- specific authority to commit expenditure; and
  - following the required approval of the business case, authority to proceed to tender.
- 9.26 The Scheme of Delegation shall stipulate where delegated authority lies for:
- approval to accept a successful tender; and
  - where Frameworks Scotland applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.
- 9.27 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

#### **Public Private Partnerships and other Non-Exchequer Funding**

- 9.28 When the Board proposes to use finance which is to be provided other than through its capital allocations, the following procedures shall apply:
- The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and genuinely transfers significant risk to the private sector.
  - Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
  - Board must specifically agree the proposal.
  - The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

#### **Disposals of Assets**

- 9.29 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL(1996)7: Sale of surplus and obsolete goods and equipment and in accordance with the Property Transaction Handbook.
- 9.30 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. A competitive process should normally be undertaken.
- 9.31 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.
- 9.32 All unserviceable articles shall be:
- Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.
  - Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

#### **Capital Accounting**

- 9.33 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 9.34 The Director of Finance shall approve procedures for reconciling balances on capital assets accounts in ledgers against balances on capital asset registers.

- 9.35 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Capital Accounting Manual.
- 9.36 The Director of Finance shall calculate capital charges, which will be charged against the Board's revenue resource limit.

## **10 PRIMARY CARE CONTRACTORS**

- 10.1 In these SFIs and all other Board documentation, Primary Care contractor means:
- an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
  - an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.
- 10.2 The relevant Primary Care Managers shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Highland and Argyll & Bute areas. Systems shall include criteria for entry to and deletions from the registers.
- 10.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:
- the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and
  - the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.
- 10.4 The agreements at paragraph 10.3 above shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.
- 10.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

## **11 INCOME**

- 11.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due.
- 11.2 The Director of Finance shall take appropriate recovery action on all outstanding debts and shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.
- 11.3 The Director of Finance is responsible for ensuring the prompt banking of all monies received.
- 11.4 In relation to business development/income generation schemes, the Director of Finance shall ensure that there are systems in place to identify and control all costs and revenues attributed to each scheme.
- 11.5 The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by Statute.

## **FINANCIAL MANAGEMENT SYSTEM**

- 12.1 The Director of Finance shall carry prime responsibility for the accuracy and security of the computerised financial data of the Board and shall devise and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of any

financial and other information held on computer files for which they are responsible, after taking account of all relevant legislation and guidance.

- 12.2 The Director of Finance shall ensure that contracts for computer services for financial applications with another Board or any other agency shall clearly define the responsibility of all the parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage.
- 12.3 The Director of Finance shall ensure that adequate data controls exist to provide for security of financial applications during data processing, including the use of any external agency arrangements.
- 12.4 The Director of Finance should ensure that such computer audit checks as they may consider necessary are being carried out.
- 12.5 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and are thoroughly tested prior to implementation.
- 12.6 Where another health organisation or any other agency provides a financial system service to the Board, the Director of Finance shall periodically seek assurances, through Audit where appropriate, that adequate controls are in operation and that disaster recovery arrangements are robust.

### **13 CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

- 13.1 Any employee or agent discovering or suspecting a loss of any kind shall forthwith inform their head of department, who shall immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance shall follow the Fraud Policy and Action Plan, as set out in the Financial Operating Procedures.
- 13.2 The Director of Finance shall notify the Audit Committee and Counter Fraud Services of all actual or suspected frauds. See 13.10 below.
- 13.3 In all instances where there is any suspicion of fraud then the guidance contained within NHS Circular, HDL (2005) 5: "Tackling Fraud in Scotland – Joint Action Programme. Financial Control: Procedures where criminal offences are suspected" must be followed. The Board's Fraud Liaison Officer (FLO) must be notified immediately of all cases of fraud or suspected fraud.
- 13.4 The Director of Finance shall issue procedures on the recording of and accounting for Losses and special payments to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 13.5 The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments.
- 13.6 The Director of Finance shall maintain a Losses and Special Payments Register in which details of all Category 1 and Category 2 losses shall be recorded as they are known. Category 3 losses may be recorded in summary form. Write-off action shall be recorded against each entry in the Register.
- 13.7 No special payments exceeding the delegated limits shall be made without prior approval by the SGHSCD.
- 13.8 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interest in bankruptcies and company liquidations.
- 13.9 The Director of Finance is required to produce a report on Condemnations, Losses and Special Payments, where the delegated limits have been exceeded and SGHSCD approval has been requested, to the Audit Committee.



13.10 The Bribery Act came into force in 2010; it aims to tackle bribery and corruption in both the private and public sectors. The Act is fully endorsed by Highland NHS Board. NHS Highland conducts its contracting and procurement practices with integrity, transparency and fairness and has a zero tolerance policy on bribery or any kind of fraud. There are robust controls in place to help deter, detect and deal with it. These controls are regularly reviewed in line with the Standing Financial Instructions and feedback is provided to the Audit Committee. Procurement actively engage with NHS Scotland Counter Fraud Services to ensure that our team is fully trained on spotting potential signs of fraud and knowing how to report suspected fraud. As an existing or potential contractor to NHS Highland, you are required to understand that it may be a criminal offence under the Bribery Act 2010, punishable by imprisonment, to promise, give or offer any gift, consideration, financial or other advantage whatsoever as an inducement or reward to any officer of a public body and that such action may result in the Board excluding the organisation from the selected list of Potential Bidders, and potentially from all future public procurements. It is therefore vital that staff, contractors and agents understand what is expected of them and their duties to disclose and deal with any instances they find.

## **14 RISK MANAGEMENT**

14.1 The Chief Executive shall ensure that the Board has a programme of risk management, which will be approved and monitored by the Board and which complies with the Standards issued by NHS Health Improvement Scotland.

NHS Highland takes part in CNORIS (the Clinical Negligence and Other Risks Indemnity Scheme), a not for profit, mutual Scheme providing a pool of funds to meet financial claims on the NHSS, which provides cover for both clinical and non-clinical claims against NHS Highland.

NHS Highland retains the services of legal advisors, primarily the Central Legal Office who liaise with the Clinical Governance Team regarding claims and inform NHS Highland about the best course of action to take in each case.

14.2 The programme of risk management shall include:

- a) A process for identifying and quantifying risks and potential liabilities, including the establishment and maintenance of a Risk Register;
- b) Encouraging a positive attitude towards the control of risk among all levels of staff;
- c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover and decisions on the acceptable level of retained risk;
- d) Contingency plans to offset the impact of adverse events;
- e) Audit arrangements including internal audit, clinical audit and health and safety review;
- f) Arrangements to review the risk management programme.
- g) A review by each Governance Committee of relevant risks pertaining to their business.

The existence, integration and evaluation of the above elements will provide a basis for the Risk Committee to make a statement on the overall effectiveness of Internal Control and Corporate Governance to the Board.

14.3 The programme of risk management will be underpinned by a Board Assurance Framework, approved, and reviewed annually by the NHS Board.

## **15 RETENTION OF DOCUMENTS**

15.1 The Chief Executive shall be responsible for maintaining archives for all documents in accordance with the NHS Code of Practice on Records Management.

15.2 The documents held in archives shall be capable of retrieval by authorised persons.

15.3 Documents held under the Code shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.

## **16 PATIENTS'/CLIENTS' PROPERTY AND FUNDS**

- 16.1 The Board has a responsibility to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 16.2 The Chief Executive shall be responsible for ensuring that patients/client or their guardians, as appropriate, are informed before, or at their admission, by: -  
Notices and information booklets  
Hospitals'/Care facilities admission documentation and property records, and  
The oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients'/clients' monies and personal property brought into Board premises unless it is handed in for safe custody and a copy of an official property record is obtained as a receipt.
- 16.3 The Director of Finance shall provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients'/clients' property (including instructions on the disposal of the property of deceased patients/clients and patients/clients transferred to other premises), for all staff whose duty it is to administer, in any way, the property of the patients/clients.
- 16.4 Bank accounts for patients'/clients' monies shall be operated under arrangements agreed by the Director of Finance.
- 16.5 A property record, in a form determined by the Director of Finance, shall be completed.
- 16.6 The Director of Finance is responsible for providing detailed instructions on the Board's responsibility as per the Adults with Incapacity (Scotland) Act 2000 and the updated Part 5 in CEL11(2008) Code of Practice. These instructions are contained within the Financial Operating Procedures.
- 16.7 The Director of Finance shall prepare an abstract of receipts and payments of patients/clients private funds in the form laid down by Scottish Government.

## **17 STORES**

- 17.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:
- Kept to a minimum;
  - Subject to annual stocktake; and
  - Valued at the lower of cost and net realisable value.
- 17.2 Subject to the responsibility of the Director of Finance for the systems of control, the control of stores throughout the organisation shall be the responsibility of the relevant managers. The day-to-day management may be delegated to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance.
- 17.3 The responsibility for security arrangements, and the custody of keys for all stores locations, shall be clearly defined in writing by the manager responsible for the stores and agreed with the Director of Finance. Wherever practicable, stock items, which do not belong to the Board, shall be clearly identified.
- 17.4 All stores records shall be in such form and shall comply with such system of control and procedures as the Director of Finance shall approve.
- 17.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one officer other than the Storekeeper, and the Director of Finance and Internal and External Audit shall be notified and may attend, or be represented, at their discretion. The stocktaking records shall be numerically controlled and signed by the officers undertaking the

check. Any surplus or deficiency revealed on stocktaking shall be reported immediately to the Director of Finance, and they may investigate as necessary. Known losses of stock items not on stores control shall be reported to the Director of Finance.

17.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

17.7 Instructions for stock take and the basis for valuation will be issued at least once a year by the Director of Finance.

## **18 AUTHORISATION LIMITS**

18.1 ~~18.1~~ The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of NHS Highland. The main principles applied in determining authorisation limits are those of devolved accountability and responsibility. The rules for financial delegation to all levels of management within the Board's established policies and priorities are set out in the Scheme of Delegation and Financial Operating Procedures

18.2 ~~18.2~~ Areas covered by the Scheme of Delegation include:  
Limitation and Authority to vire budgets between one budget heading and another.  
Limitation of level of Authority for the placing of orders or committing resources  
Limitation as to the level of authority to approve receipt of orders, expenses, travel claims, payment of invoices, write off of losses.

## **19 ENDOWMENT FUNDS**

19.1 The Standing Financial Instructions deal with matters related to exchequer income and expenditure for NHS Highland. Whilst Endowment Funds fall outwith the scope of core exchequer funds, it is important that all relevant employees and agents are aware of the arrangements for the financial responsibility and authority for such funds.

19.2 Endowment Funds and are those held in trust for purposes relating to the National Health Service, either by the Board or Special Trustees appointed by the Scottish Ministers or by other persons.

19.3 Members of the Highland Health Board become Trustees of the Board's Endowment Funds. The responsibilities as Trustees are discharged separately from the responsibilities as members of the Board.

19.4 The Director of Finance shall prepare detailed procedural instructions covering the receiving, recording, investment and accounting for Endowment Funds.

19.5 Through the Board's Scheme of Delegation, authority will be given by the Trustees to allow for the day to day management of the funds within specified limits.

19.6 The Authorisation Limits are set out in the Scheme of Delegation and the Financial Operating Procedures.

19.7 The Director of Finance shall prepare annual accounts for the funds held in trust, to be audited independently and presented annually to the trustees.

## **20 JOINT VENTURES**

20.1 Prior to entering into a joint venture (JV) the Board will conduct due diligence to identify whether the JV has or will have in place anti-bribery policies and procedures that are consistent with its own.

20.2 Where the Board has overall control of the JV it should ensure that the JV has anti-bribery controls in place that are consistent with the Board's own policies and procedures.

20.3 Where the Board does not have overall control of the JV it will inform the JV organisations of its policy and procedures and encourage them to adopt these for the venture.

- 20.4 Where due diligence shows that the JV does not have appropriate anti-bribery policies and procedures in place consistent with its own, the Board should ensure that it is protected from litigation arising from acts of bribery by partner organisations in the wording of any contract or agreement. Central Legal Office advice and guidance should be obtained to ensure that the Board is fully protected.
- 20.5 The Board should monitor the programmes and performance of its JV partners in respect of anti-bribery. Anti-bribery should be a standing agenda item on JV meetings and reports should be tabled demonstrating adherence to policy and procedures, identification of any acts of bribery or potential bribery and management actions taken and proposed.
- 20.6 Where the Board determines that the JV policies and practices are inconsistent with its own, the Board will take appropriate action. This may involve insistence by the Board of adoption of appropriate policy and procedures by the JV, putting in place legal protection for the Board, where the partners indemnify the Board against acts of bribery or ultimately withdrawal of the Board from the JV.
- 20.7 Where the Board is unable to ensure that a JV has anti-bribery policy and procedures consistent with its own, it will ensure that it has a plan to exit from the arrangement if bribery occurs or may be reasonably thought to have occurred. Central Legal Office advice and guidance should be sought to ensure that such arrangements are in place in any legal documentation.

**NHS Highland**



**Meeting:** NHS Highland Board Meeting  
**Meeting date:** 28 May 2024  
**Title:** NHS Highland Board 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:**

- Legal requirement

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

- Safe
- Effective
- Person Centred

**This report relates to the following Corporate Objective(s)**

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

**2 Report summary**

This report is to provide the Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered for closure and/or additional risks to be added. This report covers board risks that are reported through Finances, Resources and Performance Committee

(FRPC), Staff Governance Committee (SGC) and Clinical Governance Committee (CGC) for governance and oversight.

## **2.1 Situation**

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

All risks in the NHS Highland Board Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

For this Board meeting, this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

Furthermore, the target risk levels and target risk numerical scores for each NHS Highland Board risks have been added to allow oversight on the level of risk exposure that the Organisation is prepared to tolerate following completion of all mitigating actions.

## **2.2 Background**

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

## **2.3 Assessment**

The following section is presented to Board for consideration of the updates to the risks contained within the NHS Highland Board Risk Register. The following risks are aligned to the governance committee in which they fall within, and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

## I) Pending Risk Closures:

The closure of risk 1181 is proposed after the annual accounts have been audited and will be recommended thereafter through Finance, Resources and Performance Committee.

<b>Risk Number</b>	1181	<b>Theme</b>	Financial Position
<b>Risk Level</b>	Low	<b>Score</b>	8
<b>Strategic Objectives</b>	Perform Well		
<b>Governance Committee</b>	Finance, Resources & Performance		
<b>Risk Narrative</b>			
There is a risk that NHS Highland will not achieve its planned financial position for 2023/24 due to additional cost pressures presenting during the year and inability to realise reduction in spend in line with efficiency and transformation plans which will result in the Board failing against its financial plan and recovery plan with Scottish Government.			
<b>Mitigating Action</b>		<b>Due Date</b>	
Intervention in place with SG to support NHS Highland to identify areas to target for reduced spend/ cost control, with an intention to deliver at minimum the finance pan, but at best to reduce the overspend further. Agreed recovery plan to be in place by end September 2023		Complete	
Bi-weekly Efficiency & Transformation meeting to focus on targeted areas, savings plans and future service plans to enable future sustainability.		Complete	
Accountability is clear with budget holders		Ongoing: due to the nature of this risk, these mitigating actions will help ensure this risk is controlled through BAU practices. Risks are reduced throughout a year as they either materialised and mitigated against or likelihood becomes reduced. Additional allocations received to offset the financial risks.	
Regular reporting and recording of financial risks to The Highland Council around Adult Social Care performance			
Regular reporting from A&B IJB monitoring financial position			
Monthly monitoring, feedback and dialogue with services on financial position.			
FRP committee meeting increased regularity to monthly meetings to provide greater scrutiny		Complete	

## II) Risk Additions/Changes that received FRPC Approval:

### II.a) Addition of Risk no. 1254 “24-25 Financial Position”

It is proposed to FRPC that risk 1181 (as per conditions above), “23-24 Financial Position,” is replaced with risk 1254 “24-25 Financial Position,” which is summarised in this report for ease of reference and has been added as an additional risk at present. It is further proposed that risk 1254 will henceforth be reported at FRPC.

#### Finance, Resources and Performance Risks

<b>Risk Number</b>	<b>1254</b>	<b>Theme</b>	Financial Position
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	High	<b>Target Score</b>	12
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
<p>There is a risk that NHS Highland will not deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:</p> <ol style="list-style-type: none"> <li>1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care</li> <li>2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise</li> <li>3. Inability to realise 3% reduction in spend in line with value &amp; efficiency plans.</li> </ol> <p>NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set</p>			
<b>Mitigating Action</b>		<b>Due Date</b>	
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.		Ongoing	
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs		Ongoing	
Limited assurance regarding the delivery of the Adult Social Care financial position		Ongoing	
Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance			
Monthly monitoring, feedback and dialogue with services on financial position.			



Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	
--	--

<b>Risk Number</b>	<b>666</b>	<b>Theme</b>	Cyber Security
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	High	<b>Target Score</b>	15
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business-as-usual arrangements entailed with resilience.			
<b>Mitigating Action</b>			<b>Due Date</b>
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the course of the audit.			Ongoing. Will be updated
Scottish Public Sector Cyber Resilience Framework has published new measures which require audit against compliance			May 2024

<b>Risk Number</b>	<b>712</b>	<b>Theme</b>	Fire Compartmentation
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	8
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.			
<b>Mitigating Action</b>			<b>Due Date</b>
Escalated by Director of Estates, Facilities & Capital Planning to COO Acute Services for agreement of programme – programme under development with works scheduled to commence FY 24/25.			After April 2024
Contracts in place awaiting Raigmore to facilitate decant to allow work to commence.			May 2024
Further fire compartmentation work project plan for the remainder of the building to be developed as part of this work.			March 2025

Risk 1097 will be reviewed in advance of the next Board meeting through Finance, Resources and Performance Committee to update the narrative in line with financial plan and further mitigating actions. Further consideration will be given to an additional risk that describes our in year challenges with performance.

<b>Risk Number</b>	<b>1097</b>	<b>Theme</b>	Strategic Transformation
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	6
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
NHS Highland will need to redesign to systematically and robustly respond to challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do for our population. The ability to achieve financial balance and the focus on the current operational challenges may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the health and care needs of our population in a safe & sustained manner and the ability to achieve financial balance.			
<b>Mitigating Action</b>		<b>Due Date</b>	
Implementation of NHS Highland's Decision-Making Framework.		Complete	
Refresh and implementation of Performance Management Framework to monitor implementation of strategic design and change programmes.		December 2024. This is being revised at present therefore propose an update to June 2024 and revision of date	
Set-up of monitoring and assurance structure for strategic design and transformation of services, including reporting of portfolio progress against deliverables, key risks and improvement trajectories.		Complete	
Governance of strategic design programmes through a portfolio approach is embedded within the NHS Highland governance structure		Complete	
Agreement of strategic design priorities within the current portfolio approach		Complete	
Appointment of Senior Responsible Officers and embedding programme management approach to document, mitigate and escalate risk to achievement of strategic transformation.		Complete	
Integration of financial planning into strategic change programmes to ensure any financial benefits can be achieved.		Ongoing	
Strategic change priorities will be assessed by a Professional Reference Group to ensure appropriate involvement to ensure change is clinically led.		Ongoing	

Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond	Complete
--	----------

<b>Risk Number</b>	<b>714</b>	<b>Theme</b>	Backlog Maintenance
<b>Risk Level</b>	High	<b>Score</b>	12
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	8
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.			
<b>Mitigating Action</b>			<b>Due Date</b>
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.			March 2025
All NHS Highland capital allocation now being prioritised in terms of risk through Asset Management Governance Group.  No further update, still applying risk methodology to prioritise investment. Financial situation unlikely to change but will review each financial quarter. The current funding budgets both capital and revenue are not able to reduce the current backlog Maintenance figures. We currently apply a risk-based methodology to prioritise investment			June 2024

<b>Risk Number</b>	<b>1182</b>	<b>Theme</b>	New Craigs PFI Transfer
<b>Risk Level</b>	Medium	<b>Score</b>	9
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	6
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.			
<b>Mitigating Action</b>		<b>Due Date</b>	
PFI hand-back Programme Board in place		Established and meeting bi-monthly	
Development sessions being progressed to model the future estate utilisation and service delivery model		In progress through the Programme and will be ongoing until hand-back date - reviewed April 2024	
Working with Scottish Futures Trust		Ongoing - reviewed April 2024, next review May 2024	
Programme Management commissioned from independent intelligence			
Programme structure in place			
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register		Ad-hoc – no high risks to highlight at this time – next review May 2024	

## Staff Governance Risks

<b>Risk Number</b>	<b>706</b>	<b>Theme</b>	Workforce Availability
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	9
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance Committee	
<b>Risk Narrative</b>			
<p>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.</p> <p>Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well'</p> <p>New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs</p> <p>International recruitment team and processes developed in partnership with North of Scotland Boards</p>			
<b>Mitigating Action</b>		<b>Due Date</b>	
<p>Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled <b>September 2023</b></p>		<p>Recruitment improvement project plan developed and project team in place</p> <p>Work is ongoing to improve recruiting managers knowledge and understanding of their role and responsibilities and reduce delays in completing key tasks. However, further review of the self-service model may be required with options such as recruitment centre approaches to be considered as alternatives to improve the service model - <b>Next update July 2024</b></p>	
<p>Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc <b>November 2023</b></p>		<p>Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place –</p> <p>Formal update will be provided to EDG in January 2024 – This work has been dealed and will be tied</p>	

	into the proposal to review the models for recruitment we currently use - <b>Next update July 2024</b>
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships <b>January 2024</b>	Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024  Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week.  <b>Next update July 2024</b>
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care <b>November 2023</b>	Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024  Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week.  <b>Next update July 2024</b>
Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce <b>November 2023</b>	Integrated service planning approach agreed and first cycle to be completed by end of March 2024  e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme  Work is underway to complete our first cycle of integrated service planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out  Effective rostering programme agreed by Health and Care Staffing

	<p>Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs.</p> <p><b>Next update July 2024</b></p>
<p>Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle <b>March 2024</b></p>	<p>Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024.</p> <p>HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self assessment</p> <p><b>Next update July 2024</b></p>



<b>Risk Number</b>	<b>1056</b>	<b>Theme</b>	Statutory & Mandatory Training Compliance
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	8
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance Committee	
<b>Risk Narrative</b>			
<p>There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.</p> <p>The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.</p>			
<b>Mitigating Action</b>			<b>Due Date</b>
<p>Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes.</p> <p><b>September 2024</b></p>			<p>Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes</p> <p>Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation.</p> <p><b>next update July 2024</b></p>

<b>Risk Number</b>	<b>632</b>	<b>Theme</b>	Culture
<b>Risk Level</b>	High	<b>Score</b>	12
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	9
<b>Strategic Objectives</b>		Our People	
<b>Governance Committee</b>		Staff Governance	
<b>Risk Narrative</b>			
<p>There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.</p>			
<b>Mitigating Action</b>		<b>Due Date</b>	
<p>Development and launch of refreshed leadership and management development programme – <b>October 2023</b></p>		<p>The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group is now overseeing the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.</p> <p>Refreshed leadership and management development framework and programme proposal agreed including learning system development with 4 phases of delivery over next 4 years with first phase focussed on developing new content and delivering initial cohorts of training</p> <p>We are nearing the end of the first phase and the COG received an update in February providing assurance that we are on track to launch the framework in April 2024 – <b>next update July 2024</b></p>	
<p>Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – <b>October 2023</b></p>		<p>The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group is now overseeing the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.</p> <p>Refreshed leadership and management development</p>	

	<p>framework and programme proposal agreed including learning system development with 4 phases of delivery over next 4 years with first phase focussed on developing new content and delivering initial cohorts of training</p> <p>We are nearing the end of the first phase and the COG received an update in February providing assurance that we are on track to launch the framework in April 2024 – <b>next update July 2024</b></p>
<p>Further development of staff engagement approach including board wide ‘living our values’ project – <b>December 2023</b></p>	<p>Staff engagement approach presented and approved by COG in December 2023 – detailed plan reviewed by COG in February 2024 and further work required to refine which will be reviewed at the March meeting</p> <p>COG and APF approved the staff engagement approach which will be delivered during 2023/2024</p> <p><b>next update November 2024</b></p>
<p>Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers – <b>September 2023</b></p>	<p>Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes</p> <p>Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation.</p> <p><b>next update July 2024</b></p>

<b>Risk Number</b>	<b>1101</b>	<b>Theme</b>	Impact of socioeconomic situation
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	9
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance	
<b>Risk Narrative</b>			
There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures. This could impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home. Demand for services will also increase creating further pressure on resources.			
<b>Mitigating Action</b>		<b>Due Date</b>	
The Health and Wellbeing Strategy is being progressed and initiatives such as the Wingman Bus taken into consideration when planning additional support for colleagues. Our Employee Assistance Programme is also available for confidential support over a range of topics for all of our colleagues.		Mid 2024	

### **Clinical and Care Governance Risks**

Overall Clinical and Care Governance risks are being considered and developed and will be taken through EDG and proposed formally at the Clinical and Care Governance Committee in advance of the next Board meeting.

Risk 959 is currently being reviewed and a new risk is being proposed that is regarding all vaccination delivery which will be taken through the Clinical and Care Governance Committee in line with the above. Risk 715 will also be reviewed given the current timelines post COVID.

<b>Risk Number</b>	<b>959</b>	<b>Theme</b>	COVID and Influenza Vaccines
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	6
<b>Strategic Objectives</b>		Stay Well	
<b>Governance Committee</b>		Clinical and Care Governance	
<b>Risk Narrative</b>			
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Care home uptake for COVID vaccination was higher than the			

national average. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Quality and staff issues have been highlighted especially within Highland HSCP and include clinic cancellation and access. Uptake of some other vaccinations has declined and work to tackle this is being undertaken. There are some specific actions as well as others in line with those for COVID and influenza.

<b>Mitigating Action</b>	<b>Due Date</b>
Work is being undertaken to improve effectiveness and efficiency of vaccine delivery in Highland HSCP with options for configuration being considered.	Spring 2024
Work with Scottish Government is under way to improve performance, quality and experience within Highland HSCP	End 2024
Public Health Scotland is acting as a critical friend to help improve performance and delivery.	End 2024

<b>Risk Number</b>	<b>715</b>	<b>Theme</b>	Impact of COVID on Health Outcomes
<b>Risk Level</b>	High	<b>Score</b>	15
<b>Target Risk Level</b>	High	<b>Target Score</b>	10
<b>Strategic Objectives</b>		Stay Well	
<b>Governance Committee</b>		Clinical and Care Governance	
<b>Risk Narrative</b>			
COVID remains present within the community and fluctuates in prevalence. Cases are still being reported within health and care settings. The successful vaccination programme means that risks of serious consequences are much reduced and there is no current major concern regarding new variants and mutations. Influenza and other viruses continue to be a risk.			
<b>Mitigating Action</b>		<b>Due Date</b>	
Infection and prevention controls remain with account taken of COVID risks		End 2024	

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

### 3.2 Workforce

A robust risk management process will enable risks relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Clinical Governance Committee

### 3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

### 3.4 Risk Assessment/Management

This is outlined in this paper.

### 3.5 Data Protection

The risk register does not involve personally identifiable information.

### 3.6 Equality and Diversity, including health inequalities

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

### 3.7 Other impacts

No relevant impacts.

### 3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in line with our strategic objectives and outcomes once strategy is approved.

### 3.9 Route to the Meeting

Through FRPC, SGC and CGC.

## 4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risks that are recommended to be closed and/or added

### 4.1 List of appendices

None as summary has been provided for ease of reading



**Meeting:** NHS Highland Board  
**Meeting date:** 28 May 2023  
**Title:** Governance Committee Annual Reports 2023-24  
**Responsible Executive/Non-Executive:** Fiona Davies, Chief Executive  
**Report Author:** Ruth Daly, Board Secretary

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

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

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

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

**2 Report summary**

**2.1 Situation**

All Governance Committees of the Board are required to provide an Annual Statement of Assurance on their activities throughout the financial year to the Audit Committee and Board. This report encloses the Annual Governance Committee Reports for the period 1 April 2023 to 31 March 2024 which have been endorsed by the Audit Committee on 21 May 2024.



**2.2 Background**

Governance Committee Annual Reports are required to demonstrate how Committees discharge their role as defined by their Terms of Reference. They are also expected to comment on how effectively the systems of control within their respective areas are operating. In doing this, the Annual Reports provide an outline of Committee membership, attendance, frequency of meetings, business addressed, outcomes and assurances provided, and risk management.

**2.3 Assessment**

The Annual Reports support the Statement of Internal Control in the Board Annual Report and Accounts. Attached to this report are the Annual Reports from the Board’s Governance Committees, viz:

- Clinical Governance Committee
- Finance, Resources and Performance Committee
- Highland Health and Social Care Committee
- Pharmacy Practices Committee
- Remuneration Committee
- Staff Governance Committee

Governance Committees reviewed their Terms of Reference during November 2023 with agreed documents being endorsed by the Audit Committee in January and March 2024 and incorporated into a refreshed Code of Corporate Governance approved by the Board in March 2024.

The final annual reports for all the above Committees have been agreed throughout the March/April/May cycle of meetings. The final version of the Remuneration Committee annual report was considered by the Committee at their meeting held yesterday on 27 May and was endorsed by Audit Committee subject to no changes being made. All the Governance Committee annual reports have therefore been endorsed by the Audit Committee.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### 3 Impact Analysis

#### 3.1 Quality/ Patient Care

#### 3.2 Workforce

#### 3.3 Financial

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements includes production of Governance Committee annual reports. This is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

#### 3.4 Risk Assessment/Management

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

#### 3.5 Data Protection

This report does not involve personally identifiable information.

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

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

#### 3.7 Other impacts

No other impacts.

#### 3.8 Communication, involvement, engagement and consultation

Other than the consideration given to the Annual Reports by the respective Committees, consultation and engagement is not relevant to this item. The Board's Annual Report and Accounts will be submitted to Scottish Government and made public later in 2023.

#### 3.9 Route to the Meeting

The appendices to this report have been considered by individual governance committees and the Audit Committee on 21 May 2024.

## 4 Recommendation

The Board is invited to:

- (a) **note** that the Governance Committee Annual Reports for financial year 2023- 24 were considered by the Audit Committee on 21 May 2024; and
- (b) **approve** the Annual Reports which form a key part of the evidence in support of the Board's Annual Accounts Governance Statement.

### 4.1 List of appendices

The following appendices are included with this report:

- Appendix A - Clinical Governance Committee
- Appendix B - Finance, Resources and Performance Committee
- Appendix C - Highland Health and Social Care Committee
- Appendix D - Pharmacy Practices Committee
- Appendix E - Remuneration Committee
- Appendix F - Staff Governance Committee

## **Draft NHS Highland Clinical Governance Annual Report**

**To: NHS Highland Audit Committee**

**From: Alasdair Christie, Chair, Clinical Governance Committee**

**Subject: Clinical Governance Committee Report April 2023- March 2024 (to Feb)**

### **1. Background**

In line with sound governance principles, an Annual Report is submitted from the Clinical Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts. The TOR were revised in November 2023 with no changes to be made.

For the 2023/24 financial year the committee chose to focus in on the following areas in addition to its normal business:

- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with complaints in an appropriate and timely way.
- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.
- Continue to identify and oversee the development of Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report.
- Continue to scrutinise and give assurance to NHS Highland Board on Quality and Patient Safety in each of the Operational Areas.
- To review the Annual Delivery Plan Outcomes

### **2. Activity April 2023 to March 2024**

The committee met formally on six occasions during 2023/24 on 27 April 2023, 22 June 2023, 31 August 2023, 2 November 2023, 18 January 2024 and 7 March 2024. Its minutes and assurance reports were submitted to NHS Highland Board at its public meetings during this period. A list of members and their attendance at the committee meetings is shown in Appendix A.

### 3. Committees Reporting to the Clinical Governance Committee

The following groups/committees were requested to report to the Clinical Governance Committee during 2023/24:

- NHS Quality and Patient Safety Groups - every meeting
- Argyll and Bute Clinical & Care Governance Committee – every meeting
- Control of Infection Committee Assurance Report – every meeting
- Area Drug & Therapeutics Committee – 6 Monthly Exception Report
- Transfusion Committee - 6 Monthly Exception Report
- Organ and Tissue Donation Committee - 6 Monthly Exception Report
- Health and Safety Committee - 6 Monthly Exception Report on issues relating to Clinical Governance
- Information Assurance Group - 6 Monthly Exception Report on issues relating to Clinical Governance

### 4. Any relevant Performance Indicators

#### (i) Adverse Events & Duty of Candour

Each Operational Unit has in place a weekly meeting where potential Duty of Candour Adverse Events are assessed. If an adverse event is confirmed as duty of candour, or likely to be duty of candour (but unknown until the case is investigated), an SAER should be commissioned to investigate and the duty of candour status is confirmed when all facts are known.

An Annual Duty of Candour report was prepared and published on the NHS Highland website

<https://www.nhshighland.scot.nhs.uk/media/auhn54q2/nhs-highland-duty-of-candour-annual-report-2022-23.pdf>

#### Adverse Event Figures

A total of 13624 adverse events were reported in 2023/24 (to date). The following table gives a breakdown of the confirmed investigation (DIF2) consequence and operational units.

	Acute Services Division	Argyll and Bute	Highland Health and Social Care Partnership (HHSCP)	Corporate Services	Estates	Highland Council - Children's Services	Pharmacy	Total
Negligible (Category 3)	2670	723	3305	30	4	10	38	6780
Minor (Category 2)	1578	456	1277	11	0	3	9	3334
Moderate (Category 2)	530	145	393	3	0	0	4	1075
Major (Category 1)	14	2	9	0	0	0	0	25
Extreme (Category 1)	11	10	17	0	0	0	0	38
<b>Total</b>	<b>4803</b>	<b>1336</b>	<b>5001</b>	<b>44</b>	<b>4</b>	<b>13</b>	<b>51</b>	<b>11252</b>

\*2372 events do not have a DIF2 consequence recorded

## (ii) Complaints Management

Complaints management and performance continues to be an area of focus and scrutiny. In 2023/2024 (01/04/2023 to 31/12/2023) there has been a decrease in Stage 2 complaints by 28%. The performance compared to 2022/2023 has increased by 22%.

Stage 1 complaint volumes In 2023/2024 (01/04/2023 to 31/01/2024) have followed trend with an increase in volume by 25%, with a consistent performance rate of 61%; showing that the operational units are driving first point resolution where possible; this may also be a reason for the fall in Stage 2 complaints being logged.

Weekly reports are issued to each operational unit to track performance. Towards end of 2023, discussions took place to refine the reporting Dashboard and development work has commenced in 2024 to reflect performance in context of volumes of complaint, and those which are high level or complex to ascertain where operational support is required to drive continuous improvements.

Improvement activity focuses on the training needs of the operational units to draft and deliver a quality complaint response and to audit actions taken by Operational Units to improve areas of service. In addition, activity began in March 2023 to review the end-to-end journey of a complaint within our organisation to streamline and improve the process to achieve better performance results.

### Complaint Performance

#### Stage 1 Complaints

Total number of complaints received	331
% responded to within 5 days	61% (average)

#### Stage 2 Complaints

Total number of complaints received	453
% responded to with 20 working days	46% (average) <i>Caveat, this is total volume of Stage 2, divided by total volume excluding Further Correspondence, SPSO and Withdrawn volumes</i>

## (iii) Quality and Patient Safety Dashboard

Each of the Operational Units has a well-established Quality and Patient Safety Group which meet throughout the year and who are responsible for reviewing the Quality and Patient Safety Dashboard for their area. In December 2023, the Clinical Governance Support Team launched a new PowerBi Dashboard (QPS Dashboard) which is more accessible and allows in-depth interrogation to service specific date held in Datix. Any exceptions identified are reported to the committee through the SBAR exception report.

Information in the dashboard (from Datix) is used to update the Integrated Quality and Performance Report which is tabled and discussed at each committee meeting. The

measures in the report included adverse events, Significant Adverse Events Reviews (SAERs), Falls, Tissue Viability, Infection Control and Complaints

The Integrated Performance and Quality Report have been further developed and will continue to evolve in 2024/25 to support the growth of our Organisation. This will include dashboards for OOHs and Primary Care

#### **(iv) Infection Prevention and control.**

The Board remains committed to reducing to an absolute minimum the chance of acquiring an infection whilst receiving healthcare, and to ensure our hospitals are clean. An Infection Prevention & Control Report is reviewed by the Clinical Governance Committee at each meeting.

### **6. Emerging issues and key issues to address/improve the following year**

The committee will focus on the following areas next financial year:

- Overview of Clinical Governance processes and systems within Acute & Community Services
- Seeking assurance for Social Care and Commissioned Children's Services
- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with Complaints in an appropriate and timely way.
- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.
- Continue to scrutinize the Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report and development of new measures.
- Support the delivery of the NHS Highland Strategy and Annual Delivery Plan

### **7. Conclusion**

The Chair of the Clinical Governance Committee is confident, that through the scrutiny of internal and external reports and minutes, as well as systematic reviews of the reporting mechanism and regular presentations; that the systems of internal control of the delivery of safe clinical care are adequate. However, it will continue to focus on assuring that any identified weaknesses in the system are addressed, and that a culture of continuous improvement in clinical governance is fostered across the Board area. The Chair would recommend that the Board can take a moderate level of assurance from the Clinical Governance Committee's activities in 2023/24.

**Alasdair Christie**  
**Chair**  
**Clinical Governance Committee**  
**March 2024**

NB Reports to be submitted to the  
 May meeting of the Audit Committee  
 each year.

**APPENDIX A**

**Clinical Governance Committee Attendance List – 2023/2024**

<b>Members</b>	<b>27/04/2023</b>	<b>22/06/2023</b>	<b>31/08/2023</b>	<b>02/11/2023</b>	<b>18/01/2024</b>	<b>07/03/2024</b>
Alasdair Christie	Y	Y	Y	Y	Y	Y
Dr Gaener Rodger	Y	Y		Y	Y	A
Joanne McCoy	A Clark	Y	Y	Y	Y	A
Muriel Cockburn	Y	Y	Y	Y	Y	Y
Catriona Sinclair (ACF Chair)	A	A	Y	Y	A	-
Elsbeth Caithness	A	A	A	A	A	-
Liz Henderson (From Jan '24)	N/A	N/A	N/A	N/A	Y	Y
E Woolard (Indep't Member)	Y	Y	Y	A	A	A
Dr Boyd Peters	Y	C Copeland	Y	Y	Y	Y
Dr Tim Allison	Y	Y	Y	Y	Y	Y
Louise Bussell	Y	K P-Quate	Y	Y	Y	Y
S Compton-Bishop (Ex Officio)	A	A Clark	A Clark	A Clark	A Clark	A Clark
P Dudek (Ex Officio)	A	A	A	A	A	-

# Annual Report

## NHS Highland Finance, Resources and Performance Committee Annual Report

**To: NHS Highland Audit Committee**

**From: Alexander Anderson, Chair of Finance, Resources and Performance Committee**

**Subject: Finance, Resources and Performance Committee Report – April 2023 to March 2024**

### 1 Background

In line with sound governance principles, an Annual Report is submitted from the Finance, Resources and Performance Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Finance, Resources and Performance Committee is a formal Committee of the Board with the following remit :

- a) To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:
  - Resource allocation;
  - Performance management;
  - Environmental sustainability;
  - Strategic planning.
- b) 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.
- c) To consider financial plans, and approve annual budget proposals and business cases for submission to the NHS Board.

The Finance, Resources and Performance Committee met nine (9) times in the reporting period, with Minutes of the Committee being submitted to the NHS Board. Due to the increasing concerns relating to the financial performance, it was agreed to move to monthly meetings of the committee in the September 2023 meeting.

### 2 Activity 1 April 2023 – 31 March 2024

The Finance, Resources and Performance Committee considered the following key items at its meetings throughout the year as shown in Table 1.



Table 1 : Agenda Items discussed at the FRP Committee in 2023/24

Agenda item	Meeting Dates								
	May 5/23	July 7/23	Sept 8/23	Oct 6/23	Nov 3/23	Dec 8/23	Jan 5/24	Feb 9/24	Mar 1/24
Financial Position update	x	x	x	x	x	x	x	x	x
Financial Savings Plan – Govt support		x							
Financial Savings Plan update	x	x	x	x	x	x	x	x	x
NHS Highland Draft Budget Setting Guidance 2024/2025					x	x			
Draft Financial Plan 2024/2025								x	
Draft ADP 2023/24	x								
ADP 2023/23 Update		x	x		x		x	x	x
IPQR	x	x	x		x		x		x
Performance Issues by Exception Report						x			
Minutes of Asset Management Group	x	x	x				x		x
Major Project Summary report	x	x	x				x		x
Corporate Risk Register Update	x	x	x		x		x	x	x
Environmental and Sustainability Report	x	x	x					x	
Digital Health and Care Strategy		x							
Transformation Programme and Governance			x						
Strategic Transformation and Planning Approach								x	
Review of Committee's ToRs				x					
Review of proposed Committee's Workplan				x	x				
NHS Highland Winter Plan 2023/24					x				
Exception Report on Cancer Performance		x							
Procurement Annual Report					x				
Maternity & Neonatal Business Case	x								
Patient Safety Assurance – Letter from the Cab Sec			x						
Implementing the Blueprint for Good Governance Self-Assessment Findings					x				
3 Horizons Plan						x			
Vaccination Activity Escalation Update							x		
Commissioning Framework (Charters etc)							x		
FRP Committee Self Evaluation Report							x	x	x

## Membership from 1 April 2023 – 31 March 2024:

### Committee Members

Alexander Anderson, Non-Executive Board Member (Chair)  
 Graham Bell, Non-Executive Board Member (Vice Chair)  
 Ann Clark, Non-Executive Board Member  
 Gerry O'Brien, Non-Executive Board Member  
 Garrett Corner, Non-Executive Board Member/Stakeholder  
 Pamela Dudek (Chief Executive)  
 David Park, Deputy Chief Executive  
 Heledd Cooper, Director of Finance (Lead Officer)  
 Dr Boyd Peters (Medical Director)  
 Tim Allison (Director of Public Health)  
 Louise Bussell (Board Nurse Director)  
 Alan Wilson, Director of Estates, Facilities and Capital Planning (to December 2023)  
 Richard MacDonald, Director of Estates, Facilities and Capital Planning (from December 2023)

### In Attendance

Katherine Sutton, Chief Operating Officer (Acute Services)  
 Fiona Davies, Chief Officer, Argyll and Bute IJB  
 Pamela Cremin, Chief Officer, Highland HSCP  
 Lorraine Cowie, Head of Strategy and Transformation  
 Elaine Ward, Deputy Director of Finance  
 Ruth Daly, Board Secretary

**Table 2 : Attendance from 1 April 2023 – 31 March 2024:**

Member	5/5 2023	7/7 2023	8/9 2023	6/10 2023	3/11 2023	8/12 2023	5/1 2024	9/2 2024	1/3 2024
Alex Anderson	Y	Y	Y	A	Y	Y	Y	Y	Y
Graham Bell	A	Y	Y	Y	Y	Y	Y	A	Y
Garrett Corner	Y	Y	A	A	Y	Y	Y	Y	Y
Ann Clark	Y	Y	Y	A	Y	Y	Y	Y	Y
Gerry O'Brien	A	Y	Y	Y	Y	Y	Y	Y	Y
Pamela Dudek	Y	A	Y	Y	Y	Y	Y	A	Y
David Park	Y	Y	Y	Y	Y	Y	Y	Y	Y
Heledd Cooper	Y	Y	E Ward	Y	Y	Y	Y	Y	Y
Dr Boyd Peters	A	Y	Y	Y	A	A	Y	A	Y
Tim Allison	Y	Y	Y	Y	Y	Y	Y	Y	Y
Louise Bussell	Y	Y	Y	Y	Y	Jo McBain	Y	K P- Quate	J Gilmore
Alan Wilson	Y	A	Y	Y	Y	Y	N/A	N/A	N/A
Richard McDonald	N/A	Y	N/A	N/A	N/A	N/A	Y	E Green	Y

### **3 Sub Groups**

The Asset Management Group minutes are taken as a standing agenda item at the FRP. In addition, all major projects and programmes are discussed with an update on progress provided by the Director of Estates.

The Financial Recovery Board is accountable to the Finance, Resources and Performance Committee and its remit is to performance manage the delivery of the NHS Highland Cost Improvement Programme.

The Digital Health and Care Group submit a report to the FRP three times per year. This sub group ensures systems are in place and maintained across all digital functions within NHS Highland.

The Environmental and Sustainability Board routinely report to the FRP ensuring that all matters relating to the delivery of the NHS Scotland policy on climate emergency and sustainable development are reported so the FRP Chair can give assurance to the Board.

### **4 External Reviews**

There have been no external reviews of the activity of the Finance, Resources and Performance Committee since its inception in early 2021.

### **5 Any relevant Key Performance Indicators**

The new National Treatment Centre in Inverness received the first patients in April 2023 and has been increasing patient throughput throughout the year. The project was completed to budget and only a few weeks behind schedule which was a remarkable achievement for the project team and the contractors.

Due to a variety of reasons NHS Highland will not meet the financial targets set for 2023/24 and will unfortunately produce an overspend of just under £55m. Slippage on the Cost Improvement Plan was a major factor caused mainly by the operational pressures on NHS Highland. In addition, there were major overspends in the provision of locums and supplementary staff, provision of drugs (including shortages of certain drugs) plus unprecedented inflationary pressures.

NHS Highland provided the Scottish Government with a Financial Recovery Plan with the aim to bring the required brokerage down from the forecasted figure of £68.7m to £55m; currently the forecast year end brokerage requirement will be just under the target figure. NHS Highland is receiving dedicated tailored support to assist in response to the size of the financial challenge in the reporting year and in future years.

As part of the implementation of NHS Highland Strategy, an Annual Delivery Plan (ADP) was developed which includes a number of KPIs and the performance against these KPIs relevant to this committee has been monitored throughout the year.

### **6 Emerging issues and key issues to address/improve the following year**

Financial performance against required spending targets and bringing NHS Highland into financial balance will be exceedingly challenging over the next 5 years or so. The Financial Recovery Board and the EDG will focus on this area throughout the coming years. It is expected that the Scottish Government will introduce brokerage targets much lower than currently forecast which will increase the overall savings pressure. In addition they may require

any brokerage obtained to be repaid over an agreed timescale. This brokerage repayment will exacerbate the timescale required to reach financial balance overall.

In December 2023 the Scottish Government issued a letter to all NHS Boards instructing a cessation to spending on capital projects for at least the next two years. This had an immediate impact on three major projects in NHS Highland: 1) Caithness redesign project; 2) Belford hospital replacement; and 3) Raigmore Maternity redesign/expansion. Design work will continue but no construction work will progress in any of these major projects. Work is ongoing with the local communities concerned.

There is an increasing risk to funding of Adult Social Care through the Integrated Partnership with Highland Council in 2024/25. The situation will be monitored carefully as discussions in the partnership continue.

Risk management is a developing area within the organisation and the Committee was tasked with the overview of several of the Risks within the NHS Board Assurance Framework. This work will continue to be a focus of the Committee in the coming year.

Further development of the Integrated Performance Report and the ADP will also be an area of continued focus as part of the Remit of the Committee.

## **7 Conclusion**

The Finance, Resources and Performance Committee has a clearly defined Role and Remit which has been regularly reviewed. Attendance at the Committee has been satisfactory and Non-Executive Directors have demonstrated the appropriate challenge and scrutiny required.

Alexander Anderson, as Chair of the Finance, Resources and Performance Committee has concluded that the systems of control within the respective areas within the remit of the Finance, Resources and Performance Committee are considered to be operating adequately and effectively.

**Alexander Anderson**  
**Chair**  
**Finance, Resources and Performance Committee**  
**March 2024**

## Highland Health and Social Care Committee

**NHS Highland**

**Highland Health and Social Care Committee Annual Report**

**To: NHS Highland Audit Committee**

**From: Gerry O'Brien, Chair, Highland Health and Social Care Committee**

**Subject: Highland Health and Social Care Committee Report 2023/24**

### 1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

### 2 Activity April 2023 to March 2024

The Highland Health and Social Care Committee met on six occasions during 23/24. Development sessions formed an important element of committee development opportunities and three were held in 23/24. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below. Membership and Attendance from 02 March 2023 to 31 March 2024

<b>MEMBER (Voting)</b>	<b>15/03/23</b>	<b>26/04/23</b>	<b>28/06/23</b>	<b>30/08/23</b>	<b>01/11/23</b>	<b>17/01/23</b>	<b>06/03/23</b>
Gerry O'Brien, Chair 2022	✓	Apols	Apols	✓	✓	✓	✓
Philip Macrae, VC 2023	✓	Chair	Chair	✓	✓	✓	✓
Ann Clark	✓	✓	✓	✓	✓	✓	✓
Joanne McCoy	✓	✓	✓	✓	✓	✓	Apols
Muriel Cockburn	✓	✓	✓	✓	✓	✓	✓
Pam Cremin, CO	✓	✓	✓	✓	✓	✓	✓
Tim Allison, Dir of Public Health	Apol	✓	✓	✓	✓	✓	✓
Claire Copeland, Medical Lead	Apol	✓	✓	✓	✓	Apols	✓
Cllr David Fraser	✓		✓	✓	✓	Apols	✓
Cllr Chris Birt	✓	✓	Apols	✓	✓	Apols	✓
Cllr Ron Gunn	✓	Apols	✓	✓	✓	✓	Apols
Simon Steer, Dir of Adult Social Care	✓	✓	✓	✓	✓	✓	✓
Elaine Ward, Deputy Dir of Finance	✓	✓	Apols	✓	✓	F Gordon	F Gordon
Nurse Lead (rotational: Julie Gilmore & Sara Sears)	Apols			J Gilmore	Apols	S Sears	J Gilmore
<b>IN ATTENDANCE (Stakeholders)</b>							
Michael Simpson, Public/Patient 2023	✓	✓	n/a	n/a	n/a	n/a	n/a

Diane van Ruitenbeek, Public/Patient 2024	n/a	n/a	n/a	n/a	n/a	✓	✓
Michele Stevenson, Public/Patient	✓	✓	✓	✓	Apols	✓	Apols
Wendy Smith, Carer					✓		
Catriona Sinclair, ACF	Apols	Apols	Apols		Apols	X	
Kara McNaught, ACF	✓	✓	✓	✓	✓	✓	
Neil Wright on behalf of Iain Kennedy, Lead Doctor (GP)	✓	✓	✓	✓	✓	✓	✓
Mhairi Wylie, Third Sector	✓	✓	Apols	Apols	Apols	✓	Apols
Kate Dumigan, Staffside	n/a	✓	✓	✓	Apols	Apols	n/a
Kaye Oliver, Staffside	n/a	n/a	✓	✓	✓	✓	✓
Fiona Duncan, Chief Social Work Officer, Highland Council	✓	✓	Apols	Apols	✓	✓	✓
Fiona Malcolm, Head of Integration, Highland Council	✓	✓	Apols	✓	✓	✓	Apols

During the period covered by this report the Committee Chair was Gerry O'Brien. Philip Macrae fulfilled the role of vice-chair for the period covered by this report. During the year Michael Simpson came to the end of his term as a lay member of the committee and the committee thank him for his contributions over his term of appointment. Following a recruitment process Diane Van Ruitenbeek joined the committee as lay member from February 2024.

## 2.1 The Pandemic

The pandemic continued to impact on the business of the Committee and delivery of services with reports regularly describing the long-lasting impact of the pandemic. The Committee has been particularly concerned to understand the impact on users and carers of the changes to services necessitated by measures to control COVID-19.

## 2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across Highland Health and Social Care Partnership including: Commissioned Care at Home services, Care at Home Oversight Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self-Directed Support services for adult social care. Common themes across all of these reports were the impact of the cost-of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Joint Strategic Plan 2024-2027 in January 2024, it is essential that commissioning arrangements are reviewed and revised within that strategic context. The Committee noted on several occasions' issues arising from the utilisation of the National Care Home Contract as a basis for commissioning care home services. The construct of the contract appears to be unsuitable for the majority of care homes across North Highland leading to increased sustainability issues for service providers.

## **2.3 Scrutiny of Performance**

### **2.3.1 Service Delivery**

The Committee has received assurance reports on particular areas of service delivery including mental health services, learning disability services, children's services and a range of reports covering adult social care services and Primary Care Services including Dentistry. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit is now close to being resolved with significant work having been undertaken by Highland Health and Social Care Partnership Quality and Patient Safety forum which is multi professional and now reflects care governance in line with the Vincent Framework. At each meeting the Committee received an exception report from the Chief Officer focusing on current service issues, developments in relation to local care home discussions, the National Care Service, significant capital developments underway, and celebration of team and individual staff awards and achievements and recognition for service delivery.

The Committee received an excellent report from the Director of Dentistry in relation to the provision of NHS Services across North Highland. A series of factors including recruitment, retention and national contractual issues have resulted in a significant proportion of the population being unable to routinely access NHS Dental services and those that can, may have to undertake significant and arduous travel to their nearest location. As well as the impact on dental and oral health, emergency requirements of the population are placing an increased strain upon the Public Dental Services as the provider of last resort.

Although an undoubted success story, the implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

### **2.3.2 Finance**

The Committee received regular reports on the financial position of services within its remit. The 23/24 financial position was extremely challenging with the opening financial plan supported by the utilisation of £9.734m of non-recurring reserves carried forward from financial years 21/22 and 22/23 and the delivery of a savings target of £11.012m. During the year it became apparent that the £11.012m target for recurring savings from transformational redesign of services and efficiencies would not be achieved. Forecast savings sit at £4.633m for the full year. Additional expenditure pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. The forecast outturn position at month 09 sits at £15m and this position assumes a degree of non-recurring support from The Highland Council in relation to the non-delivery of Adult Social Care savings. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Joint Strategic Plan and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

## **3 Corporate Governance**

The committee undertook a self-assessment exercise in December of 2023 and the results and resulting actions will be reflected in our 24/25 work plan and operational methodology. Terms of Reference have been reviewed and no significant changes have been made although there may be changes arising from the self-assessment exercise.

## **4 External Reviews**

None

## **5 Key Performance Indicators**

The agreed workplan for the year attempted to group key service issues together to allow committee members the opportunity to explore areas in more detail at individual meetings. Following implementation in 22/23 we have been able to make use of the Highland Health and Social Care IPQR for all of the year. This report has graphically illustrated the unmet need in our Adult Social Care Services with the report regularly showing a shortfall of 2,600 hours per week in Care at Home services, utilisation of available Care Home beds at 94%-95% and a steadily increasing number of Hospital Delayed Discharges, sitting at 186 at January 2024. These stark figures mask the collective efforts of our staff to deliver health and care services in an extremely challenging environment. On a more positive note, we have seen a steady increase in Self Directed Support Option One, with current performance now at 12.88% of all clients. However, there must be a sense of caution when looking at this figure as it may well be a manifestation of no other options being available. Currently the IPQR concentrates primarily on adult social care indicators, further development work is required in areas such as mental health, primary care and community services and this will be a major thrust of 24/25 work.

Performance against the CAMHS target has been encouraging in the first half of the year with an increase to 80% in those receiving services within the 18-week target. The second half of the year has not been as positive with performance levels now dropping back to 74%. Performance against the NDAS target is significantly below required levels. Waiting lists now sit at 1,336 children, almost 50% of that figure now waiting in excess of 52 weeks. An improvement action plan is expected to be produced shortly following a successful multi agency event in December 2023. Performance in both of these areas will be closely monitored by the committee in the year 24/25.

A report on performance for the 23/24 year will be published in July 2024. The 22/23 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

## **6 Emerging issues for 2024/25**

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of post pandemic service recovery and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service and the extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. As the vaccination programme moves to a locality-based model the committee will closely monitor performance level as well as the more qualitative aspects of patient experience

## **7 Conclusion**

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively.

**Gerry O'Brien, Chair**

**Highland Health and Social Care Committee**

**DATE 6 March 2024**



**NHS Highland  
Pharmacy Practices Committee Annual Report**

**Note: A maximum of approximately 4 sides of A4 should be aimed for. There should be no appendices unless fundamental to the work of the Committee.**

**To: NHS Highland Audit Committee**  
**From: Ann Clark Chair, PPC**  
**Subject: PPC Committee Report – April 2023 to March 2024**

## **1 Background**

In line with sound governance principles, an Annual Report is submitted from the Pharmacy Practices Committee to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

The remit of the Pharmacy Practices Committee is to consider applications to provide pharmaceutical services within the Board area and to determine whether these applications will be granted, or not.

The Committee's consideration of any application is governed by the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 which were amended following the consultation *Review of the Control of Entry Arrangements* and the recommendations made in the subsequent summary report and came into force on 1 April 2011.

Further amendments were introduced as the 2014 Regulations came into force on 28 June, 2014.

In these Regulations there remains, at Regulation 5.10, the framework against which the Committee makes its decision. This is called the "Legal Test".

The Legal Test states that:

*"An application .....shall be granted by the Board, ..... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list."*

Under the Regulations, the manner in which an application is considered, shall be a matter for the Committee to determine. In all circumstances NHS Highland's PPC holds an oral hearing. This ensures that the PPC understands the evidence and that points of clarification can be obtained from both the applicant and any other interested party through listening to evidence and asking questions of those present. The Committee may or may not convene its meetings in accommodation in the area local to the proposed premises and undertakes a site visit to obtain, first-hand, knowledge of the local area and of the suitability of the proposed premises.

The Pharmacy Practices Committee shall consist of seven members unless the application is for premises in a neighbourhood or an adjacent neighbourhood to the location of a dispensing doctor, in which case an additional member will be appointed

by the Board from persons nominated by the Area Medical Committee ensuring wider representation on the committee of whom –

- (a) one of whom shall be the chair appointed as such by the Board; the chair shall be a member of the Board but shall not be an officer of the Board nor shall the chair be, nor previously have been, a doctor, dentist, nurse, ophthalmic optician or pharmacist or the employee of a person who is a doctor, dentist, nurse, ophthalmic optician or pharmacist;
- (b) three shall be pharmacists of whom –
  - i) one shall be a pharmacist whose name is not included in any pharmaceutical list and who is not the employee of a person whose name is so listed; and such pharmacist shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and
  - ii) two shall be pharmacists each of whom is included in a pharmaceutical list or is an employee of a person whose name is so listed; and each shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and
- (c) three shall be persons appointed by the Board otherwise than from the members of the Board but none shall be nor previously have been a doctor, dentist, nurse, ophthalmic optician or a pharmacist, or an employee of a person who is a doctor, dentist, nurse, ophthalmic optician or pharmacist.

The amendments provide that only lay members are now entitled to vote reinforcing the independence of the decisions made. The non-contractor pharmacist is nominated by the Area Pharmaceutical Committee ensuring consistency with appointments to the National Appeal Panel and reinforcing independence.

No business shall be transacted at a meeting of the Pharmacy Practices Committee unless the chair or in the chair's absence, the person acting as chair, one member appointed under each of (b) (i) and (ii) above, and two other members appointed under (c) above are present (a minimum of 5 persons).

The membership of the committee is specified in the Regulations. The current membership of the Committee is made up from:-

Ann Clark, Non-Executive Director, Chairman  
Gaener Rodger, Non-Executive Director  
Ian Gibson, Lay Member  
John (Mark) Sutherland-Fisher, Lay Member  
Grant Stewart, Lay Member  
Susan Ringwood, Lay Member  
Jean Boardman, Lay Member  
Joanne McCoy, Lay Member  
Catriona Sinclair, Area Pharmaceutical Committee contractor representative  
John Mitchell, Area Pharmaceutical Committee contractor representative  
Caroline Morgan, Area Pharmaceutical Committee contractor representative  
Andrew Paterson, Area Pharmaceutical Committee contractor representative  
Fiona Thomson, Area Pharmaceutical Committee non contractor representative  
Catriona Brodie, Area Pharmaceutical Committee non contractor representative  
Dr. Karen Doonan, GP Sub Committee representative

One Joint Consultation commenced on 16<sup>th</sup> March, 2023 and closed on 26<sup>th</sup> July, 2023. However, the Applicant decided not to proceed to PPC and was therefore closed.

One Expression of Interest was received in June 2023 which was not followed through in view of a subsequent Expression of Interest received for the same location with premises secured. The Joint Consultation stage commenced on 29<sup>th</sup> January, 2024 and due to close on 5<sup>th</sup> June, 2024. A decision at that stage will require to be taken by the Applicant whether or not to proceed to Application.

An Expression of Interest was received in November 2023 and a subsequent meeting held to discuss progress. However, this has failed to progress as yet.

A further Expression of Interest was received in January 2024. However, this has not progressed to date in view of issues with the premises. The Health Board is awaiting confirmation from the Applicant whether or not they wish to progress to the discussion stage.

One final Expression of Interest was received in January, 2024. Discussion have still to take place.

### **3 Sub Groups**

The Committee has no sub-groups.

### **4 External Reviews**

There are no specific reviews of the work of the Pharmacy Practices Committee, however, the decisions of this Committee are subject to appeal to the National Appeal Panel (NAP). The external appeal process to the NAP provides a proxy external review. The grounds for appeal are limited to the following circumstances:-

- there has been a procedural defect in the way the application has been considered by the Board
- there has been a failure by the Board to properly narrate the facts or reasons upon which their determination of the application was based
- there has been a failure to explain the application of the Regulations to those facts
- where the Board has erred in law in its application of the provision of these Regulations

If the Chair of the NAP decides there are grounds for appeal they remit the decision back to the PPC for reconsideration, however, the points raised in one appeal may not necessarily readily transfer to a further application unless the points raised are generic and not specific to the particular application.

### **5 Any relevant Key Performance Indicators**

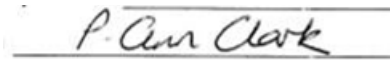
The process, which must be undertaken on receipt of an application, is driven by timescales and requirements set out in Regulations. Similarly, the conduct of the PPC and the reporting of the decision and the appeal process are driven by processes and timescales set out in the Regulations.

### **6 Emerging issues and key issues to address/improve the following year**

In view of changes to the PPC committee, training will be required to allow the new members obtain a full understanding of the purpose of the committee. This has still to be arranged. It is anticipated that a PPC will be held at some point later in the year should the current Joint Consultation progress to a full PPC Hearing.

## **7 Conclusion**

I confirm that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively and adhere to the statutory requirements as set out in the appropriate Regulations.

A handwritten signature in cursive script, reading "P. Ann Clark", is written over a horizontal line.

**Ann Clark**  
**Chair**  
**Pharmacy Practices Committee**  
**6<sup>th</sup> February, 2024**

NB Reports to be submitted to the May meeting of the Audit Committee each year.

## Annual Reports

### NHS Highland Remuneration Committee Annual Report:

**To: NHS Highland Audit Committee**

**From: Ann Clark, Chair, Remuneration Committee**

**Subject: Remuneration Committee Report – April 2023 – March 2024**

#### 1 Background

In line with sound governance principles, an Annual Report is submitted from the Remuneration Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Remuneration Committee is a formal Committee of the Board. The Role of the Remuneration Committee is:

- To consider and agree performance objectives and performance appraisals for staff in the Executive cohort, and to oversee performance arrangements for designated senior managers, and to endorse pay and terms and conditions for the Executive cohort. The Committee will be responsible for applying the remit detailed in NHS: MEL (2000) 25, NHS HDL (2002) 64 and subsequent guidance.
- To direct the appointment process for the Chief Executive and Executive Directors.

The membership of the Committee is limited to the Board Chair, Vice Chair, Employee Director and two other Non-Executive Board members.

The Remuneration Committee has met on four occasions during the financial year: 28 April 2023, 14 July 2023, 27 November 2023, and 26 February 2024.

#### 2 Activity

Throughout the period of this annual review, the Remuneration Committee has provided the Board with assurance regarding the discharge of its remit through regular submission of minutes of meetings to the Board in private.

In April 2023 the Committee took moderate assurance on a suite of **Executive cohort common and individual objectives for 2023-24**. In July the Committee had oversight of a review of the weightings of common and individual objectives and at this stage took substantial assurance on their appropriateness and alignment with the Annual Delivery Plan and individual portfolios.

In terms of performance against Board Level Objectives, the Committee took substantial assurance in relation to **overall board performance** in delivering against the Together We Care five-year strategy and the Annual Delivery Plan for 2022/23. This was reflected in the assessment of Executive and Senior Manager performance and scoring.

The Committee provided assurance to the Board in July 2023 of its approval of the Executive cohort End of Year Reviews for 2022-23. This was reflected in the assessment of Executive and Senior Manager performance and scoring, and the outcomes were submitted to the National Performance Committee. The Committee demonstrated robust challenge of Executive performance ratings and provided additional information on its deliberations and findings to the National Performance Management Committee.

The Committee accepted substantial assurance on the **Mid-Year Reviews** for 2023/24 Executive cohort performance in November 2023.

The Committee discharged its duties to oversee and take assurance on a range of Executive Director appointments throughout the year:

- **April 2023** - the Committee took assurance on the process to appoint a substantive Deputy Chief Executive and endorsed the appointment terms for the Director of People and Culture.
- **July 2023** - the Committee took assurance on the appointment of a substantive Chief Officer, Highland Health and Social Care and the associated salary.
- **November 2023** - the Committee received a report providing an update on plans for appointing to the positions of Chief Executive Officer and Director of Estates, Facilities and Capital Planning within the executive team. An update on the outcome of these recruitment exercises was given to the Committee in February 2024

The recommendations of the Discretionary Points Advisory Committee for the award of discretionary points for consultants were ratified by the Committee in February 2024.

The Committee considered and re-affirmed its Terms of Reference in February 2024.

**Membership from 1 April 2023– 2024:**

Ms Sarah Compton Bishop, Board Chair  
 Ms Ann Clark, Board Vice Chair  
 Ms Elspeth Caithness, Employee Director  
 Mr Gerry O’Brien, Non-Executive Director  
 Mr Albert Donald, Non-Executive Director Committee Vice Chair

**In Attendance:**

Ms Pam Dudek, Chief Executive  
 Ms Fiona Hogg, Director of People and Culture to 30 April 2023.  
 Mr Gareth Adkins, Director of People and Culture from 10 July 2023.

**Attendance from 1 April 2023 – 31 March 2024:**

Meeting date	Sarah Compton Bishop	Ann Clark	Elspeth Caithness	Gerry O’Brien	Albert Donald	Pam Dudek	Fiona Hogg	Gareth Adkins
28 April	✓	✓	✓	Apol	✓	Apol	✓	Not yet in post
14 July	✓	✓	Apol	✓	✓	✓	No longer in post	✓
27 November	✓	✓	✓	✓	✓	✓	No longer in post	✓
26 February	Apol	✓	Apol	✓	✓	✓	No longer in post	✓

**3 Sub Groups**

The Remuneration Sub Committee does not have any Sub Groups.

**4 External Reviews**

The outcomes of the End of Year Reviews for the Executive Cohort were submitted to the National Performance Monitoring Committee and approved.

**5 Any relevant Key Performance Indicators**

There are no Key Performance Indicators for the Remuneration Committee. No External Audits were progressed in year.

**6 Emerging issues and key issues to address/improve the following year**

The Remuneration Committee is well established with a clearly defined Role and Remit and Work Programme, in the main set by national requirements. There has been very good attendance at the Committee and Non-Executive Directors demonstrate the appropriate scrutiny required in delivering assurance to the Board.

**7 Conclusion**

Ann Clark, as Chair of the Remuneration Sub Committee, has concluded that the systems of control within the respective areas within the remit of the Remuneration Committee are considered to be operating adequately and effectively.

**Ann Clark**  
**Chair May 2024**

DRAFT

## **NHS Highland Staff Governance Committee Annual Report**

**To: NHS Highland Audit Committee**  
**From: Ann Clark Chair, Staff Governance Committee**  
**Subject: Staff Governance Committee Report April 2023 – March 2024**

### **1 Background**

In line with sound governance principles, an Annual Report is submitted from the Staff Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

### **2 Activity April 2023 - March 2024**

There have been some changes to Committee membership and the position of Chair within this financial year. Sarah Compton Bishop, my predecessor, was Committee Chair until the end of May 2023 and I'd like to record my thanks to her for the work she undertook while holding this post. I was appointed to the Committee and assumed the role of Committee Chair on 1 June 2023 and Philip Macrae was also appointed as Vice Chair at this time.

In terms of leadership, Fiona Hogg left her position as Director of People and Culture on 30 April 2023, with Gareth Adkins being appointed to this role from 10 July 2023. The Committee has performed with full membership and with consistent professional, operational and support functions throughout the financial year.

The Staff Governance Committee gives assurance to the Board on the operation of Staff Governance systems within NHS Highland, regarding progress, issues, risks and mitigation and actions being taken, where appropriate. The Committee has met on six occasions throughout the year, with minutes being submitted to the Board for approval and attendance as shown on Appendix 1. The Committee Chair and Director of People & Culture meet ahead of each meeting to finalise the agenda according to an agreed workplan. The business is organised under the following topics: well informed, well trained, involved in decisions, fair and consistent treatment of staff, and safe working environment. The Committee's work is summarised below.

#### **Well Informed**

Committee business has included spotlight sessions at most meetings. The focus this year has been on partnership working, Acute Services, Highland HSCP, Finance, Argyll and Bute HSCP and the People and Culture directorate. These sessions have helped the Committee understand the different operational areas and directorates in terms of their functions, workforce profile, performance, development work, headcount, sickness absence, statutory and mandatory training compliance, and iMatter results, among other things.

The Committee continues to approve the Integrated Performance and Quality Report submission to the Board, and it scrutinises metrics on workforce and culture, which are continually being reviewed.

A Development session was held in January 2024 to enable the Committee to better understand the provisions and implications for NHS Highland of the Health and Care (Staffing) (Scotland) Act 2019 which comes into force from 1 April 2024. The Committee received a report on this at its March 2023 meeting.

#### **Well Trained**

The Annual Medical Education report was received by the Committee in January 2023, focusing on the support, development, delivery, innovation and quality assurance of medical education across NHS Highland and ensuring General Medical Council (GMC) standards are met. There was positive feedback on the report from Committee members and the Employee Director undertook to discuss its content with the Area Partnership Forum to explore ways of improving partnership working with medical staff.

The Committee undertakes frequent scrutiny of compliance rates for statutory and mandatory training throughout the year together with oversight of the associated risks on the Strategic Risk Register. In September 2023 the Committee considered a paper, previously shared with APF, making recommendations to improve compliance with statutory and mandatory training throughout the organisation. Statman challenges and key barriers continued to be monitored through the Statman Oversight Improvement group. The Committee is now



overseeing progress against an agreed Statutory and Mandatory Training Implementation Plan that is being cascaded throughout the organisation.

### **Involved in Decisions**

The Committee has been regularly updated on progress with the Annual Delivery Plan (ADP) throughout the year enabling it to oversee the updates on the Grow, Listen, Nurture and Plan themes of the Together we Care Strategy relating to the workforce.

In November 2023 the Committee took assurance on the good progress being made with the delivery of the plan within the people function. The Committee has considered both in-year and forward-looking ADP updates.

Regular updates have been provided on the development and implementation of the Communication and Engagement Framework for the organisation.

### **Fair and consistent treatment of staff**

The Committee continues to actively scrutinise the quarterly Whistleblowing Standards reports and took assurance from the Whistleblowing Standards Annual Report in September 2023. The Annual Report was considered within the context of the 'pause and reflect' exercise held by the Board on how the organization has upheld the Whistleblowing Standards.

In June 2023 the Committee took assurance from the Guardian Service annual report which describes the organisational learning arising from the service and the support for colleagues in supervisory and managerial roles. The report triangulates with the organisation's iMatter Survey and Listening and Learning survey.

The Committee has continued to maintain oversight of Culture, and in September 2023 approved a refreshed approach to the leadership and culture programme with oversight and governance through the Cultural Oversight Group. A framework was agreed to build on previous development of leadership capability to ensure behaviours are consistent with the values of the organisation. This work was progressed jointly with the Area Partnership Forum and linked directly to the Workforce Plan, Annual Delivery Plan, and Staff Governance Standards. The Committee has a clear overview of cultural change being delivered through performance management, staff governance standards and existing staff governance arrangements, and the organisational performance framework.

In May 2023 the Committee considered the Equality Outcomes and Mainstreaming progress report which was submitted to Scottish Government.

The Committee reviewed and approved the Staff Governance Monitoring report submission to Scottish Government in November 2023. The report had previously been considered by the Area Partnership Forum in an open and transparent fashion.

The Committee considered a review of Workforce Policies in March 2024.

### **Safe Working Environment**

In January 2024 the Committee received an update detailing the relaunch of the Health and Wellbeing Workgroup and the development of a Health and Wellbeing strategy. The report had previously been reviewed by the Area Partnership Forum and some Local Partnership Forums.

The Committee continued to have oversight of NHS Highland's approach to Health and Safety throughout the year. In November 2023, the Committee reviewed and took assurance from the Health and Safety Governance, Risk & Assurance report that highlighted challenges in obtaining consistent assurance and standardised reporting to the Health and Safety Committee. A Short Life Working Group has been established to create a Corporate Improvement Plan to improve governance structures and ensure good practice for Health and Safety. This approach is supported by the Employee Director in her capacity as co-chair of the Health and Safety Committee.

Oversight and Assurance of our **Strategic People and Culture Risks** has also been a key focus for the Committee across the year. The Committee retains close oversight and reviews mitigation as appropriate, with assurance being provided to the Board. The mitigating actions are aligned to the ADP which ensures these are being progressed and monitored as part of day-to-day business. The Committee reviews the relevant Level 2 Risk Registers and each directorate presents these at Spotlight sessions, so the Committee can be assured

the Strategic Risks, where relevant, are translated into Level 2 Risks and are being actively managed and mitigated at that level.

The **Annual Health and Safety** report, first delivered last year, was again put to the Committee in May 2023, with a clear action plan for the year ahead and review of what was achieved last year. This allows the Committee to be sighted on the key areas of focus and to be assured beyond the minutes of the Quarterly Health and Safety Committee and time was also given in a development session for wider discussion and debate.

### 3 Sub Groups

The **Health and Safety Committee** acts to assure the Staff Governance Committee that effective systems are in place for the management of Health and Safety, to monitor performance in this area and to highlight significant risks where appropriate. It has reported to the Staff Governance Committee for oversight and assurance through minutes of its meetings. The Committee is co-chaired by the Director of People & Culture and Lead Executive for Health and Safety, and the Staffside Lead for Health & Safety. The Committee considered the Health and Safety Annual report in May 2023. The Staff Governance Committee takes assurance and supports policy ratification by the Health and Safety Committee.

The **Cultural Oversight Group** has refreshed its Terms of Reference and reinstated its work. A refreshed culture framework is being driven by the Cultural Oversight Group including proposals to strengthen the approach to leadership development and a learning system to support wider engagement with staff. This work contributes directly to the Board's Blueprint for Good Governance Improvement Plan and supports the affirmation of NHS values and ethos being shared throughout the organisation and evident through delivery of the Staff Governance Standard.

The **Area Partnership Forum (APF)** acts as the operational group of the Staff Governance Committee and considers relevant agenda items prior to submission to the Committee. The Forum meets 6 times per year, typically 3 weeks before the Staff Governance Committee. This year has seen good attendance from Management, HR and Staffside at APF meetings. The meeting is co-chaired by the Employee Director and the Chief Executive. In terms of achieving the Staff Governance Standard, the Staff Governance Committee takes assurance and supports policy ratification by APF.

Reporting to APF are further subgroups: HR, Terms & Conditions, Medical and Dental Bargaining and Organisational Change Oversight. Membership of the subgroups also includes representatives from management, staffside and HR. The APF also receives reports from the Local Partnership Forums and the Argyll and Bute Joint Partnership Forum.

### 4 External Reviews

The Committee has reviewed internal audits throughout the year as follows:

A People Management audit is in progress to review the processes for raising concerns linked to previous/wider culture issues and Internal Audit work which provides a more independent way to assess/report on arrangements. (Final Report due to go to Audit Committee in March 24)

The Vacancy Management and Monitoring Audit continues to progress, to identify whether there is sufficient management and oversight of vacancies at a service level.

The Board submits an annual return to Scottish Government to provide assurance that NHS Highland is compliant with the Staff Governance Standards. This is fundamental in ensuring NHS Highland achieves and maintains exemplary employer status. The Committee approved the submission for 2022-23 in June 2023 and took assurance and learning from the feedback received on the submission for the previous financial year.

### 5 Any relevant Key Performance Indicators

The dashboards which have been used for the last year have allowed the committee to review key metrics. Sickness absence rates have remained above the Scottish average of six percent between May 2023 and November 2023. Turnover remained stable and in line with the national average. Issues with recruitment processes, completion rates of appraisals and personal development plans and Stat Man training have been a consistent focus of scrutiny throughout the year.

The Committee reviewed the iMatter 2023 responses in June 2023, with an iMatter engagement report also being considered in September 2023. It was noted that the overall response rate was 50%. There was a

noticeable difference in engagement with questions focussing on the wider organisation compared with staff's personal experience. It is an important role for the Culture Oversight Group to consider how best to engage with staff to understand how to improve in the areas with weaker scores.

## 6 Emerging issues and key issues to address/improve the following year

In January 2024 the Committee noted that the Health and Wellbeing group had resumed its work and would be focusing on the development of a **Health and Wellbeing Strategy** for the organisation. This will be a living document influenced by national and local initiatives to ensure NHS Highland is a great place to work in line with the Together we Care strategy. The work of the group will link with other workstreams and will be a key focus for the Committee in the coming year. An equality and inclusion strategy will also be considered.

The Committee has received reports throughout the year on the development and implementation of a **Corporate Induction programme**. Corporate Induction is now embedded within the organisation and it will remain a priority for the Committee to be assured of its successful roll-out and to ensure ongoing engagement with partnership colleagues.

The Committee will continue to provide informal oversight of delivery of the Board's Blueprint Improvement Plan relating to areas within its terms of reference. Work is planned in the coming months to build on existing foundations and to engage further with the **Area Partnership Forum**. This work will explore consultation pathways that impact on staff and which require staffside comment and agreement, particularly for major service change and proposals flowing from our strategy. Improvements required to the functioning of the Health and Safety Committee will also be progressed.

All Committee members were invited to complete a **self-assessment** questionnaire during November 2023. Six out of the nine Committee members completed the questionnaire. A summary of responses and key themes for improvement were shared with the Committee in January 2024 and actions agreed in March 2024. Whilst there was considerable agreement that the Committee was working well, a development session is to be held to explore improvements in use of the Board assurance matrix.

A key focus for the year ahead will be on **Workforce**, ensuring we understand what a sustainable affordable workforce looks like and improving our efficiency and prioritisation of recruitment and training. The Committee will need to be assured on the implementation of the requirements of the Health and Care (Staffing) (Scotland) Act 2019 and delivery of our ADP and Workforce Plan.

## 7 Conclusion

As the Chair of the Staff Governance Committee, I can confirm that the systems of control within the respective areas within the remit of the committee are considered to be operating **adequately and effectively**.

**Ann Clark**  
**Chair**  
**Staff Governance Committee**

## Staff Governance Attendance 2023- 2024

Members	Date of Meeting					
	10/05/23	28/06/23	06/09/23	08/11/23	16/01/24	05/03/24
Sarah Compton- Bishop NED Committee Chair to 1 June 2023 Committee member to 31 January 2024	✓	✓	✓	✓	✓	N/A
Ann Clark, NED, Committee member and Chair from 1 June 2023	✓	✓	✓	✓	✓	✓
Jean Boardman, NED until 30 May 2023	Apol	N/A	N/A	N/A	N/A	N/A
Philip MacRae, NED, and Vice Chair from 1 June 2023	✓	✓	Apol	✓	✓	✓
Bert Donald, NED Whistleblowing Champion	✓	✓	✓	✓	✓	✓
Steve Walsh, NED from 31 January 2024	N/A	N/A	N/A	N/A	✓	✓
Elsbeth Caithness, Employee Director	✓	✓	✓	✓	✓	✓
Kate Dumigan Staff side	✓	✓	Apol	✓	✓	✓
Claire Lawrie Staff Side	✓	✓	✓	Apol	-	✓
Dawn Macdonald Staff Side	✓	-	-	✓	✓	Apol
Pam Dudek Chief Executive	-	✓	-	✓	Apol	✓
<b>Ex Officio</b>						
Sarah Compton Bishop From 31 January 2024	N/A	N/A	N/A	N/A	N/A	-
<b>Attendees</b>						
Director of People & Culture from 10 July 2023	N/A	N/A	✓	✓	✓	✓
Interim Director of People & Culture until 9 June 2023	✓	✓	N/A	N/A	N/A	N/A
Deputy Chief Executive	✓	✓	✓	✓	✓	✓
Nurse Director	Apol	✓	-	✓	✓	✓
Medical Director	-	-	-	Apol	-	-
Director Of Public Health	✓	✓	✓	Apol	-	-
Chief Officer, Acute	✓	✓	✓	✓	✓	✓
Chief Officer, A & B HSCP	Apol	✓	Apol	Apol	✓	✓
Chief Officer, Highland HSCP	Apol	✓	✓	Apol	Apol	-
Director of Estates & Facilities	-	-	-	-	-	-
Director Of Finance	✓	✓	Apol	✓	Apol	-
Director Adult Social Care	-	-	-	✓	✓	-
Deputy Director of People	-	-	✓	✓	✓	✓
Head of OHS	✓	-	Apol	✓	-	✓
Deputy Nurse Director	✓	✓	-		-	-
Head of Comms & Engagement	✓	-	-	✓	-	-
Director Medical Education	✓	-	✓	✓	✓	-
Deputy/Interim Director Estates, Facilities & Capital Planning				✓	✓	-
Head of Service, Highland HSCP				✓	✓	-



**Meeting:** NHS Highland Board  
**Meeting date:** 28 May 2024  
**Title:** Community Empowerment (Scotland) Act 2015 Annual Reports 2023-24  
**Responsible Executive/Non-Executive:** Fiona Davies, Chief Executive  
**Report Author:** Ruth Daly, Board Secretary

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement

**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	X	Nurture Well		Plan Well	X
Care Well	Live Well		Respond Well	X	Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

**2 Report summary**

**2.1 Situation**

Attached to this report are NHS Highland Annual Reports dealing with Asset Transfers and Public Participation Requests for the period 2023/24 for the Board’s approval.

**2.2 Background**

The Community Empowerment (Scotland) Act 2015 has been established to enhance community involvement in community planning by creating opportunities for influencing public service provision and decision making, including how community assets are owned and managed. The Act introduces rights to community bodies to make participation and asset transfer requests to Health Boards and other public service authorities.

**2.3 Assessment**

Sections 32 and 95 of the Act require that public bodies produce annual reports which include certain information on participation requests and asset transfer requests. The annual reports follow a standardised format and are appended to this report.

**Asset Transfer**

NHS Highland did not receive any Asset Transfer requests during financial year 2023-24. An application received in February 2021 relating to Ian Charles Hospital in Grantown on Spey is still being progressed. It is anticipated that the community company will produce their plans for the use of the building in June 2024. The property is still currently in use.

Agreement was reached during the year to lease land to the rear of Badenoch and Strathspey Community Hospital to the Aviemore Allotment Association.

**Public Participation Requests**

Throughout the last financial year NHS Highland did not receive any Public Participation Requests. Board members will be aware of the ways in which NHS Highland actively engages with communities about its services and developments. While Boards have a duty under the Community Empowerment legislation to promote the offer of Public Participation Requests, our ongoing engagement activity has meant that communities have not needed to use the formal route. A link to a specific page has been created on NHS Highland’s new website to signpost members of the public to the formal option and provide information on how to go about making an application.

**Website and Accessibility improvements**

Throughout the year NHS Highland has made the application process for both Asset Transfers and Public Participation Requests more accessible by making the application form fully online so that applicants can fill it in and submit on screen. This means there is no need to download the form and submit by email. We have also increased accessibility by offering the option of contacting NHS Highland to arrange for someone to complete the form for people who might otherwise be unable to complete it themselves. We also now offer the form in large print for those who may benefit from this.

**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**

Annual Reports provide assurance that healthcare is safe for every person, every time.

**3.2 Workforce**

Annual Reports provide assurance that staff feel supported and engaged.

**3.3 Financial**

Annual Reports provide assurance that there is the best use made of available resources. There are no specific financial implications associated with this report.

**3.4 Risk Assessment/Management**

These are Annual Reports on business considered during the year, for which risk analysis would have been undertaken when requests were first made.

**3.5 Data Protection**

This report does not involve personally identifiable information.

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

These are Annual Reports on business considered during the year, for which EDIAs would have been considered when the issues were first raised.

**3.7 Other impacts**

No other impacts.

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

Public authorities have a responsibility to promote Asset Transfers and Participation Requests and there is a prominent link on NHS Highland website signposting members of the public.

**3.9 Route to the Meeting**

The Annual Reports have been prepared in collaboration with the respective Executive Leads

**4 Recommendation**

The Board is asked to approve the Annual Reports.

**4.1 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Annual Report relating to Asset Transfers
- Appendix No 2, Annual Report relating to Public Participation Requests



**Asset Transfer Request  
Reporting Template 2023/24 for Relevant Authorities**

Section 95 of the Community Empowerment (Scotland) Act 2015 requires relevant authorities to produce an annual report on Asset Transfer Request activity and publish this no later than 30 June each year.

Following stakeholder feedback and in response to asset transfer evaluations, this template has been created to help gather asset transfer data for the period 1 April 2023 to 31 March 2024. Information provided will help inform policy and practice at local and national level as the data will be collated and shared by the Scottish Government's Community Empowerment Team. However, it will be for each relevant authority to make their own annual report publicly available by 30 June 2024, whether using this template or not.

**Please provide information in the sections below and email the completed template by 30 June 2024 to [community.empowerment@gov.scot](mailto:community.empowerment@gov.scot).**

**Section One – Relevant Authority Information**

Organisation: NHS Highland	Address: Assynt House, Beechwood Park, Inverness, IV2 3BW
Completed by: Helen Emery / Simon Banham	Role: Property Manager
Email: Helen.Emery2@nhs.scot	Telephone: 07976 862 792
Date of completion: 03.05.2024	
Are you the Asset Transfer Lead Contact for the organisation: Yes	
If not please provide the name, job title and email address for the lead contact for any queries:	

**Section 2: Asset Transfer Data in 2023/24**



2.1 Please complete the following table for the 2023/24 reporting period:

Total Applications Received	Number of successful applications determined	Number of unsuccessful applications determined	Number received -and yet to be determined	Number received prior to 2023/24 and yet to be determined
0	0	0	0	1 Ian Charles Hospital Grantown on Spey. 19.02.2021 Expression of Interest - ongoing awaiting property to be declared surplus (building still in use by the Health Centre) and awaiting Community Company proposed plans for the development of the Hospital. (anticipated approx. June 2024)

2.2 Please provide details of Asset Transfer Requests received which resulted in transfer of ownership, lease, or rights from your relevant authority to a community transfer body in 2023/24:

Name of Community Transfer Body, or community group that will take ownership, lease, or management of the asset.	Date request was validated	Date decision was agreed to transfer the asset	Date transfer completed	Please provide further details, such as: description of the asset / area transferred / amount paid / discount given/ type of ownership / purpose of the transfer.
Aviemore Allotment Association (AAA) - <b>Lease</b>	TBC – Richard MacDonald agreed to this on the 05.02.2024 - Subject to Asset Management Approval	TBC – Summer 2024	N/A	Land to the rear of Badenoch and Strathspey Community Hospital is to be leased to AAA for the use of community allotments.

2.3 Please provide details of Asset Transfer Requests that went to a relevant authority appeal or review which were concluded in 2022/23:

Name of Community Transfer Body	Was the Asset Transfer Appeal/Review accepted? (Y/N)	Why was the Appeal/Review accepted/refused? <i>Please provide details of the asset transfer request and reasons for your decision.</i>
N/A	N/A	N/A

2.4 Please use this space to provide any further comments relating to the above data:

### **Section Three – Promotion and Equality**

3.1 Please provide information on any action you have taken to promote the benefits of asset transfer or any support provided for communities to engage with the Asset Transfer Request process.

NHS Highland's website has a specific page dedicated to Community Empowerment. Information on this web page provides a clear explanation of the Asset Transfer process, how to make an application, contact details of local District/Locality Managers and the single point of contact. The website confirms that the Board Secretary has been designated the first point of contact for Participation Requests. The website details the process which would be followed, together with the associated timeframes. It also provides access to Scottish Government guidance.

**3.2 In particular what action has been taken to support disadvantaged communities to engage with the asset transfer process?**

NHS Highland has made the application process more accessible by making the application form fully online so that applicants can fill it in and submit on screen to cut out the need for email. We have also offered the option of contacting NHS Highland to arrange for someone to complete the form for people unable to complete it themselves. We also offer the form in large print.

**Section Four – Additional Information**

4.1 Please use this space to provide any further feedback not covered in the above sections.

**Section 5 – Community Empowerment Act Review**

*The following questions relate to the Scottish Government review of the Community Empowerment (Scotland) Act 2015. We would value your feedback as a relevant authority concerned with part 5 (asset transfers) of the Community Empowerment (Scotland) Act 2015.*

- 5.1 Has the legislation made things easier or more difficult to access? Please provide some comments on your experiences as a relevant authority engaging with this legislation.
- 5.2 Where can things be further improved, and what needs to change?
- 5.3 Are you aware of what support is available to you when engaging with this legislation, and how you can access this? Please provide comments where possible.
- 5.4 What would you like to see now, to further empower Scotland's communities?

Completed by: Ruth Daly

Role: Board Secretary

Email: [ruth.daly2@nhs.scot](mailto:ruth.daly2@nhs.scot)

Date of completion: May 2024

**Please email the completed template by 30 June 2024 to [community.empowerment@gov.scot](mailto:community.empowerment@gov.scot)**

If you have any queries please contact Malcolm Cowie, Asset Transfer Policy Manager at [Malcolm.cowie@gov.scot](mailto:Malcolm.cowie@gov.scot)

Thank you!

Community Empowerment Team  
Scottish Government

## Participation Requests Reporting Template 2023/24 for Public Service Authorities

Section 32 of the Community Empowerment (Scotland) Act 2015 requires public service authorities to produce an annual report on Participation Request activity and publish this no later than 30 June each year. This template has been created to gather participation request data for the period 1 April 2023 to 31 March 2024. Information provided will help inform policy and practice at local and national level as the data will be collated and shared by the Scottish Government's Community Empowerment Team. However, it is for each public service authority to make their own annual report publicly available by 30 June 2024, whether using this template or not.

**Please provide information in the sections below and email the completed template by 30 June 2024 to [community.empowerment@gov.scot](mailto:community.empowerment@gov.scot).**

### **Section One – Public Service Authority Information**

Organisation: NHS Highland

Completed by: Ruth Daly                      Role: Board Secretary

Email: ruth.daly2@nhs.scot:

Date of completion: May 2024

Are you the Participation Request Lead Contact for the organisation: YES

If not please provide the name, job title and email address for the lead contact for any queries

**Section 2: Participation Request Data for 2023/24**

Please complete following overview table:

<b>Total new applications received in 2023-24</b>	<b>Total applications received prior to 1 April 2022 which were still to be determined at 1 April 2024</b>	<b>Number of accepted applications in 2023-24</b>	<b>Number of applications agreed in 2023-24</b>	<b>Number of applications refused in 2023-24</b>
None	None	None	None	None

2.1 Please provide details of Participation Requests received using the legislation and outwith the legislation in 2023/24 which resulted in changes to public services provided by or on behalf of your public service authority and tell us about those changes:

<b>Name of Community Participation Body</b>	<b>Was the Participation Request successful? (Y/N)</b>	<b>Previous way of working</b>	<b>Way of working following changes</b>	<b>What difference did those changes make for the users of the service? Did they improve service user experiences or outcomes?</b>	<b>Details of any participation requests considered outwith the formal process e.g. agreements reached that resulted in changes to services.</b>
N/A	N/A	N/A	N/A	N/A	N/A

**2.2 Please use this space to provide any further comments relating to the above data, such as describing the outcome improvement process (whether or not it resulted from a formal participation request) and how the community participation body was involved in it, or details of any wider benefits, such as improved community engagement and ongoing participation.**

### **Section Three – Partnership Working & Promotion of Participation Requests**

**3.1 Please provide details of any engagement with support organisations such as local Third Sector Interfaces and public sector Community Learning and Development staff or national organisations such as the Scottish Community Development Centre.**

***For example, has any new practices to support Participation Requests been developed from working with other bodies, or any learning gained?***

NHS Highland's services engage with third sector and other partners relevant to the topic they wish to engage on. We are not aware of any services having engaged with external organisations about participation requests.

**3.2 Please provide details of action taken to promote the use of Participation Requests or support Community Participation Bodies in making a Participation Request.**

***For example, this could include support before making a request, such as to determine whether a participation request is the most appropriate route; - Support to make the request such as assist groups to complete forms, or identify appropriate outcomes; and/or Support to take part effectively in outcome improvement processes (whether or not they resulted from a formal participation request).***

NHS Highland has a web page specifically dedicated to Community Empowerment. Information on this web page provides a clear definition of what constitutes a Participation Request, clarity on who can make one, how to do so, contact details of local District/Locality Managers and contact details for a single point of contact. The website confirms that the Board Secretary has been designated the first point of contact for Participation Requests. The website details the process which would be followed, together with the associated timeframes. It also provides access to Scottish Government guidance. [Participation requests | NHS Highland \(scot.nhs.uk\)](https://www.scot.nhs.uk/participation-requests/) |

**3.3 Please let us know what actions you have been taking to ensure that your processes are inclusive.**

***For example, this could include accessible information and other support, which enable wider use of participation requests by all population groups including those with protected characteristics.***

NHS Highland has made the application process more accessible by making the application form fully online so that applicants can fill it in and submit on screen to cut out the need for email. We have also offered the option of contacting NHS Highland to arrange for someone to complete the form for people unable to complete it themselves. We also offer the form in large print.

We have shared access to the forms through social media channels.

**3.4 Please outline any plans you have to continue involving local people and local groups in outcome improvement processes as a result of your Participation Request policies (and also outwith formal participation requests).**

The Board's Engagement Framework was approved in 2022. This sets out how services should engage with communities, both around service change and more general ongoing engagement to inform service improvement. The Framework was developed in partnership with patients, carers and communities, who were members of a working group which drafted the Framework. We are now developing training, guidance and templates to support services to engage well, and are building a network of groups and individuals with whom services can engage on different topics. We also aim to set up a panel of service users. Work is ongoing to promote Care Opinion as a way for patients to share their stories and contribute to improvement.

**3.5 Please provide details about any work undertaken to consider wider reviews of participation practice, and any such methods used to engage with communities.**

Please see above.

**Section Four – Additional Information**

**4.1 Please use this space to provide any further feedback not covered in the above sections.**

***For example, we are interested in your reflections about what has gone well and what has gone less well in relation to Participation Requests over the past year?***

***Is there any aspect of the process that you intend to adapt or change in the year ahead?***

***Have you identified any needs for guidance or support that would support the process?***

***If you have developed any case study material or published new information about Participation Requests, please share links to those with us here.***

**Section Five – Community Empowerment Act Review**

*The following questions relate to the Scottish Government review of the Community Empowerment (Scotland) Act 2015. We would value your feedback as a public service authority concerned with part 3 (participation requests) of the Community Empowerment (Scotland) Act 2015.*

5.1 Has the legislation made things easier or more difficult to access? Please provide some comments on your experiences as a public service authority engaging with this legislation.

5.2 Where can things be further improved, and what needs to change?

5.3 Are you aware of what support is available to you when engaging with this legislation, and how you can access this? Please provide comments where possible.

5.4 What would you like to see now, to further empower Scotland's communities?

Completed by: Ruth Daly

Role: Board Secretary

Email: ruth.daly2@nhs.scot

Date of completion: May 2024

**Please email the completed template by 30 June 2024 to [community.empowerment@gov.scot](mailto:community.empowerment@gov.scot)**

If you have any queries please contact Malcolm Cowie, Participation Request Policy Manager at [Malcolm.cowie@gov.scot](mailto:Malcolm.cowie@gov.scot)

Thank you!

Community Empowerment Team, Scottish Government



# NHS Highland



**Meeting:** NHS Highland Board  
**Meeting date:** 28 May 2024  
**Title:** Finance Report – Month 12 2023/2024  
**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 draft NHS Highland financial position at financial year end, Month 12, 2023/2024 (March 2024). This position is still subject to audit.

### 2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a

Cost Improvement Programme of £29.500m proposed, leaving a residual gap of £68.672m. A significant amount of additional funding has been received in year from Scottish Government and this has resulted in a significantly improved position from that included within the financial plan submission. This report summarises the draft position at Month 12 and highlights the drivers that contributed to the position.

## 2.3 Assessment

For the period to end March 2024 (Month 12) an underspend of £0.265m is reported. This position has been delivered following presentation of the initial year end position, an overspend of £29.235m, to Finance, Resources & Performance Committee where members were asked to agree that brokerage of £29.500m was requested from Scottish Government. This request has been made and funding confirmed.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

It is only possible to give moderate assurance at this time due to the final accounts still being subject to audit.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

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

### 3.2 Workforce

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

### 3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2023/2024 and beyond and are continuing to provide additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland is receiving dedicated tailored support to assist in response to the size of the financial challenge.

### 3.4 Risk Assessment/Management

The reported position is subject to final audit scrutiny and as such the position may change. This risk is considered low with flexibility has been built into the brokerage

request in the event that changes are required which may impact on the delivery of financial targets.

### **3.5 Equality and Diversity, including health inequalities**

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

### **3.6 Other impacts**

None

### **3.7 Communication, involvement, engagement and consultation**

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

- Executive Directors Group – via monthly updates and exception reporting
- Efficiency Transformation Group
- Monthly financial reporting to Scottish Government

### **3.8 Route to the Meeting**

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

- EDG

## **4 Recommendation**

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

### **4.1 List of appendices**

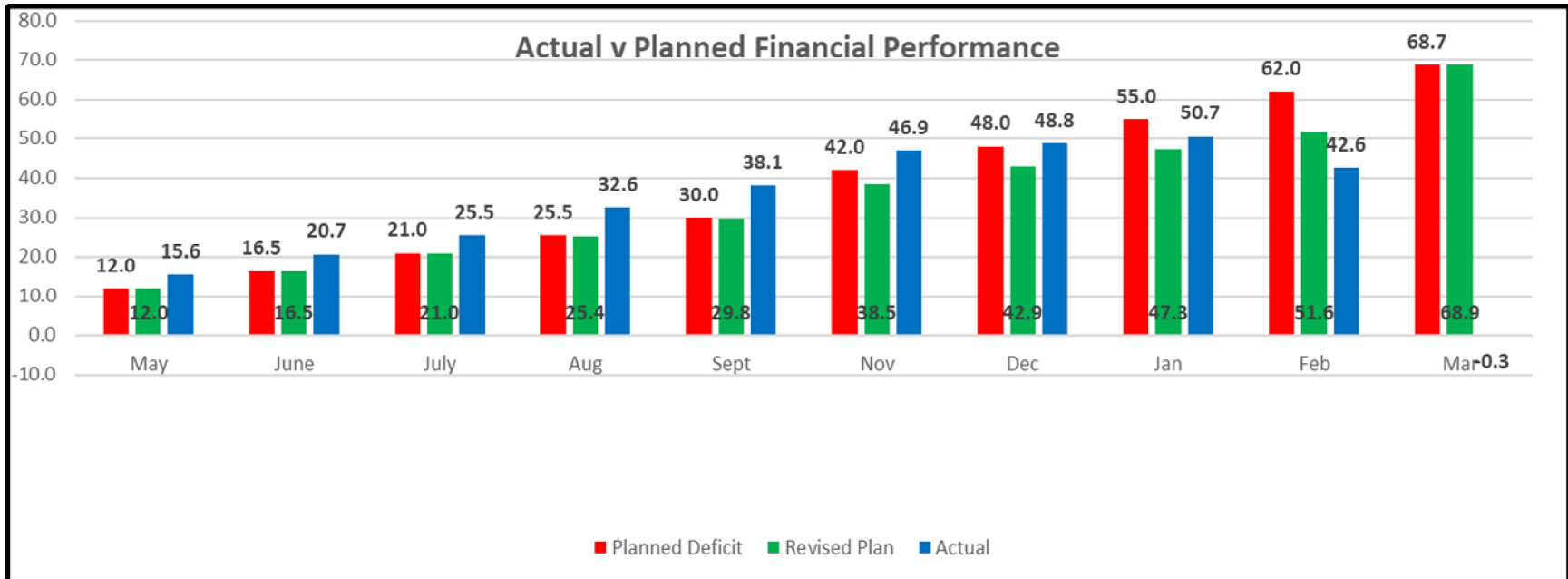
The following appendices are included with this report:

No appendices accompany this report

# Board Finance Report – 2023/2024 Year End

---

# 2023/2024 YEAR END



Target	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	0.3
Delivery against Financial Plan DEFICIT/ SURPLUS	68.9
Deliver against Cost Improvement target DEFICIT/ SURPLUS	15.9

- Year end surplus of £0.3m
- Slippage against CIP £15.9m
- Brokerage received of £29.5m
- Underlying deficit of £29.2m

# 2023/2024 YEAR END



	£m	£m
<b>Financial Plan submission to Scottish Government - initial gap</b>		<b>98.172</b>
Cost Reductions/ Cost Improvements achieved in year		13.572
<b>Additional Funding</b>		
Sustainability funding - June 2023	8.030	
ASC Pay Award - June 2023	3.883	
New Medicines Fund - June 2023	6.590	
Supplementary Pay	6.088	
Return of 2022/2023 Year End Surplus - March 2024	0.383	
Health Consequentials/ Sustainability Funding - March 2024	9.885	
		34.859
Reduction in top slices for national costs		0.390
Financial Flexibility		2.050
Short term cost reductions & allocation slippage		18.070
Brokerage		29.500
<b>Year End Outturn - Surplus</b>		<b>0.265</b>

- Financial Plan submitted to SG in March 2023 had an initial gap of £98.172m
- A cost reduction/ improvement target of £29.500m brought this gap down to £68.672 – savings of £13.572m were achieved against this target.
- Additional allocations, a reduction in top-sliced costs, use of financial flexibility and an element of slippage on allocations together with short term cost reductions mainly due to recruitment difficulties has brought this initial gap down to £29.235m by financial year end
- Brokerage of £29.500m was received which enable delivery of an underspend of £0.265m at financial year end

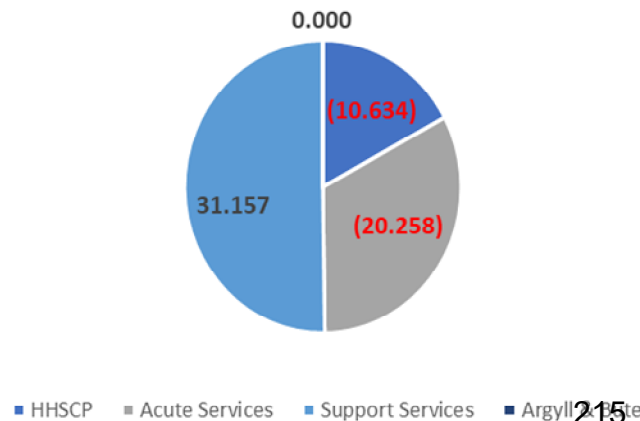
# 2023/2024 YEAR END



Current Plan £m	Current Budget £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m
1,220.267	1,220.267	<b>Total Funding</b>	1,220.267	1,220.267	-
		<b>Expenditure</b>			
450.867	460.205	HHSCP	460.205	470.839	(10.634)
310.154	296.594	Acute Services	296.594	316.852	(20.258)
214.031	202.642	Support Services	202.642	171.485	31.157
<b>975.052</b>	<b>959.441</b>	<b>Sub Total</b>	<b>959.441</b>	<b>959.176</b>	<b>0.265</b>
263.375	<b>260.826</b>	Argyll & Bute	<b>260.826</b>	<b>260.826</b>	-
<b>1,238.426</b>	<b>1,220.267</b>	<b>Total Expenditure</b>	<b>1,220.267</b>	<b>1,220.002</b>	<b>0.265</b>
(68.672)	-	<b>Planned Deficit</b>	-	-	-
<b>1,220.267</b>		<b>Total Expenditure</b>			

- ## 2023/2024 YEAR END
- Underspend of £0.265m reported – delivery supported through receipt of £29.500m of brokerage from SG
  - Position includes slippage against the CIP of £15.928m
  - Cost improvements of £13.572m included within operational position

Deficit by Operational Area



# 2023/2024 YEAR END



Summary Funding & Expenditure	Current Plan £m
<b>RRL Funding - SGHSCD</b>	
Baseline Funding	836.126
FHS GMS Allocation	79.970
Supplemental Allocations	96.640
Non Core Funding	71.327
<b>Total SGHSCD Funding</b>	<b>1,084.063</b>
<b>Integrated Care Funding</b>	
Adult Services Quantum from THC	148.424
Childrens Services Quantum to THC	(12.220)
Total Integrated care	136.203
<b>Total NHS Highland Funding</b>	<b>1,220.267</b>

## FUNDING

- Full year funding £1,220.267m
- Includes brokerage of £29.500m
- 2023/2024 saw a significant level of allocations being received towards the latter part of the financial year. Whilst this had a beneficial impact on the final financial position it creates difficulties in service planning. This is being reviewed by SG as we go into 2024/2025



# 2023/2024 YEAR END



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	<b>HHSCP</b>			
254.114	NH Communities	254.114	262.988	(8.874)
51.864	Mental Health Services	51.864	58.163	(6.299)
155.000	Primary Care	155.000	156.926	(1.926)
(0.773)	ASC Other includes ASC Income	(0.773)	(7.238)	6.465
<b>460.205</b>	<b>Total HHSCP</b>	<b>460.205</b>	<b>470.839</b>	<b>(10.634)</b>
	<b>HHSCP</b>			
281.717	Health	281.717	292.540	(10.823)
178.488	Social Care	178.488	178.299	0.188
<b>460.205</b>	<b>Total HHSCP</b>	<b>460.205</b>	<b>470.839</b>	<b>(10.634)</b>

	In Month £'000	YTD £'000
<b>Locum</b>	705	8,407
<b>Agency</b>	516	6,685
<b>Bank</b>	820	9,287
<b>Total</b>	<b>2,042</b>	<b>24,378</b>

## HHSCP

- Overspend of £10.634m reported
- Slippage of £7.175mm against the CIP reported
- Most significant pressures during the year have been agency nursing, medical locums and prescribing
- There are still a number of services which require to realign service provision with the available funding envelope
- Additional allocations in respect of ASC costs and application of reserves has enabled delivery of a balanced ASC position, excluding estates costs

# HHSCP 2023/2024 YEAR END



Services Category	Annual Budget £000's	FY Actual £000's	FY Variance £000's
<b>Total Older People - Residential/Non Residential Care</b>	58,359	57,375	984
<b>Total Older People - Care at Home</b>	34,674	36,843	(2,168)
<b>Total People with a Learning Disability</b>	41,778	45,446	(3,668)
<b>Total People with a Mental Illness</b>	8,276	8,373	(97)
<b>Total People with a Physical Disability</b>	8,334	8,650	(316)
<b>Total Other Community Care</b>	18,441	18,247	194
<b>Total Support Services</b>	9,150	4,733	4,417
<b>Care Home Support/Sustainability Payments</b>	-	(655)	655
<b>Total Adult Social Care Services</b>	<b>179,011</b>	<b>179,011</b>	<b>-</b>

Care Home	Full Year Actuals £000's
Ach-an-eas	31
Bayview House	31
Caladh Sona	13
Grant House	91
Home Farm Portree	920
Invernevis House	36
Lochbroom	28
Mackintosh Centre	3
Mains House Care Ho	422
Melvich Centre	4
Pulteney House	13
Strathburn House	79
Telford Centre	17
Wade	83
<b>Total</b>	<b>1,770</b>

## ADULT SOCIAL CARE

- A balanced position has been delivered within ASC following receipt of allocations which had been assumed to be non-recurring and the use of reserves held by Highland Council on behalf of NHS Highland.
- Additional payments to providers have been £0.500m less than anticipated and there has been an additional benefit from funding received in earlier years.
- Early work on agreeing the 2024/2025 quantum may result in some movement in the opening position for 2024/2025

# 2023/2024 YEAR END



Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000
79.347	Medical Division	79.347	88.618	(9.271)
21.875	Cancer Services	21.875	22.889	(1.014)
66.192	Surgical Specialties	66.192	69.749	(3.557)
36.141	Woman and Child	36.141	34.173	1.968
44.491	Clinical Support Division	44.491	42.988	1.503
(4.823)	Raigmore Senior Mgt & Central Cost	(4.823)	5.499	(10.322)
23.501	NTC Highland	23.501	21.955	1.545
<b>266.724</b>	<b>Sub Total - Raigmore</b>	<b>266.724</b>	<b>285.872</b>	<b>(19.148)</b>
14.415	Belford	14.415	14.704	(0.289)
15.455	CGH	15.455	16.276	(0.821)
<b>296.594</b>	<b>Total for Acute</b>	<b>296.594</b>	<b>316.852</b>	<b>(20.258)</b>

	In Month £'000	YTD £'000
Locum	1,180	11,448
Agency	490	9,392
Bank	600	7,027
<b>Total</b>	<b>2,270</b>	<b>27,867</b>

## ACUTE

- £20.258m overspend reported
- £6.186m slippage against CIP reported
- Position includes approx £11.908m of costs incurred as a result of patients not being within the correct care setting
- In addition to above drivers for overspend are agency nursing, medical locums, drugs and ongoing service pressures
- Work is required to align services within the available funding envelope

# 2023/2024 YEAR END



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	<b>Support Services</b>			
28.300	Central Services	28.300	28.080	0.219
31.621	Central Reserves	31.621	-	31.621
49.396	Corporate Services	49.396	46.329	3.067
50.779	Estates Facilities & Capital Planning	50.779	52.651	(1.872)
16.476	eHealth	16.476	16.279	0.197
26.070	Tertiary	26.070	28.146	(2.075)
<b>202.642</b>	<b>Total</b>	<b>202.642</b>	<b>171.485</b>	<b>31.157</b>

	In Month £'000	YTD £'000
<b>Locum</b>	1	76
<b>Agency</b>	70	836
<b>Bank</b>	525	2,643
<b>Total</b>	<b>596</b>	<b>3,554</b>

## SUPPORT SERVICES

- £31.157 underspend reported – this position reflects brokerage received from SG
- Vacancies within a number of teams within Corporate Services and additional Medical Education funding have driven the underspend in this area
- Previously identified pressures relating to the SLA uplift and specific issues relating to cardiac, forensic psychiatry, rheumatology drugs and non-contracted activity outwith Scotland account for the overspend within Tertiary – this is an area of review within the 2024/2025 cost reduction/ improvement work
- Above inflation increases in utility & food costs, additional maintenance, additional pay costs at New Craigs due to facilities staff being aligned to Agenda for Change uplifts and increased cleaning across a number of sites have driven the overspend within Estates

# 2023/2024 YEAR END



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	<b>Argyll &amp; Bute - Health</b>			
128.926	Hospital & Community Services	128.926	128.057	0.869
39.519	Acute & Complex Care	39.519	40.328	(0.809)
10.324	Children & Families	10.324	10.265	0.059
39.747	Primary Care inc NCL	39.747	39.532	0.214
22.918	Prescribing	22.918	24.084	(1.166)
10.953	Estates	10.953	11.346	(0.393)
6.708	Management Services	6.708	6.620	0.088
1.732	Central/Public health	1.732	0.593	1.138
-	Management Actions	-	-	-
<b>260.826</b>	<b>Total Argyll &amp; Bute</b>	<b>260.826</b>	<b>260.826</b>	<b>-</b>

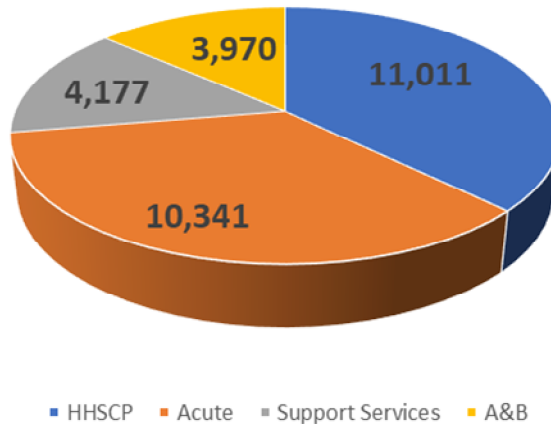
**ARGYLL & BUTE**

- A breakeven position is reported at year end with the IJB making use of reserve flexibility
- Slippage against the CIP of £1.034m was recorded but underspends across a number of operational areas balanced the position

	In Month £'000	YTD £'000
<b>Locum</b>	696	6,497
<b>Agency</b>	275	3,977
<b>Bank</b>	228	2,664
<b>Total</b>	<b>1,199</b>	<b>13,139</b>

# 2023/2024 YEAR END

Cost Improvement Plan £000s



## COST IMPROVEMENT

- £29.500m CIP programme was planned
- At the end of the financial year slippage of £15.928m against the CIP is reported
- Cost improvements of £13.572m contributed to the year end position

	Target £000s	Forecast Savings £000s	Variance £000s
HHSCP	11,011	3,836	(7,175)
Acute	10,341	4,156	(6,186)
Support Services	4,177	2,644	(1,533)
A&B	3,970	2,936	(1,034)
<b>Total Forecast Savings</b>	<b>29,500</b>	<b>13,572</b>	<b>(15,928)</b>

# 2023/2024 YEAR END



## Assurance of Progress 2023-24 Year End Position

HORIZON 1	Target	Savings Delivered	% of Target Achieved	Total	Year End Gap
<b>Acute</b>					
Medical	2,607	794	30%	794	-1,813
Surgical	2,164	1,237	57%	1,237	-927
Women & Child	1,112	651	59%	651	-461
Rural General Hospitals	960	230	24%	230	-730
Clinical Support	1,464	369	25%	369	-1,095
NTC	860	643	75%	643	-217
Cancer	688	-	0%	0	-688
Acute Central	240	233	97%	233	-7
<b>Acute Sub-Total</b>	<b>10,341</b>	<b>4,156</b>	<b>40%</b>	<b>4,156</b>	<b>-6,185</b>
<b>HHSCP</b>					
Mental Health	930	350	38%	350	-580
N. Highland Community Services & Primary Care	5,617	2,091	37%	2,091	-3,526
HHSCP-Health Unallocated	352	0	0%	0	-352
Adult social care	4,113	1,395	34%	1,395	-2,718
Unit-wide					
<b>HHSCP Sub-Total</b>	<b>11,012</b>	<b>3,836</b>	<b>35%</b>	<b>3,836</b>	<b>-7,176</b>
<b>Support Services</b>					
Corporate Services - Deputy Chief Exec	0	0	0%	0	0
Corporate Services - People & Culture	178	131	73%	131	-47
Corporate Services - Public Health	207	16	8%	16	-191
Corporate Services - Finance	137	407	297%	407	270
Corporate Services - Medical	43	0	0%	0	-43
Corporate Services - Nursing	60	0	0%	0	-60
Corporate Services - Other	0	0	0%	0	0
Corporate Services - Strategy & Transformation	92	84	91%	84	-8
Tertiary	1,454	0	0%	0	-1,454
Estates and Facilities	1,027	1,027	100%	1,027	0
E-Health	185	185	100%	185	0
Central	794	794	100%	794	0
<b>Support Services Sub-Total</b>	<b>4,177</b>	<b>2,644</b>	<b>63%</b>	<b>2,644</b>	<b>-1,533</b>
A&B IJB	3,970	2,936	74%	2,936	-1,034
<b>A&amp;B IJB Sub-Total</b>	<b>3,970</b>	<b>2,936</b>	<b>74%</b>	<b>2,936</b>	<b>-1,034</b>
<b>Grand Total</b>	<b>29,500</b>	<b>13,572</b>	<b>46%</b>	<b>13,572</b>	<b>-15,928</b>

# 2023/2024 YEAR END



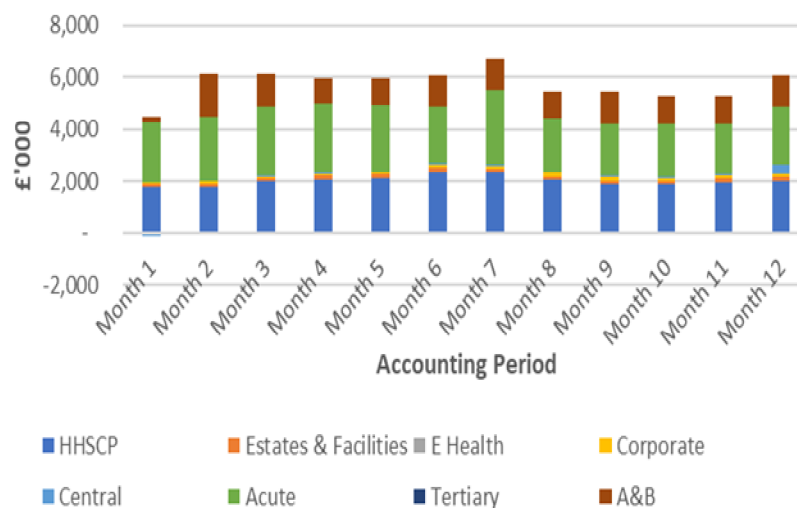
	2023/2024 YTD £'000	2022/2023 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	24,378	19,563	4,815
Estates & Facilities	1,680	1,568	112
E Health	14	17.45	(4)
Corporate	1,275	1,318	(43)
Central	584	580	3
Acute	27,867	26,852	1,015
Tertiary	1	3	-
Argyll & Bute	13,139	11,269	1,869
<b>TOTAL</b>	<b>68,939</b>	<b>61,172</b>	<b>7,769</b>

## SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at financial year end is £68.939m – overspend on pay costs at year end is £5.243m
- 2023/2024 spend at year end is £7.769m higher than the same period in 2022/2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	<b>Pay</b>			
118.472	Medical & Dental	118.472	125.377	(6.905)
6.529	Medical & Dental Support	6.529	8.086	(1.557)
208.963	Nursing & Midwifery	208.963	215.276	(6.313)
40.143	Allied Health Professionals	40.143	37.922	2.221
15.841	Healthcare Sciences	15.841	16.061	(0.219)
21.979	Other Therapeutic	21.979	20.896	1.084
44.910	Support Services	44.910	43.856	1.054
83.793	Admin & Clerical	83.793	82.339	1.454
3.555	Senior Managers	3.555	3.053	0.502
55.989	Social Care	55.989	53.346	2.643
(0.955)	Vacancy factor/pay savings	(0.955)	(1.750)	0.795
599.220	<b>Total Pay</b>	599.220	604.463	(5.243)

## Supplementary Staffing Apr 23 - Mar 24

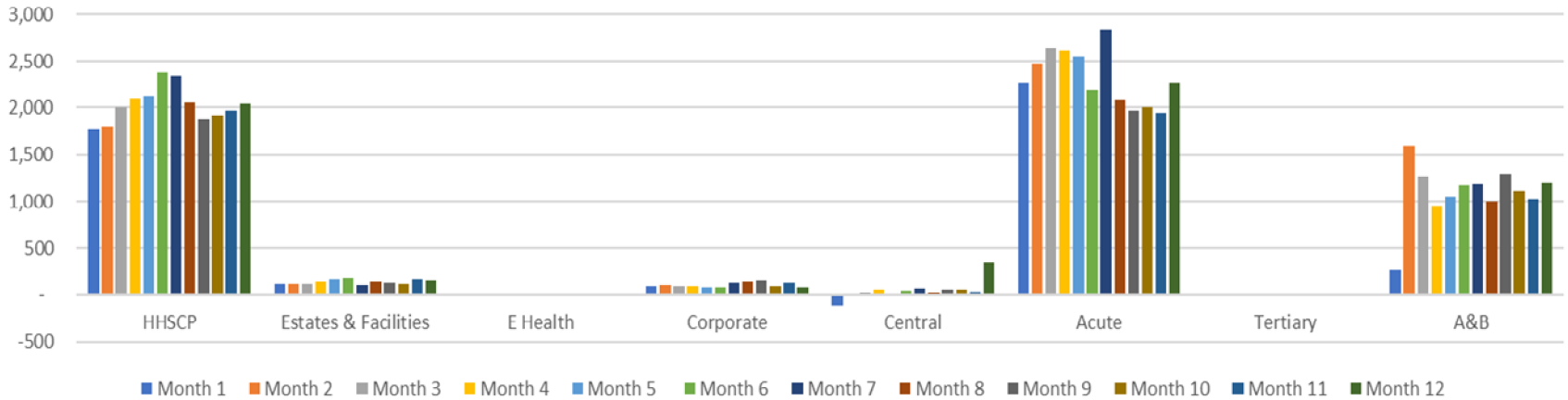




# 2023/2024 YEAR END



### Supplementary Staffing - Monthly Run Rate



### Supplementary Staffing Total Spend 2023/2024



# 2023/2024 YEAR END



Detail	Full Year Plan £m	Full Year Actual £m	Full Year Variance £m
Expenditure by Subjective spend			
Pay	599.220	604.463	(5.243)
Drugs and prescribing	126.234	132.148	(5.914)
Property Costs	58.689	62.045	(3.356)
General Non Pay	50.150	50.611	(0.461)
Clinical Non pay	53.212	57.935	(4.724)
Health care - SLA and out of area	431.957	432.336	(0.379)
Social Care ISC	124.775	133.703	(8.928)
FHS	111.653	109.465	2.188

Detail	Full Year Plan £m	Full Year Actual £m	Full Year Variance £m
<b>Drugs and prescribing</b>			
<b>Hospital drugs</b>	<b>51.525</b>	<b>52.796</b>	<b>(1.271)</b>
<b>Prescribing</b>	<b>74.709</b>	<b>79.352</b>	<b>(4.644)</b>
<b>Total</b>	<b>126.234</b>	<b>132.148</b>	<b>(5.914)</b>

## SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories
- The most significant overspend is within the provision of social care from the independent sector
- A consistently high inflation rate this financial year impacted across all areas of spend with the pressure being most significant within estates related costs (particularly utilities) and catering supplies. Overall Drugs and prescribing expenditure was overspent by £5.914m - this is split £1.271m within hospital drugs and £4.644m in primary care prescribing

**NHS Highland**



**Meeting:** NHS Highland Board  
**Meeting date:** 28 May 2024  
**Title:** 2024/2025 Budget update  
**Responsible Executive/Non-Executive:** Heledd Cooper, Director of Finance  
**Report Author:** Heledd Cooper, Director of Finance

**1 Purpose**

This is presented to the Board for:

- Discussion
- Decision

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you
- 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 to provide the Board with a 3-year financial plan 2024/25 to 2026/27 for approval, subject to continued engagement with Scottish Government (SG) on the further actions required to close the financial gap to within the brokerage limit set by SG for 2024/25.

## 2.2 Background

On 4 December 2023 all Boards received correspondence from Scottish Government which included the 3-year financial planning guidance together with the Annual Delivery Planning guidance 2024-25.

The planning approach confirmed the needs for financial plans to present:

- a clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets; and
- an improved forecast outturn position compared to your forecast outturn position reported at the start of 2023-24.

On the 13 December a letter from the Director of Health and Social Care Finance, Digital and Governance was received setting a cap to brokerage being made available to all NHS Boards, for NHAS Highland this was a maximum of £35 million with the cap reducing significantly in future years.

The Scottish Budget 2024/25 was announced on 19 December which provided Health Boards with an indicative funding settlement recognising that “the financial pressures across health and social care are, by far, the most challenging since devolution”.

The key messages for the health and social care portfolio are as follows:

- Territorial Boards will receive a total increase of 4.3% to cover costs relating to 2023/24 pay deal. Therefore, no new funding was provided, a 0% uplift.
- Assumption that 2024/25 pay uplifts should be excluded from finance plans and additional funding would be provided to support any 2024/25 pay deals.
- Covid-19 funding, and other Policy Funding will be confirmed as early as possible and a commitment that 80% of allocations will be confirmed in the first quarter of the year.
- Health and Social Care Integration funding will be passed to local authorities to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors and an inflationary uplift on Free Personal Nursing Care rates.
- Formula capital to be maintained at 2023/24 levels; all major projects in construction to be completed, as well as support for the national replacement programmes for Ambulances and Radiotherapy equipment. Beyond these core areas, no additional funding would be provided.

The first submission of the draft plan on 29 January 2024 detailed:

Table 1 -First submission of the Draft Financial Plan:

	£m
<b>Financial gap before savings</b>	121.3
Planned savings schemes identified	(13.9)
Unidentified savings	(72.4)
<b>Original Brokerage gap</b>	<b>35.0</b>

The feedback received confirmed that the plan would not be accepted by Scottish Government and reiterated the need to deliver 3% recurrent savings and as a maximum to meet the brokerage cap, and beyond this to move towards meeting the break-even statutory duty.

Planning assumptions were also updated to advise Boards to plan on the basis of receiving a NRAC share of £100 million, for NHS Highland this was an additional £6.6 million. This reduced the original brokerage cap from £35 million to £28.4 million.

For 2024/2025 the draft opening position for NHS Highland is a deficit position of £112.491m. The maximum brokerage that NHS Highland can request for the year 2024/2025 has been capped at £28.4m, leaving a financial gap of £84.091m.

Scottish Government has requested a financial plan that highlights the actions that would need to be taken to deliver the £84.091m of Cost Improvements and reductions.

Information has been provided as to the breakdown of this target and the methodology proposed to address the financial challenge.

The opening financial gap includes and assessment of the Adult Social Care position which is estimated to be £16.252m relating to forecast costs increases, pay awards and demand increase. There is a potential that this will increase to £23.252m to reflect the proposed reduction of £7.000m agreed by Highland Council through the budget setting process. The proposed reduction has not been formally agreed but is included within the plan figures for prudence.

## 2.3 Assessment

### Final draft finance plan submission:

NHS Highland submitted a draft 3-year finance plan on the 14 March which detailed the funding assumptions (Appendix 1), growth, national programmes and cost reduction options for 2024/25 that would be required to deliver the brokerage cap.

FRP committee has received regular updates on the Financial Plan over recent months, with each version providing the latest update available at that time.

Table 2 below provides a summary of the financial position for the 3 years to 2026/27. A further breakdown for 2024/25 is provided in Appendix 2.

Table 2 – 3-year financial projections

	2024-25 £000s	2025-26 £000s	2026-27 £000s
Deficit Brought Forward	(89,095)	(90,554)	(81,685)
New Funding	22,544	11,872	11,872
Inflation	(17,428)	(16,624)	(17,227)
Pressures/Growth - Health	(28,513)	(5,613)	(3,415)
<b>Net Gap before Savings</b>	<b>(112,491)</b>	<b>(100,919)</b>	<b>(90,455)</b>
Recurring savings/ reductions	26,735	29,612	29,738
Non-recurrent reductions	57,356		
<b>Subtotal reductions</b>	<b>84,091</b>	<b>29,612</b>	<b>29,738</b>
<b>Total Financial Plan</b>	<b>(28,400)</b>	<b>(71,307)</b>	<b>(60,717)</b>

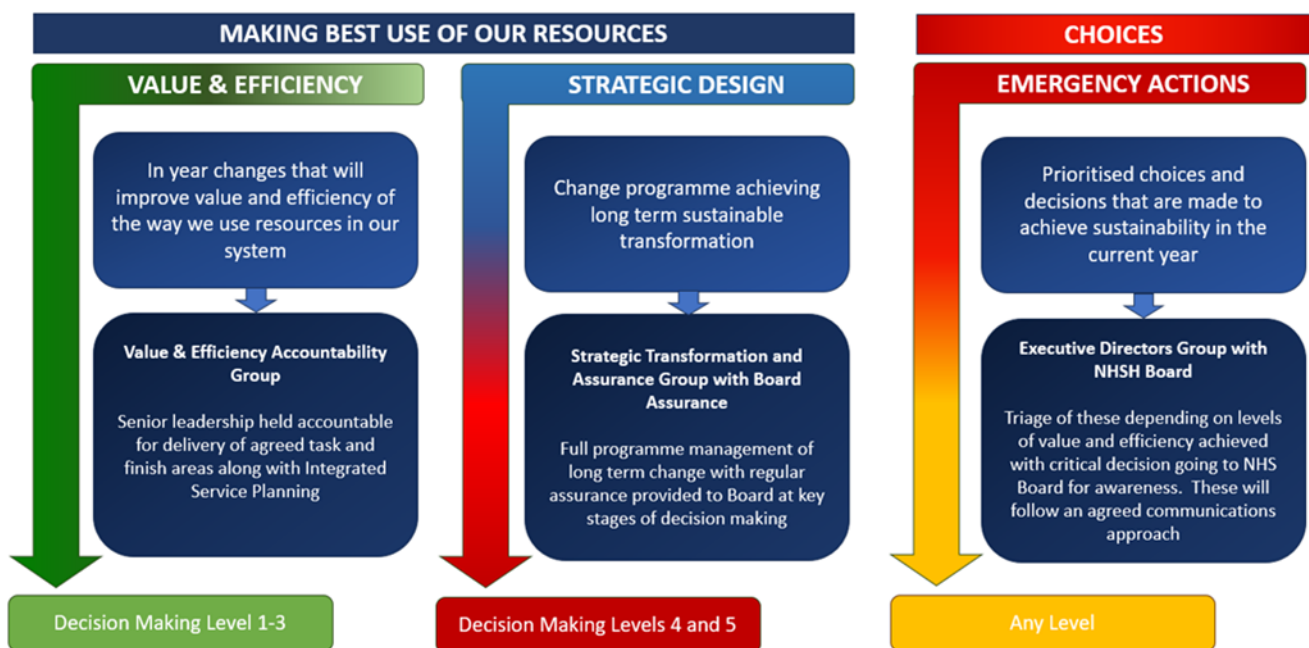
Changes to the plan submissions are reflected below:

Table 3 – movement from previous plan submission

	Initial plan (Jan) £m	Draft Plan (Mar) £m	
<b>Financial gap before savings</b>	121.3	112.5	
Planned savings schemes	-13.9	-27.9	Includes A&B savings
Adult Social Care – North Highland	-24.4	-23.3	
Financial Flexibility	-	-4.2	
Choices	-	-8.2	Includes A&B choices
Further actions (unsupported)		-20.5	
Unidentified savings	-12	-	
<b>Forecast position (Deficit)</b>	<b>71</b>	<b>28.4</b>	
<b>Brokerage cap</b>	<b>35</b>	<b>28.4</b>	
<b>Gap from brokerage</b>	<b>36.00</b>	<b>0.00</b>	

### Cost Improvement/ Reduction Programme

Given the scale of the financial challenge facing NHS Highland, the Board will implement the following strategic planning and decision-making framework in order to plan for and deliver the short, medium and long term changes required to support a route to financial and service sustainability.



The cost improvement programme has been developed around the above framework and is summarised as follows:

#### Value and Efficiency:

The Board has established a Value and Efficiency programme which has an overall target of delivering 3% financial reductions on a recurring basis which in line with the requirement set out by Scottish Government. A series of workstreams have been identified to deliver NHS Highland's priority actions for 2024/25 that will contribute to achieving financial efficiency for NHS Highland whilst maintaining the delivery of safe high-quality, person-centred care.

These areas have been included as areas where we can deliver the same service but either at a cheaper price (through procurement, fixed rates) or more efficient processes, (improved fleet utilisation, use of technology etc). The governance structure and savings targets are provided in Appendix 3.

#### Financial flexibility:

There is level of non-recurrent benefit that occurs each year, either through slippage against allocations or through adjustment in annual balance sheet items. These are fortuitous but can be estimated from historic information. An estimated level of financial flexibility has been included within the plan.

#### Adult Social Care:

Due to the lead agency arrangement in place for delivering Adult Social Care Services within the NHS Highland area which is coterminous with Highland Council the costs of delivering services and the associated income from Highland Council are reflected in this financial plan submission.

It is estimated that there will be a gap of £23.252m between the estimated cost and available funding. This includes a plan by Highland Council to reduce their quantum allocation by £7.000m in 2024/25 with further reductions over the following 2 years.

Table 4 – Adult social care breakdown:

	<b>2024-25</b> <b>£000s</b>
Deficit	16,252
Reduced Quantum	7,000
Value & Efficiency (3%)	<b>(5,710)</b>
<b>Financial Gap</b>	<b>17,542</b>

NHS Highland has not received a formal confirmation of the reduction in quantum through an opening offer, but we have been made aware that the proposal was accepted through the Highland Council budget process.

#### Argyll & Bute HSCP:

The Argyll & Bute 2024-27 budget was presented at the March IJB meeting. The report set out an unbalanced budget, with a gap of £8.553m.

The cost reduction/ improvement plan includes re-instatement of the £1.04m unachieved savings plans and an additional £2.29m of new value & efficiency savings. In addition to recurring savings plans of £3.7m, there is an intention to use non-recurring IJB general and earmarked reserves totalling £2.5m to assist with achieving in year balance. This leaves a remaining gap of £2.7m to be identified through further controls and actions.

The Board's financial Plan has assumed that both the IJB and ASC lead agency model will live within their delegated resource, whilst acknowledging the risk.

### **Closing the gap**

The expectation from SG is for all Boards to deliver their statutory break-even duty, with those Boards in financial escalation level 2 or 3 receiving a maximum brokerage limit to aid delivery.

Scottish Government requested that a suite of “choices” should be included which would require approval to progress.

The Executive Team has agreed to progressing a Strategic Assessment of services to support longer term sustainability and a has provisionally set an indicative value of £5m for 24/25 through a reduction in reliance on supplementary staffing. These projections are full year values and will be further reduced if progresses and implemented further into the financial year.

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



The Finance plan submitted to Scottish Government complied with the requirement to produce a plan that set out the actions needed to deliver a balanced position and was clear that the further actions needed were not agreed or supported.

Table 5 – summary of cost reduction actions identified.

	£m	£m
<b>Financial Gap</b>		112.491
Maximum Brokerage		28.400
<b>COST REDUCTIONS/ IMPROVEMENTS TO BE IDENTIFIED</b>		<b>84.091</b>
<b><i>Cost Improvement/ Reduction Programmes</i></b>		
Value & Efficiency	21.711	
A&B Savings - identified	6.217	
A&B Choices	2.717	
ASC	23.252	
Allocation slippage	4.171	58.068
Choices		
Redesign	5.500	
Allocations	8.500	
Further agency reduction	3.503	
Further locum reduction	7.020	
Corporate Functions	1.500	
		26.023
<b>Potential opportunities</b>		<b>84.091</b>

## Feedback from plan

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

## Next steps

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

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

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

Further actions, including the strategic assessments, have not been completed or confirmed at this time and are therefore not included within the current projection, as noted below.

Table 6 – movement from draft plan submission to recommended plan.

	Recommended Plan (May) £m	Movements £m	
<b>Financial gap before savings</b>	<b>112.00</b>	<b>-0.49</b>	CAR-T nationally funded
Planned savings schemes	-21.71		
Argyll & Bute IJB	-8.93	-2.75	moved from choices to A&B financial flexibility
Adult Social Care – North Highland	-23.25		
Financial Flexibility	-7.50	-3.30	share of £50m planned care to deliver financial position (from choices)
<b>Forecast position (deficit)</b>	<b>50.60</b>	<b>-6.54</b>	
<b>Brokerage cap</b>	<b>28.40</b>		
<b>Gap from brokerage</b>	<b>22.20</b>		

## Final Assessment and proposal

To progress an agree an opening budget for NHS Highland there is a need to recognise the elements that are within the Boards ability to progress.

Scottish Government has affirmed that there is a statutory responsibility for NHS Boards to live within the resources allocated and deliver a balanced financial outturn. Boards at level 2 or 3 of the NHS Scotland Support and Intervention Framework have been given a brokerage cap which cannot be exceeded, for NHS Highland this is £28.4m. That any overspend will be reported in the financial statements.

The current proposal is to agree the plan as represented within Table 6 above and to work with Scottish Government to explore all areas to move towards financial balance, to identify and realise any areas of opportunity during the year and to continue the Strategic Assessments discovery work to support future financial balance.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

Only limited assurance can be given that NHS Highland can deliver the level of cost reductions required in 2024/2025 which is subject to ongoing discussion with Scottish Government.

## 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 through the value and efficiency schemes are assessed using a Quality Impact Assessment (QIA).

A similar Quality Impact will be used for all potential actions required to deliver the 2024/2025 position at this time but there is a potential that services will be impacted.

### **3.2 Workforce**

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

### **3.3 Financial**

The scale of the challenge has expanded Nationally for 2024/2025 and the brokerage expectation has increase the scale of challenge in year.

### **3.4 Risk Assessment/Management**

There is a significant risk that NHS Highland cannot deliver the required financial position for 2024/2025.

Although the overall risk assessment for the Value & Efficiency schemes is AMBER, it must be highlighted that the scale of challenge to deliver 3% recurrent savings is significant and cannot be underestimated.

The risk to delivering the Adult Social Care reductions in its entirety is RED rated due to the scale and complexity of the challenges.

The Argyll & Bute position is rated GREEN for 2024/25 due to the financial flexibility available and early identification of schemes for delivery.

The remaining financial flexibility is also GREEN rated but the further actions required to deliver a balanced position is RED rated at this time and work will continue to identify lower risk opportunities and further discussions around National priorities.

### **3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because it is not applicable at this time

### **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
- Value & Efficiency Group

- Finance, Resource and Performance Committee
- Area Partnership Forum
- Staff Governance Committee
- Monthly financial reporting to Scottish Government

### 3.8 Route to the Meeting

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

- EDG
- Finance, Resource and Performance Committee

## 4 Recommendation

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

**Agree** - the proposed budget with a £22.2m gap from the brokerage cap and commitment to reduce the gap throughout the year.

**Acknowledge** - the challenge of delivering a 3% recurrent savings plan and delivering a balanced Adult Social Care budget.

### 4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Total anticipated Revenue Resource

Appendix 2 – detail breakdown for 2024/25 financial projection

Appendix 3 – Value & Efficiency governance structure and targets

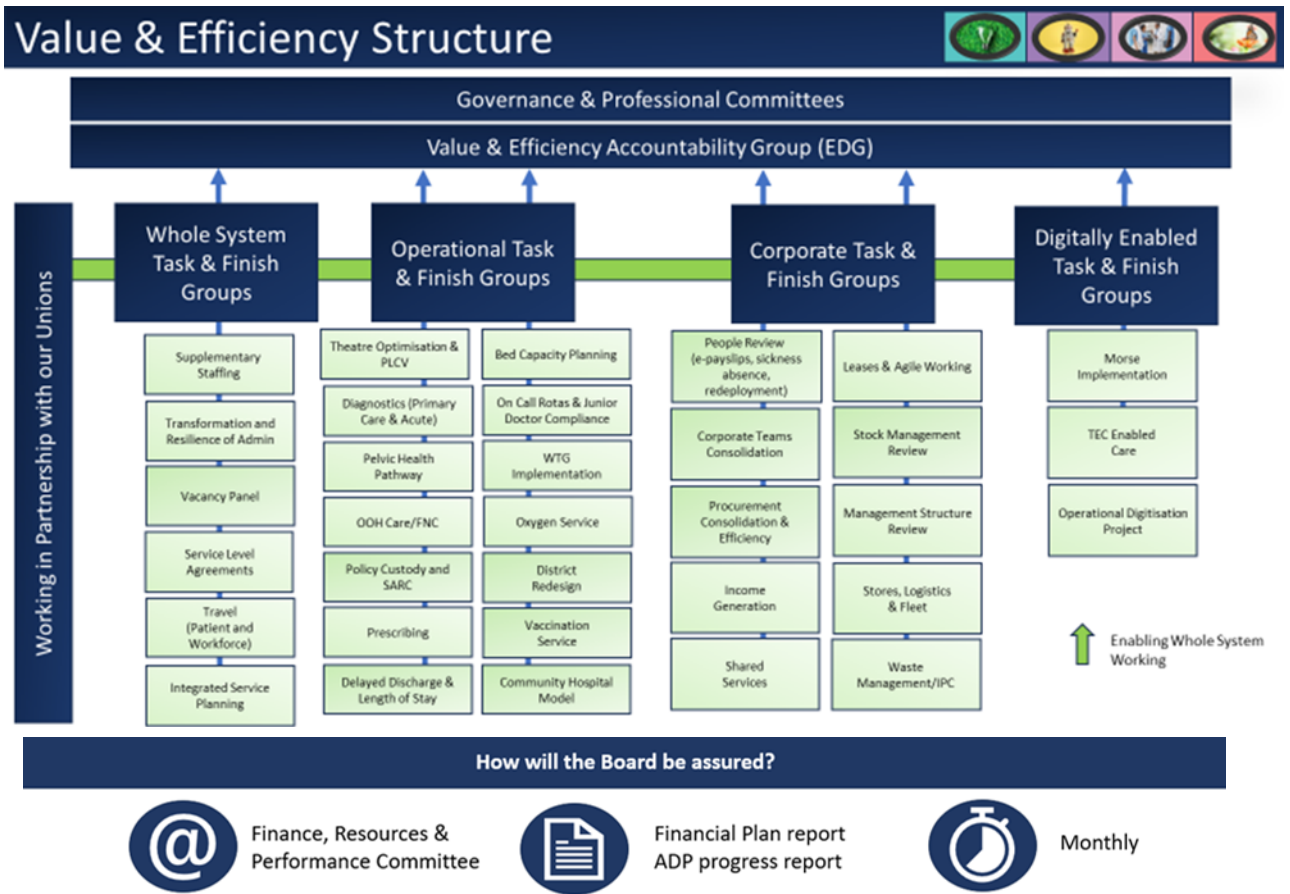
## Appendix 1 – Total anticipated Revenue Resource

Revenue Resource Allocation Description	2024-25 £000	2025-26 £000	2026-27 £000
<b>Baseline Allocation</b>	<b>807,139</b>	<b>835,358</b>	<b>835,358</b>
<b>Core Revenue Resource - Anticipated Allocations:</b>			
Public Dental Service	11,809		
Health Research Infrastructure & Supp	591	591	591
Excellence in Care	116	116	116
District Nurses	717	717	717
Alcohol and Drug Partnerships (ADPs)	2,114	2,114	2,114
Healthy Weight Management & Childhood Obesity	525	525	525
Scottish Vaccines Immunisations Programme (SVIP)	5,008	5,008	5,008
SVIP: Childhood Flu	500	500	500
SVIP: Shingles	500	500	500
Urgent and Unscheduled Care Collaborative	2,117	2,117	2,117
National Treatment Centre	16,511	16,511	16,511
Cancer Waiting Times	754	754	754
Family Nurse Partnership (FNP)	658	658	658
School Nursing Programme	851	851	851
Maternity and Neonatal	1,450	1,450	1,450
Mental Health Outcomes Framework	2,865	2,865	2,865
Perinatal and Infant Mental Health	656	656	656
Mental Health: Other	5,222	5,222	5,222
Social Care MDTs	2,897	2,897	2,897
Collaborative Care Home Support	921	921	921
Primary Care Improvement Fund	11,098	11,098	11,098
Primary Care	330	330	330
General Medical Services	79,970	79,970	79,970
Cancer Plan & National Cancer Recovery Plan	271	271	271
Scottish Trauma Network (STN)	1,404		
Strategic Fund	1,092	1,092	1,092
Integrated Primary and Community Care	506	506	506
Digital Prescribing	59	59	59
National Distribution Centre (NDC) Top Sliced Contributions	(792)	(792)	(792)
Positron Emission Tomography (PET) SCAN	(679)		
Outcomes Framework	3,775		
National Services Division (NSD) Risk Share	(3,922)	(3,922)	(3,922)
New Medicines Fund	11,862	11,862	11,862
Depreciation (amount to be removed from Core RRL)	(20,267)	(20,876)	(21,503)
<b>Further Revenue Resource Allocations</b>			
Public Health Teams	415		
Systemic Anti-Cancer Therapy Improvement	24		
Stereotative Ablative Body Therapy	135		
Funding Band 2-4	2,314		
Planned Care	7,579		
ADP	1,120		
Reach Transplant Initiative	18		
NSD Recurrent Topslice	(216)		
NSD Histopathology handback	3		
NPD Unitary Charges (no NSS) (Tain)	461		
MenC Recoup/Rotavirus Vaccines	57		
Adolescent Mental Health Units	(35)	(35)	(35)
Annual Health Checks for people with a Learning Disability	132	132	132
Ayrshire & Arran Quarriers Unit Topslice	(139)	(139)	(139)
Breastfeeding Support Project Commitment	103	103	103
NSS Discover/CHKS Contribution	(37)	(37)	(37)
Child Death Review	12	12	12
Community Pharmacy Global Sum	(307)	(307)	(307)
Community Pharmacy Practitioner/Champions	19	19	19
Other Anticipated Allocations - Earmarked	(6,302)	(6,302)	(6,302)
Other Anticipated Allocations - Non-Rec	2,849		0
<b>Anticipated Allocations: Rec/ Non-rec/ Earmarked</b>	<b>149,694</b>	<b>118,016</b>	<b>117,389</b>
<b>Core Revenue Resource Limit (RRL)</b>	<b>956,832</b>	<b>953,375</b>	<b>952,748</b>

Appendix 2 – detail breakdown for 2024/25 financial projection

	<b>2024-25 £'000</b>
<b>Baseline deficit</b>	<b>(89,095)</b>
<b>New funding</b>	
New medicines funding	11,872
ASC income	10,672
<b>Total new funding</b>	<b>22,544</b>
<b>Pressures</b>	
Acute prescribing	(4,339)
Primary care prescribing	(600)
ASC charges uplift & growth	(10,428)
ASC quantum reduction	(7,000)
Digital commitments	(1,952)
National commitments	(2,283)
Impact of Capital pause	(626)
A&B pressures	(1,284)
<b>Total pressures</b>	<b>(28,513)</b>
<b>Inflation</b>	
PPP/ PFI	(1,267)
Acute Prescribing	(3,039)
Primary care prescribing	(3,173)
Energy inflation	(1,270)
Rates & depreciation	(591)
Healthcare contracts	(178)
Other inflation	(3,430)
A&B inflation	(4,479)
<b>Total inflation</b>	<b>(17,428)</b>
<b>Total Financial projection</b>	<b>(112,491)</b>

Appendix 3 – Value & Efficiency governance structure and targets:



List of identified areas and projected savings:

	<b>TOTAL £m</b>
Supplementary Staffing Medical (Acute)	2.00
Medical Locum (MH&LD)	1.00
Medical Locum (Primary Care 2C)	1.50
Supplementary Staffing – Nursing Acute	2.00
Supplementary Staffing - Nursing HHSCP	2.00
Supplementary Staffing - AHPs	-
Supplementary Staffing - Social Care	-
Transformation of Admin (Acute)	0.25
Transformation of Admin (HHSCP)	0.25
Transformation of Admin (Corporate)	0.50
SLA Workstream	0.31
Travel (Workforce)	1.00
Travel (Patients)	-
Integrated Service Planning (Acute)	-
Integrated Service Planning (HHSCP)	-
Theatre Optimisation and PLCV Review	-
Diagnostics – Primary Care	-
Diagnostics - Acute	-
Milk Bank and Parentcraft Review	-
Remote Outpatients & Virtual Capacity	-
Pelvic Health Pathway	-
Oxygen Service	-
Beds Review (Acute)	-
On Call Rotas and Jnr Dr Compliance	0.60
Prescribing Primary Care	2.07
Prescribing Acute	3.80
Drug Switches	0.63
Vaccination Service	-
Police Custody and SARC	0.20
Delayed Discharge and Length of Stay	-
People Review (sickness, redeployment, pay protection, guardian)	-
Procurement Consolidation and Efficiency	0.10
Agile Working Review - Leases review	0.20
Corporate Teams Consolidation	0.10
Stores, Logistics and Fleet	-
Estates Income Generation	1.50
Operational Digitisation Project	-
Shared Services with Partners	-
Corporate Income Generation	-
Stock Management Review	-
Patient Hub in Acute	-
Morse & TEC	-
Accommodation - Staff/ Agency	0.30
External Room Hire	0.30
UHI Library Provision	-
OOH	1.00
District Redesign	0.10
<b>TOTAL</b>	<b>21.71</b>



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

**Present:**

- Gerry O'Brien, Committee Chair, Non-Executive
- Philip Macrae, Non-Executive, Committee Vice Chair
- Tim Allison, Director of Public Health (until 3pm)
- Cllr, Christopher Birt, Highland Council
- Ann Clark, Board Non-Executive Director and Vice Chair of NHSH (until 3pm)
- Cllr, Muriel Cockburn, Non-Executive
- Claire Copeland, Deputy Medical Director
- Pam Cremin, Chief Officer
- Cllr, David Fraser, Highland Council
- Joanne McCoy, Non-Executive
- Kaye Oliver, Staffside Representative
- Julie Gilmore, Nurse Lead (shared role)
- Michelle Stevenson, Public/Patient Representative
- Diane Van Ruitenbeek, Public/Patient Representative
- Neil Wright, Lead Doctor (GP)
- Mhairi Wylie, Third Sector Representative

**In Attendance:**

- Jo McBain, (on behalf of Nurse Director)
- Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
- Arlene Johnstone, Head of Service, Health and Social Care
- Fiona Malcolm, Executive Chief Officer for Health and Social Care, Highland Council
- Stephen Chase, Committee Administrator
- Amanda Johnstone, member of the public

**Apologies:**

None.

**1 WELCOME AND DECLARATIONS OF INTEREST**

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

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

**1.2 Assurance Report from Meeting held on 6 March 2024 and Work Plan**

The draft minute from the meeting of the Committee held on 6 March 2024 was approved by the Committee as an accurate record.

**The Committee**

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

### 1.3 Matters Arising From Last Meeting

It was clarified that the Quantum referred to in item 2.1 of the minutes was the monies held by the Highland Council for NHS Highland.

**The Committee:**

- **NOTED** the updates.

*The Committee agreed to receive item 4.1 at this juncture before continuing with the order of the agenda.*

## 4 COMMITTEE FUNCTION AND ADMINISTRATION

### 4.1 Blueprint for Good Governance Improvement Plan - Update

The Board Secretary spoke to the paper which provided an update on the delivery of actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan 2023 that were of relevance to the Clinical Governance and Health and Social Care Committees. The Board's Blueprint for Good Governance Improvement Plan contained 17 specific actions, three of which related directly to the remit of both the Clinical Governance and Highland Health and Social Care Committees, and oversight of progress on the three specific actions would therefore be reported to both groups.

The Board Secretary noted that the appendix was an earlier iteration and would be replaced in the Committee's Teams channel with the latest version for reference.

It was noted that good progress had been made against the three items, which included embedding patient and community representation and feedback into the Board's performance framework, establishing a plan to implement a quality framework, and to ensure that patient feedback is responded to and that it is fed back into improving services. A full report spanning all 17 actions would go to the Board at the end of July.

D van Reutenbeek as Patient/Public Representative commented that progress in these areas was very welcome.

**The Committee**

- **NOTED** the report, and
- **AGREED** to accept **moderate** assurance.

## 2 FINANCE

### 2.1 Year to Date Financial Position 2023/2024

The Chair apologised that there had not been a paper issued for the item and that this was due to the process of agreeing the close off of the 2023/24 financial year with Scottish Government.

E Ward gave a slide presentation outlining the current position for the HHSCP and noted the caveat that figures were still subject to final adjustments in audit scrutiny.

- Significant additional funding from Scottish Government was received and the end of year position was significantly better than that presented within the financial plan submission to Scottish Government in March 2023.
- The cost improvement programme had a target of £29.5m with slippage against that of £15.9m.
- Contributions to national initiatives had also come in slightly lower than expected.
- Financial flexibility allowed the release of £2m to support the financial position. Short term cost reductions and allocation slippage of £18m – including vacancies – also contributed to the improved position.
- The partnership reported an overspend of £10.6m with Acute Services reporting an overspend of £20.3m. The current position within Support Services is an underspend of £1.7m – this reflected the additional funding received.

- Argyll and Bute HSCP had delivered a break even position.

In discussion, the following areas were raised,

- E Ward agreed to have the presentation slides circulated to the Committee for reference with the caveat that the figures were subject to conclusion of the year end audit.
- The Chair noted that the partnership finished the year in a position which was better than had been anticipated but that this could be characterised as an unexpected position and that therefore there was a piece of work to be done between the Chair, the Chief Officer and E Ward to understand the position and how it was achieved. However, it was noted that the benefits achieved in quarters 3 and 4 were non-recurrent and still left the partnership with significant issues ahead in areas of spend and the impact on services.
- It was clarified that a formal request for brokerage to cover the shortfall for 2023/24 was in the process of being sent to Scottish Government. This was expected to be received in an allocation later.
- Concern was noted in discussion about the unexpected revenue additionality which would not be available in the 2024/25 period. It was noted that once the budget had been approved by Scottish Government it would be possible to bring further detail back to the meeting of costs and mitigating actions.

## **2024/25**

E Ward presented slides to introduce the estimated Adult Social Care position for 2024/25. The slides were circulated to the members after the meeting. The estimated expenditure was £188m against funding of £164m, leaving a gap of £23.4m.

- Scottish Government had confirmed that it was prepared to give brokerage up to a maximum of £20.4m. It was noted that almost all of the territorial boards were in a position of requesting brokerage from SG as opposed to only two or three boards in previous years. This left the Board with £84m to identify areas to balance the budget.
- Value and efficiency workstreams have been initiated to support delivery of 3% recurring savings. Further transformational projects are in development to deliver the balance of the cost reduction/improvement ask.
- Argyll and Bute had been challenged to deliver a balanced position and was looking at having to identify cost reductions and improvements of £6.2m.

During discussion,

- Cllr Fraser commented that funding for support services such as Handy Person had been reinstated to 2015 levels which did not take into account subsequent levels of inflation. The Chief Officer confirmed that she and the Chief Executive had met with the company and would shortly provide a response to assist with their financial planning. Work was underway with Highland Council to procure a new Handy Person service and find a more equitable financial balance. An update would be circulated to the Committee outwith the meeting.
- The longer term ability of the HHSCP to support, invest in and develop areas such as Community Services in a way that supported the partnership's strategic aims in the face of the financial challenges was noted.
- It was confirmed that the £23m in the emerging gap for the 2024/25 estimate included the £7m from the quantum held by Highland Council.

## **2.2 Adult Social Care Update**

The Chief Officer provided additional context to the Finance Update and noted that,

- Engagement in value and efficiency work was underway in areas such as prescribing and reducing reliance on agency and locum staff with across medical and nursing and midwifery and pharmacotherapy. The cost of packages for out of area referrals

was also being examined in terms of if it was more efficient to bring these back to Highland.

- It was noted that there was a lot of work to be done around engagement with district planning groups and Community Planning Partnerships concerning service provision.
- An overarching commissioning strategy was also planned.
- Adult Social Care cost improvements had been drafted to identify areas of cost improvement and inefficiency and Chief Executives were working to agree priorities and sequencing of work to achieve cost improvement and transformation work.
- There had been much information gathering with in house services, working with partners in the independent and Third Sector and from this data analysis around service costs and the ways in which services are received with the aim of disinvesting from in house provision to a more partnership way of working.
- Actions to reduce length of hospital stay with the joint strategic plan, 'Home is Best' was underway to prevent and reduce the time that people are delayed in hospital.

During discussion,

- Technology Enabled Care (TEC) was discussed in terms of progress and roll out. It was noted by the Chief Officer that a new suite of TEC products was now available and would form part of value and efficiency work in terms of providing families with choices to enable those who require support at home to access these supports. Costings were in the process of being considered and would be articulated through the joint strategic plan through areas such as the strategy for housing. The Chief Officer suggested it would be beneficial for a more detailed report to come to the Committee outlining these areas of work.
- The issue of the forthcoming Analogue Switch Off was raised in terms of the introduction of new TEC and the associated risks around digital solutions. The Chief Officer noted some of the challenges experienced over the Winter period and that while services had been tested there was broadly good resilience, however it was an area for further learning.
- Regarding the challenges of recruitment, it was noted that there was a need to create more sustainability in the Third Sector and independent sector due to the attrition from staff moving from those sectors to the NHS. No definitive plans to address this were in place due to the need to sustain in house NHS services but there was the intention to jointly co-produce a plan for partners to sign up to achieve sustainable commissioning aims. The Engagement Framework would assist the progress of such work to ensure community and partner involvement and transparency throughout. The discussion also noted that this process was less about slowing down NHS recruitment and more about transferring provision of some in house services to other sectors to support wider sustainability.
- The process of decision making to respond to short term situations as against the longer term strategy of the partnership was discussed during which it was noted that the setting up of a Care Board with good governance procedures had enabled some faster and more responsive decision making based on systems developed for longer term planning.

#### **The Committee:**

- **NOTED** the report and the savings plan, and that work was underway to confirm the plan which would be brought to the July meeting.
- **ACCEPTED limited** assurance in light of the ongoing financial challenges and ongoing work with Scottish Government to approve the financial position.

### **3 PERFORMANCE AND SERVICE DELIVERY**

#### **3.1 Self-Directed Support Annual Report**

I Thomson spoke to the paper which presented an overview of the paper which detailed the process of implementation of the SDS strategy which had followed significant consultation with

service users in order to address a change of culture from the ground up and take some practical improvement steps.

During discussion, the following areas were addressed,

- I Thomson commented that a number of organisations such as Connecting Carers and In Control Scotland had provided useful advice about how to consult with service users on a more direct basis.
- It was explained that the reference to testing a different model of eligibility in the report was about bringing a better triage model into being in order to provide faster assessments and to make better use of social work intelligence in providing service users and their supporters with the assistance and information they need.
- The need to complement the work of care workers with other kinds of support was noted especially when addressing service users who need differing levels of support and thereby better match support roles to users such as personal care on the one hand and roles such as befriending and more community-based help on the other hand.
- The Chair noted that at this stage there was no level of assurance to recommend to the Committee but that this should be considered for when the item returns and that a future report could also consider what barriers there are to SDS and how they could be resolved. R MacDonald suggested that based on the current level and direction of work with its grassroots focus that moderate assurance could be offered to the Committee, however she also noted the challenge of offering assurance in isolation from the broader conversation considered by the Committee. The Chair noted that he would discuss with the Chief Officer how the topic could be brought back to the Committee.

**The Committee:**

- **NOTED** the report.

### 3.2 Care Home Collaborative Annual Report

G Grant spoke to the circulated report which noted the two related but separate aspects of independent sector care. The report provided a general market overview and an update on the collaborative funding received from Scottish Government and also the focus and direction of that funding.

In addition to the information contained in the report it was noted that the quality of provision had been good overall with a notable exception of Cradle Hall, which closed on 17<sup>th</sup> April. This had led to the relocation of 41 residents over three weeks and had provided a significant challenge to residents and their families, and staff.

It was noted that the requirements of the National Care Home Contract was a difficult match for Highland but that proactive actions were in progress and under consideration such as investing in recruitment to independent sector care homes and that this latter area was starting to see some benefit.

During discussion, the following areas were raised,

- Cllr Fraser requested an update outwith the meeting regarding the temporarily closed homes at Dail Mhor and the Mackintosh Centre.
- The Chair requested that the update when provided be circulated to the Committee.
- J McBain noted that Occupational Therapies be added to the report along with Podiatry.
- Thanks were expressed to the team involved in dealing with the closure of Cradle Hall under very pressurised circumstances.
- The discussion of what lessons had been learned from the Cradle Hall closure it was noted that an evolving Standard Operating Procedure had been built from the experience of dealing with previous closures, however the circumstances and timeline had been very different in the case of Cradle Hall. It was commented that a number of issues were

under scrutiny, which included the process of relocation and matching residents to locations, the response from the sector from the appeal to all providers in Highland for innovative assistance and to prioritise placements (which had been a very positive response). G Grant was due to co-chair a meeting with the Scottish Care independent sector lead on lessons learned for providers.

- Regarding the strategic direction and market facilitation plan it was noted that this was crucial and would need a 5 to 10 year forward plan to support more reactive planning responses.

**The Committee:**

- **NOTED** the report,
- **ACCEPTED moderate** assurance from the report.
- **AGREED** that an update on Dail Mhor and the Mackintosh Centre be circulated to the Committee.

### 3.3 Children and Young People Services Annual Performance Report

J Park noted that the report provided an overview of ongoing actions taken to the Community Planning Partnership Board for ratification in March, and also to the Joint Monitoring Committee. She recognised that there may need to be further discussion about the what the correct sequencing should be in terms of which committees should see the report when and noted that she would discuss the options with the Chair of the Integrated Children's Service Board. The report took a life course approach which acknowledged that to support and protect children and young people a shift of thinking to whole family support and whole Community support was required. This also meant that the report was aligned to the Highland Council's Education Plan and the NHS Highland plan. It was noted that delivery of the plan required good working partnerships across service areas such as mental health and well-being, the Poverty Group, the Job Protect Committee and the Drug and Alcohol Partnership.

In discussion, the Chair noted that he would raise the issue at the meeting of the Chairs of NHS Highland Governance Committees to agree a suitable governance route for the delegated services.

**The Committee:**

- **NOTED** the report.

[The Committee took a break from 2.50pm to 3pm]

### 3.4 Adult Social Care Fees and Charges

C Stewart provided a brief overview of the report which had been circulated in advance of the meeting.

The Chair noted that the uplift to £12 an hour was progress but that it was still very low.

**The Committee:**

- **NOTED** the report.

### 3.5 IPQR for HHSCP

J Bain spoke to the report and highlighted the key metrics in a slide presentation and noted the challenges and the connections between different areas of performance such as a slight reduction in people assessed for Care At Home but who were waiting for packages and that this was connected to Delayed Hospital Discharges.

It was noted that the Commissioning and Transaction team had worked hard to make sure that the increased rates of pay had been passed on to providers to enable them to pay the minimum £12 per hour as funded by the Scottish Government. It was noted that there were 8 commissioning proposals which would be part of a separate paper that would come to the Committee.

In terms of overall care placements, it was noted that 16,187 people had been placed within 2023/24 as opposed to 750 in the previous year which illustrated the levels of pressure across the sector.

It was noted that more recent activity such as the Cradle Hall closure due to regulatory actions was not reflected in the data presented.

It was noted that the scheme for unpaid carer breaks reopened in quarter four and that there had been 141 applicants with 125 were approved.

A significant growth in Option 1 direct payments was noted and J Bain suggested that the next iteration of the report could include quarterly data points for ease of reading.

In discussion,

- It was noted that the Chair and Chief Officer intended to consider with the Head of Strategy and Transformation how the IPQR reporting could better support the work of the Committee in understanding the levels of impact of interventions and actions given that the data had reached a stable or static level of activity. It was suggested in the discussion, for example that further break down of data between North Highland and Argyll and Bute HSCPs could be useful for comparison and help to highlight the differing issues faced by remote and rural areas.
- It was acknowledged that further work was underway to address the balance of service level delivery data and indicators that would better show the pressures and impact of mitigating actions, taking the example of the work done around Option 1s.

The Chair noted that the Committee and the Board was committed to addressing these issues and tie them to the strategic direction of the organisation and that this would be noted in the Committee's Action log.

The Chair also noted the good work undertaken by the Drug and Alcohol team in its application of MAT Standards and addressing response times.

<p><b>The Committee:</b></p> <ul style="list-style-type: none"><li>- <b>NOTED</b> the report, and</li><li>- <b>AGREED</b> to accept <b>limited</b> assurance.</li><li>- <b>AGREED</b> that the Action Log note the Committee's commitment to addressing the issues raised by the IPQR and to find an approach tied to the strategic direction of the organisation.</li></ul>	
--	--

### 3.6 Chief Officer's Report

The Chief Officer provided an overview of her report and noted that,

- The joint inspection of Adult Support and Protection for the HHSCP area had concluded and had received a feedback report on the findings. R MacDonald noted that the report was now live on the Care Inspectorate website for public access and addressed health, social work, social care, but also police services. It was commented that sessions had been arranged for the HHSCP to hear the feedback and the areas for improvement. It was felt that it had been a positive inspection and an update would be brought to the Committee.
- In terms of the Vaccinations Programme, it was noted that the Board was working through its performance with Scottish Government and Public Health Scotland to create strategies to improve citizen experience and access to vaccinations. There were areas of work around childhood vaccination and robust pathways for post-exposure prophylaxis vaccinations, and Public Health Scotland was providing good support as a critical friend in assessing processes.

- The DadPad app had been launched by NHS Highland by the Perinatal and Infant Mental Health team and was available across Highland and Argyll and Bute providing fathers with guidance on how to support their child and seek help when they when they become a parent.
- It was noted that numbers of referrals to the Community link worker service to the end of February 2024 was 1,782. It was thought that the main reasons for referral were related to mental health, social isolation, financial issues, heating costs, bereavement, housing and essential needs. A validated well-being score tool had been developed to measure people's outcomes.
- Regarding Enhanced Services, it was noted that negotiations with the LMC were progressing at a fast pace and had reached a detailed stage of agreeing 5 specifications, and it was hoped that this work could be taken forward soon to stabilise and implement new Enhanced Service contracts.
- It was noted that Cllr Fraser had reached the end of his tenure as Chair of the JMC and that the NHS Highland Board Chair, Sarah Compton Bishop would take up the Chair for 12 months from 1<sup>st</sup> April.

During discussion the following points were addressed,

- It was noted that the escalation of NHS Highland's Vaccination Programme to special measures was intended to be a supportive experience working with Scottish Government and Public Health Scotland to learn from other models across Scotland and better develop and demonstrate trajectories of delivery. The aim is to align vaccination types to local delivery and more local oversight with better use of staffing working across a multidisciplinary team, and to use the options appraisal to identify through public and stakeholder engagement where the model is being delivered well and where there is good uptake. It was hoped that the options appraisal would be ready for engagement rollout by mid-May. It was not known if any other Scottish health board vaccination programmes were also operating under special measures.
- It was commented that there had been a lot of analytical work undertaken to address issues around patient experience, distances travelled to clinics and accessible clinics, and there had been quality improvement work undertaken with the National Booking service to reduce some of the issues experienced in previous iterations of the vaccination programme.
- The Chair recommended to the Committee that the Vaccination Programme remain on the agenda for the July and September meetings in order to be provided with progress updates on the consultation engagement process and a timeline for deliverables.
- The Chief Officer offered to produce a paper in collaboration with the Director of Public Health about public health messaging to encourage better uptake of vaccinations.
- D van Ruitenbeek requested an update outwith the meeting regarding current concerns on North Skye about service delivery of urgent care and staffing. It was agreed that the Chief Officer would produce an update that could be circulated to the Committee for assurance.

The Chair commented that he welcomed the extension of Community Link workers to all GP practises and looked forward over the coming years to learning of the benefits brought to the system.

**The Committee:**

- **NOTED** the report, and
- **AGREED** an update be circulated to the members outwith the meeting regarding current concerns on North Skye about service delivery.
- **AGREED** that the Vaccination Programme remain on the agenda for the July and September meetings to provide progress updates.



## **5 AOCB**

The Chair expressed thanks on behalf of the Committee to Michelle Stevenson and Wendy Smith for their service and contributions as Independent Lay members and noted that their tenure would end in June. M Stevenson commented that she had enjoyed her time on the Committee and may join meetings on occasion as a member of the public.

The Chair noted that the positions had been advertised and it was hoped that the recruitment process would be completed soon.

## **6 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 10th July 2024 at 1pm** on a virtual basis.

**The Meeting closed at 3.48 pm**

DRAFT

<b>CLINICAL GOVERNANCE COMMITTEE</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a> 
<b>MINUTE</b>	<b>2 May 2024 – 9.00am (via MS Teams)</b>

**Present**

Alasdair Christie, Non-Executive Board Director, and Chair  
 Tim Allison, Director of Public Health  
 Louise Bussell, Nursing Director  
 Liz Henderson, Independent Public Member  
 Joanne McCoy, Non-Executive Board Director (from 10am)  
 Gerry O'Brien, Non-Executive Director (Substitute)  
 Dr Boyd Peters, Medical Director/Lead Officer  
 Susan Ringwood, Non-Executive Board Director (Substitute)  
 Dr Gaener Rodger, Non-Executive Board Director  
 Catriona Sinclair, Non-Executive Board Director  
 Emily Woolard, Non-Executive Board Director (Substitute)

**In attendance**

Gareth Adkins, Director of People and Culture  
 Isla Barton, Head of Midwifery (from 10.50am)  
 Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP  
 Sarah Buchan, Director of Pharmacy  
 Ann Clark, Board Vice Chair  
 Claire Copeland, Deputy Medical Director  
 Lorraine Cowie, Head of Strategy and Transformation  
 Caron Cruickshank, Divisional General Manager (Maternity Unit)(from 10.55am)  
 Ruth Daly, Board Secretary  
 Alison Fraser, Discharge Flow Manager  
 Evelyn Gray, Lead Nurse  
 Stephanie Govenden, Consultant Community Paediatrician  
 Allan Graham, Head of Audiology  
 Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP  
 Elaine Henry, Deputy Medical Director (Acute)  
 Derick MacRae, Service Manager  
 Dawn MacDonald, Community Staff Nurse  
 Moranne MacGillivray, Service Manager (Medical and Diagnostics Division)  
 Bryan McKellar, Whole System Transformation Manager (Observing)  
 Brian Mitchell, Board Committee Administrator  
 Jill Mitchell, Head of Primary Care  
 Mirian Morrison, Clinical Governance Development Manager  
 Iain Ross, Head of eHealth  
 Simon Steer, Director of Adult Social Care  
 Katherine Sutton, Chief Officer Acute Services (from 10.50am)

## 1.1 WELCOME AND APOLOGIES

Apologies were received from Muriel Cockburn.

Apologies, for non-committee members were received from P Cremin.

## 1.2 Declarations of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), and a Highland Councillor he had applied the objective 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.

## 1.3 MINUTE OF MEETING ON 7 MARCH 2024, ROLLING ACTION PLAN AND COMMITTEE WORK PLAN 2024/2025

The Minute of Meeting held on 7 March 2024 and Committee Action Plan was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling basis.

### The Committee otherwise:

- **Approved** the draft Minute.
- **Approved** updated Committee Action and Work Plans.

## 1.4 MATTERS ARISING

### 1.4.1 SCI Gateway Referral Update

I Ross spoke to the circulated report, providing an update in relation to actions arising from the SCI Gateway Referral Incident in August 2023. It was advised a national review had been undertaken and shared with NHS Boards; providing a timeline of issues raised, lessons learned and a robust comprehensive national action plan. The matter of ensuring service ownership had been discussed with the Head of Resilience and discussed at the Resilience Committee on 24 April 2024, where an Initial Impact Assessment (IIA) for incidents was shared and had been issued for consultation purposes. The assessment would allow the service to determine the level of disruption, resulting incident type and who should lead the actual incident from a service perspective. The NHS Highland eHealth team were in the process of redesigning their digital incident plan to align with the IIA to alert the relevant manager of an emerging issue and handing over service ownership which allows eHealth staff to focus on resolution and communication of the technical issues. The lessons learned report had been discussed at the Scottish Referrals and Communications Group (governing body for SCI gateway) in April 2024 and this group would be responsible for ensuring identified actions were completed. The report proposed the Committee take **Substantial Assurance**.

During discussion, members acknowledged the work of NHS Highland officers on this matter and the way in which the Committee had been kept informed as to relevant progress. The impact of implementation of digital solutions, and their potential risk profile was recognised, whilst supporting the overall general direction of travel in that regard.

### After discussion, the Committee:

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

### 1.4.2 Staff Availability and Recruitment Process

G Adkins advised relevant matters relating to this subject were routinely reported to the Staff Governance Committee and Area Partnership Forum. Current activity related to improving processes for hiring managers and wider Recruitment Team. Relevant activity would seek to reduce the overall time taken to fill vacant posts as well as consider if the relevant process models were appropriate. The impact of the Health and Care Staffing Act was also referenced, noting there were

a number of vacant posts within NHS Highland that could not be filled and represented a known risk. Members were invited to consider what relevant information, from a workforce perspective, would be beneficial to the work of Clinical Governance Committee.

**After discussion, the Committee otherwise Noted** the position.

## 2 SERVICE UPDATES

### 2.1 Cancer Services Update

D MacRae gave brief presentation to members, advising relevant 31 Day Standard performance was similar to that across NHS Boards in Scotland and above the required performance level despite an increase in patient numbers and some surgical capacity issues. The position in relation to the 62 Day Standard, whilst above the Scottish average at that time remained challenging. It was noted large tumour types, relating to Prostate and Breast continued to account for over 50 percent of cases in Highland and as such strong performance in those areas significantly impacted performance overall. Referral rates continued to increase month on month, with capacity having to flex to meet the relevant Standard. It was reported activity can be curtailed for a variety of reasons, including public holidays when the availability of radioisotopes, for example, is reduced.

He went on to advise as to the overall staffing position within the Oncology Service, in relation to which a workshop event had taken place at end February 2024. Outcomes from this event had included agreement as to the provision of services for the four largest cohorts of cancer patients, including Urology. The respective staffing positions for these cancer types was outlined, noting the level of reliance on locum and single-handed cover in some circumstances. This position was mirrored across Scotland and activity was underway in relation to potentially improving recruitment into the Highland area. A middle tier of cases, involving a number Sub-Specialties could continue to be managed locally. Some cancer types were also managed remotely, due to their low volume and specialist nature. SACT and Radiotherapy services were available across NHS Highland sites. Alternative service contingency plans were being discussed with other NHS Boards. A further update was also provided in relation to the subject of improving relevant Consultant Management.

The Medical Director took the opportunity to emphasise that a number of cancer services provided by NHS Highland remained in a fragile position, as reported. These relied on both Primary and Secondary Care elements to operate effectively and following the recent workshop event there was need for identification of a strategy and plan for ensuring sustainable services, recognising this would not be possible for all services. National fragility workstreams were also being developed, including for Vascular services. The continued provision of services remained a challenge for NHS Highland and for relevant management and staff. Uncertainty was challenging for clinical staff.

The following points were raised in discussion:

- Capturing the Patient Experience. Stated more needed in this area, including as part of reporting to this Committee and elsewhere.
- Patient Outcomes. Emphasised importance of this aspect as part of any service evaluation.
- Public Health. Recognised activity can impact level of future Oncology service demand.
- Workforce Planning. Advised national discussion underway on aspects including potential for a national staff bank; greater staff mobility; and options for reshaping the medical workforce. Workforce planning would be a priority area for NHS Highland moving forward.

**After discussion, the Committee:**

- **Noted** the reported position.
- **Agreed** to circulate the relevant report out with the meeting.
- **Agreed** to revisit this subject at the next meeting.

- **Agreed** an update on horizon screening activity be submitted to the September 2024 meeting.

## 2.2 Scottish Patient Safety Programme Update

L Bussell spoke to the circulated report, providing specific work programme updates in relation to Acute Adult (Falls and Deteriorating Patient); Mental Health; Pressure Ulcers; Paediatric Programme; Perinatal Programme; Primary Care; and support for the Essentials of safe care and the Learning System. It was reported the Scottish Patient Safety Programme (SPSP) provided guidance and support to deliver specific programmes of work; created conditions to deliver safety fundamentals via focus on the essentials of safe care; and facilitated a learning system for NHS Boards to learn and develop safe quality care. The report indicated that whilst clinical teams were progressing the individual programmes, pressure within clinical practice was preventing work being developed at pace. The report proposed the Committee take **Moderate Assurance**.

During discussion, the following was raised:

- Staffing Resource. Noted the matters highlighted.
- Paediatric and Perinatal Programmes. Confirmed as relatively new Programmes alongside that for Mental Health.
- Level of Assurance. Questioned Moderate level in light of noted staffing and systems issues. Limited assurance suggested to reflect position not as strong as was previously being reported. Advised approach adopted by SPSP and Health Improvement Scotland (HIS) developing, and assurance level may vary across programmes. Discussion emphasised need for reports to include aspects relating to how assurance level was decided upon and how can be improved where appropriate.
- Ensuring Bottom-Up Approach and Strategic Impact. Advised relevant working groups very active, with areas of strong progress evident despite the reported challenges. Noted a lack of recent activity and direction from and at national level over the direction of travel to more of a person-centred approach.
- Future Reporting Requirements. Stated this would fit with wider quality matters being considered and reported to Committee. Agreed need to consider all relevant systems and quality standards activity in the round. Mix of national and local activities involved.

### After discussion, the Committee:

- **Noted** the reported position.
- **Noted** the changing approach being adopted by SPSP and Health Improvement Scotland (HIS).
- **Noted** matters relating to reported levels of assurance would be discussed by Governance Committee Chairs as part of a wider frugal governance approach.
- **Agreed** to take **Moderate** assurance.

## 2.3 NDAS Service Update – Briefing Paper for Joint Monitoring Committee

M MacGillivray provided a summary update to members, advising that over 80 referrals were being received every calendar month, resulting in a list of over 1,600 waiting for a first appointment. The average length of wait to first appointment was approximately four years. It was reported a Neurodevelopmental future planning workshop had been set to take place in June 2024, with other activity being taken forward in relation to working with the Child Health Commissioner; improving relevant Public Health messaging; and review of the existing waiting list. It was understood Highland Council were in the process of considering establishment of a quality referrals group, for new referrals and based on a staged approach. In relation to workforce concerns, members were advised that in light of the recent resignation of a Clinical Psychologist, consideration was being given as to how to best maximise the remaining limited resource. Funding for Mental Health frameworks was being considered as part of that process. This was a challenging time for the NDAS Service overall, with aspects of service refresh and or change having to be considered.

The following was discussed:

- Outcome from JMC Briefing Paper. Advised summary position statement would be prepared following relevant workshop event.
- Committee Support for Service. The Chair reiterated support for relevant staff members during what represented a period of sustained pressure for the service.

**After discussion, the Committee:**

- **Noted** the reported position, with concern.
- **Agreed** the need for high level discussion by NHS Highland and Highland Council Chief Officers.
- **Agreed** a further summary report be submitted to the next meeting.

## 2.4 Audiology Services – National Review Update

A Graham gave a briefing to members, advising as to the establishment of an Implementation and Delivery Group as part of the wider national review of Audiology Services in Scotland. Matters relating to workforce and staff training were to be taken forward in association with relevant service improvements, including creation of a new Paediatrics Team and development of improved reporting processes around new born hearing screening. Reference was made as to relevant Auditory Brainstem Response (ABR) training, noting relevant places were extremely limited, with two staff members having been successful in accessing training starting in May 2024. A national peer review group was also being established, to provide external review of results. Activity was underway to look at wider staff member training and development requirements in association with other NHS Boards; equipment was being replaced where necessary in liaison with Medical Physics and electronic triage arrangements were being introduced for improved referral management purposes. The Medical Director endorsed the work being taken forward in this area, advising relevant activity would be pan-Highland in nature to ensure consideration of associated challenges within the Argyll and Bute area, and in the wider context of meeting national position and review outcomes. Matters relating to Healthcare Scientist regulation, reporting and governance arrangements would also be developed and taken forward as part of this wider activity.

**After discussion, the Committee:**

- **Noted** the reported position.
- **Agreed** a formal report update be provided to the November 2024 meeting.

## 3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

### 3.1 Implications Arising from Health and Care Staffing Act

G Adkins spoke to the circulated report, advising as to The Health and Care Staffing Act (HCSA) coming into force on 1 April 2024. The guiding principles of the Act were outlined, as were relevant duties relating to staff in both the NHS and Care Services more broadly. The report provided an overview of the programme governance arrangements for implementation of the Act, and the reporting and associated Board governance arrangements that would be required. Regular updates would be provided to the Staff Governance Committee, Area Partnership Forum, and NHS Board. Updates would also be provided to this Committee and consideration would be given as to requirements to report through integration scheme arrangements. It was noted an HCSA Lead, working with colleagues across the organisation to prepare for the implementation of the Act, had been appointed. There had been strong clinical engagement to date. The report proposed the Committee take **Moderate Assurance**.

In response to the point raised, it was advised providing assurance in relation to Commissioned Services would be challenging, the detail of which was being worked through at that time. Aspects

relating to OPEL escalation arrangements would form part of the self-assessment exercise and were in the process of being tested within the community environment.

**After discussion, the Committee:**

- **Noted** requirements placed on the NHS Boards by introduction and implementation of the HCSA.
- **Agreed** to take **Moderate** assurance.

### 3.2 Learning from Historic Incidents

The Nursing Director gave a brief update to members, advising recent investigation into an historic incident had identified associated gaps that required be addressed. It was advised a full report would be submitted to a future meeting.

**The Committee so Noted.**

## 4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. The report proposed the Committee take **Moderate Assurance**.

**The Committee:**

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** to take **Moderate** assurance.

### 5.1 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary around Complaints and Feedback activity, Adverse Events, Significant Adverse Event Reviews (SAERs), Hospital Inpatient Falls, Tissue Viability Injuries, Medication Errors, and Infection Prevention and Control. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. The Qlikview dashboard continued to be developed, with the Out of Hours dashboard recently added. The Health and Safety Dashboard would be available from June 2024. It was stated performance against the 20-day working target for Complaints had reduced; SPSO activity remained steady, with spotlight services provided relating to Radiology and Endoscopy. During the reporting period there had been a focus on SAERs and Case Reviews, with training being delivered and a review of resources being undertaken. Governance arrangements for medicines safety were being reviewed. There had been an increase in falls in all areas, possibly linked to the surge in beds, and this was being monitored. A number of projects and initiatives were being taken forward to reduce the number of hospital acquired Pressure Ulcers. The report proposed the Committee take **Moderate Assurance**.

The following was raised in discussion:

- Complaints. Questioned if comparison with other NHS Boards related to similar data capture, given Lead Agency Model in Highland. Advised no national benchmarking data available. Issue had been raised at national level.
- Complaints. Asked if national conversion rates comparison available. Advised rates shown had been provided by the NHSH Planning and Performance Team.
- SPSO Response Process. Advised improved quality process in place, similar to that for scrutiny of Complaints. Actively looking at arrangements for Professional Lead involvement in process.

- Blueprint Report. Referenced development work underway in relation to capture of patient experience, questioned if this included Care opinion and sought advice on what involved in signing up to this. Advised NHS Highland committed to Care Opinion, with resource identified from within Clinical Governance Team to support this activity. Steady approach being adopted.

#### The Committee

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.

## 5.2 Mental Health SAER Process – Improved Governance

Members **Noted** a formal update in relation to this subject would be submitted to the next meeting.

## 6 ANNUAL DELIVERY PLAN – GENERAL UPDATE

The Chair advised improved future reporting arrangements had been discussed with the Head of Strategy and Transformation, with a view to being received from the next meeting.

#### The Committee so Noted.

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

### 7.1 Argyll and Bute

R Helliwell spoke to the circulated report, summarising key clinical governance issues from each service within Argyll and Bute Health and Social Care Partnership. Specific updates were provided in relation to Health and Community Care; Primary Care, including sexual health services; Children and Families; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Significant Adverse Events activity, SPSO Enquiries and Duty of Candour matters. There had also been circulated Minute of Meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 4 April 2024. The report proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Multi-Agency Public Protection Arrangements (MAPPA). Advised matters relating to representation on Senior Officers' Group, and other issues, were being addressed by the Board Nurse Director.
- Clinical and Care Governance Group. Noted last two meetings had been inquorate. Further noted changes in senior management had impacted attendance and had now been resolved.
- Sexual Health Services. Noted new models of care involved and need to be reflected upon.

#### After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to request matters relating to NDAS Service be considered by Executive Directors Group, with relevant feedback provided to the next meeting.
- **Agreed** to take **Moderate** assurance.



## 7.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was underway. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. A Quality and Patient Safety (QPS) dashboard for Out of Hours has been developed and one for Primary Care was in the process of development. Weekly Check-in meetings were now being held in Mental Health Services and Skye and Lochalsh. Detail was provided in relation to relevant Statutory and Mandatory training activity; and it was noted all areas were reporting on issues relating to recruitment and retention, these being taken forward by the Director of People and Culture through relevant management structures. Sickness levels continued to rise. Complaints activity and performance for the previous three months was outlined, with a complaints process mapping workshop held on 8 March 2024 at which a number of improvements had been identified for further discussion. Two SPSO cases had been received during the reporting period. There was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. A learning event on 12 March 2024 had been well attended, with topics including an update of the Quality and Patient Safety approach in Highland Health; Medicine Governance and Non-Medical Prescribing; Those Left Behind – Experience of Bereaved Family and poster presentations. Suggested improvements for future events had included broadening the invite to a wider range of staff/participants; wider sharing of learning and best practice; including a workshop element; more audience participation and considering streaming future events to reach a wider audience. The Highland Health and Social Care Partnership Risk Register was being reviewed on a monthly basis. There had also been circulated Minute of Meeting of the NHS Community Clinical and Care Governance Group held on 4 April 2024.

Current issues being highlighted were in relation to ongoing discussion relating to provision of Enhanced Services from GP Practices; Primary Care premises; Out of Hours services; Mental Health services; and Adult Social Work and Social Care. Areas of positivity were indicated as relating to Home Office confirmation of licence in relation to Wick Police Custody and marked improvement at Mains House Nursing Home which was no longer being supported under Large Scale Investigation. The report proposed the Committee take **Moderate Assurance**.

The following areas were then discussed:

- Clinical Guardian. Advised had been used as an internal review of quality of clinical staff. Out of Hours shifts covered by hybrid model of GP and Advanced Nurse Practitioners (ANPs). Team challenged with establishing an alternative internal assurance model. Agreed to share latest QPS reports submitted to Out of Hours Assurance Group.
- Out of Hours Services. Questioned if Committee required more formal review of services at this time. Agreed a comprehensive update to Committee would be beneficial.
- Enhanced Services. Referenced potential withdrawal of services and associate patient impact. Advised as to recent local discussions and stated national discussion required on aspects such as tariff rates. Recent communications material would be shared with members. Reminded not core contract services. Advised where a Practice was providing a relevant service, on the basis of patient safety reasons, specific remuneration arrangements were in place.
- Learning Event. Confirmed consideration being given as to how best to ensure effective shared learning approach. QPS interface established and provided another shared learning opportunity.

### After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to share latest Quality and Patient Safety reports on Out of Hours Services.
- **Agreed** to share recent communication on GP Enhanced Services.
- **Agreed** to take **Moderate** assurance.

### 7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services, advising that in terms of hospital mortality there had been no trends for concern identified. An update in relation to Hospital Acquired Infection (HAI) was provided. It was reported operational pressures and patient flow continued to be challenging in terms of both emergency and scheduled care access. An SAER had been commissioned following a recent patient death. Noted sustained pressure having significant impact on clinical teams. Further updates were provided in relation to review of the Gynaecology Outpatient Waiting List for Caithness General Hospital; establishment of a Vascular Review Group to facilitate discussions between the three mainland North of Scotland NHS Boards and recent agreement on Out of Hours cover in Highland; and recent Scottish Trauma Audit Group data. It was noted Colorectal referrals had increased markedly, with no change to the associated staffing profile. The number of falls with harm had increased over the previous four months, with a new audit tool developed and being implemented across all areas, and support provision ongoing at Rosebank Ward, Caithness General Hospital. Incidents of Violence and Aggression had increased within the medical directorate, with work ongoing in relation to relevant risk assessment. Work was ongoing in relation to JAG accreditation for the NHS Endoscopy Service. It was reported there was an increasing risk linked to a lack of electronic systems for requesting tests. There was an increasing reliance on supplementary staffing for surge beds opened to alleviate capacity pressures and a high reliance on locum Consultant cover across Rural General Hospitals. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 19 March 2024. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- CT Scan Activity. Advised working with relevant clinicians on aspects relating to maximising capacity and quality of reporting. Looking to recruit additional three Radiologists.
- Caithness Outpatient Waiting List. Questioned if similar position elsewhere in NHS. Advised further work would be required to establish overall position.
- Gynaecology Service. Highlighted importance of communication message. Advised were discussing with relevant team. Positive discussion to date with Caithness Health Action Team (CHAT) on maternity services in Caithness. Strong local connections in place, with all patients in receipt of direct communication from relevant clinicians.
- Local Clinical Governance. Medical Director emphasised this represented day to day activity and included elements relating to improved customer information and feedback. Local groups should be considering relevant HSMR and outcomes data as well as regulatory requirements.
- Proposed Programme of Clinical Audit. Noted raised as an issue relating to quality at recent Board Development Session. Agreed discussion paper on developing a clinical audit programme be prepared for consideration at the next meeting.

#### After discussion, the Committee:

- **Noted** the report content and associated Appendices.
- **Noted** the circulated Minute.
- **Agreed** discussion paper on developing a clinical audit programme be taken to the next meeting.
- **Agreed** to take **Moderate** assurance.

### 7.4 Infants, Children and Young People's Clinical Governance Group

S Govenden spoke to the circulated report, advising as to work of the Child Death Review Group, relevant recent reviews, and associated learning points. It was noted a bereavement event for parents, facilitated by Child Bereavement UK, was also held. The circulated report included the Child Protection Biennial Report 2021/23. With regard to clinical governance aspects, it was advised information on patient satisfaction and complaints was to be reviewed for children's services. The Child Health Commissioner was undertaking a review of children's services governance pathways, and this was expected to contribute to the review of the Terms of Reference currently underway. A

Policy for the response of agencies to an unexpected child death had been agreed for hospitals excluding Raigmore, where further discussion was required. The report proposed the Committee take **Moderate Assurance**.

**The Committee:**

- **Noted** the report content.
- **Agreed** an update on review of the Child Death Review Group Terms of Reference be provided to the next meeting.
- **Agreed** to take **Moderate** assurance.

**The meeting adjourned at 11.40am and reconvened at 11.50am.**

## **8 INFECTION PREVENTION AND CONTROL REPORT**

L Bussell introduced the circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland was above the reduction aim targets for the period April 2023 – March 2024 in relation to Clostridioides Difficile (CDI) and EColi Bacteraemia healthcare associated infections although all remained within predicted limits and were noted to be within the range of variation seen across the 3 yearly trend. The reduction aim for Staphylococcus Aureus bacteraemia (SAB) was likely to be met although the final position would not be known until August 2024. NHSH continued to report no SAB infections as preventable following case reviews. Following receipt of an exception report from ARHAI Scotland for the quarter July-Sept 2023 relating to an exceedance in the expected case numbers and rate of healthcare associated CDI a review had occurred, and a Short Life Working Group convened. Whilst no commonalities, trends, or learning were identified upon review of the individual cases; work to review antimicrobial prescribing for urinary tract infections and work to optimise environmental cleaning in areas with maximum bed occupancy were to be taken forward. The position for the national prescribing indicator for general practice was not being met due to the significant rise in prescribing in the winter months following the increase in Group A streptococcus infections seen nationally. The prescribing target for Secondary Care and acute hospital antibiotic use continued to be met. National data was awaited to clarify the NHSH financial position. It was stated Infection Prevention and Control activity remained high and considerable time was being spent focusing on preventing and managing cases of infection, managing water incidences, and outbreaks in hospitals and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives.

Improvements had been made to compliance rates with Infection Prevention and Control mandatory training however this remained below the 90% target. Specific work was underway to improve compliance within medical and dental staffing, where compliance was relatively low. A review of antibiotic prescribing guidelines was underway alongside a review of the effectiveness of environmental cleaning. Following retirement of a Senior Infection Prevention and Control Nurse and a subsequent vacancy within the Community team; they continued to review their existing workload and resource to prioritise the delivery of reactive service outputs. Recruitment would be planned once hours were finalised. A wider review of staffing as part of the national Infection Prevention Workforce Strategy Plan would progress once outcomes from national outputs were issued. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period, with two Covid19 clusters and outbreaks having been reported to ARHAI Scotland. An update was provided relation to water sample results in Invergordon and New Craigs Hospitals (both PFI), noting both situations continued to be managed through the Water Safety Group. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of associated areas of challenge. The report proposed the Committee take **Moderate Assurance**.

**After discussion, the Committee:**

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.

## 9 MATERNITY SERVICES – SIX MONTHLY UPDATE

I Barton spoke to the circulated report, providing a six-monthly update and advising the Best Start 5 Year Forward Plan for Maternity and Neonatal Services in Scotland was completed on 31st March 2024, with most of the national strategy expected to be implemented into practice across Boards. The NHS Highland return to Scottish Government was in development. Neonatal Service modelling to implement the North of Scotland approach to sustainable services was underway, reflecting the activity in other regions. At a regional level, there continued to be collaboration between NHS Highland and NHS Grampian to support networked service delivery. Within NHS Highland the relevant Programme Board was ensuring strategic and service priorities were being channelled through four main workstreams relating to Workforce, Recruitment, Retention and Culture; eHealth; Quality and Improvement; and Refurbishment (accommodation). Detailed updates on each of the workstreams were provided. Current areas of concern were noted as relating to current accommodation within Raigmore and Belford Hospitals, and workforce position within the Skye and Caithness areas. The report proposed the Committee take the following levels of assurance:

- **Substantial** – Maternity services are engaging with National Workstreams and reporting for NHH outcomes for strategic service delivery.
- **Substantial** – Maternity and Neonatal services are on a journey of continuous improvement through prioritised evidence-based Quality and Improvement workstreams and implementing these across NHH.
- **Moderate** – Services have the appropriate workforce to deliver services in line with national drivers and direction to meet the needs of women, babies, and families across North Highland.
- **None** – Services are able to meet the criteria for modern Maternity and Neonatal services from an accommodation/building's perspective, in relation to Raigmore and Belford should no investment be forthcoming. It was reported Non-recurring Best Start funding was expected from Scottish Government this financial year and the ask would be that this is protected to allow services to make minor modifications to improve our environment. There was an ask from Scottish Government to report on how such funding was utilised.

The following areas were discussed:

- Signposting of Additional Services and Resource. Advised working collaboratively with Third Sector colleagues on identifying local needs. This was a national priority also.
- Specialist Roles. Advised the roles were managed and supported across a variety of Midwifery Leads. A number of existing Midwives had expressed an interest in the various roles. Feedback was being gathered for specific workstream elements.

**The Committee otherwise:**

- **Noted** the relevant reporting detail.
- **Agreed** to take the recommended levels of assurance contained in the circulated report.
- **Agreed** to advise the NHS Board no assurance could be taken in relation to accommodation.

## 10 RISK REGISTER - CLINICAL RISK

Members **Noted** there were no matters being reported in relation to this item. The matter would be revisited at the next meeting.

## 11 HEALTH AND SAFETY - SIX MONTHLY UPDATE

G Adkins spoke to the circulated report outlining the key areas of activity covered by the Health and Safety Committee meetings in order to provide assurance appropriate areas were being frequently reviewed. The Health & Safety Committee had a clearly defined Role and Remit which had been regularly reviewed, however attendance at the Committee had not been at the expected level in early 2023 with some meetings being inquorate, alongside a change in one of its Co-Chairs with the departure of the previous Director of People & Culture. Significant work had taken place in late 2023/early-2024 to reinvigorate the Committee and ensure its focuses and assurances being sought were clear for members and report writers so it can provide the appropriate assurance to the Staff Governance Committee. This this included a review of the Committee membership, Terms of Reference and Workplan; including the creation of a clear Action Plan to track additional actions that arise as part of each meeting to prevent any confusion that could have been caused by the previous action tracking system. The Work Plan was followed in all of the meetings that took place in terms of agenda creation; however, some items were not submitted by report writers with no associated apology or update. As part of the Committee improvement process the Board/Governance Committee report reminder/tracking methodology had been adopted in February 2024 and would continue moving forward. Activity areas highlighted to this Committee related to ongoing ligature risk assessment/management arrangements and ensuring a patient-centred approach; and patient safety relating to falls. There continued to be close working with the Clinical Governance Team on associated RIDDOR reporting. There had also been circulated the Health and Safety Committee Annual Report 2023/2024. The report proposed the Committee take **Substantial Assurance**.

On the point raised in relation to training for the Management of Violence and Aggression, it was advised the key change implemented had related to entry level training. Relevant training e-Modules would be developed and made mandatory for staff from June 2024. All relevant high-risk areas had been addressed.

### After discussion, the Committee:

- **Noted** the reported position.
- **Noted** the circulated Health and Safety Committee Annual Report 2023/24.
- **Agreed** to take **Substantial** assurance.

## 12 PUBLIC HEALTH - Vaccination Update

T Allison spoke to the circulated report, advising within Scotland vaccination provision had moved from General Practice to NHS Board led services in line with the new General Practice contract. This transition happened later in NHS Highland compared to other NHS Boards and had taken place alongside COVID vaccine programme delivery. It was reported vaccination delivery within NHS Highland was predominantly undertaken by NHS community staff within locality clinics, with links to national booking and recording systems. Some island General Practices within Argyll and Bute had been given the flexibility by Scottish Government to continue to provide vaccinations directly. Concern about vaccination delivery within Highland HSCP had led to escalation to level 2 of the Scottish Government performance management framework and NHS Highland was undertaking a programme of work to improve performance, as indicated . This included working with Public Health Scotland as a critical friend. A governance framework had been established, with delivery of vaccination the responsibility of the two Health and Social Care Partnerships and oversight provided by the Vaccination Strategy Group and professional coordination group advising on operational and strategic matters. Recent performance figures were provided for adult vaccinations (winter Covid and Influenza programmes); childhood vaccinations; and associated complaints, escalation and management action. The report proposed the Committee take **Limited Assurance** overall.

### After discussion, the Committee:

- **Noted** the detailed content of the circulated report.

- **Agreed** to take **Limited** assurance.

### 13 IMPLEMENTING THE BLUEPRINT FOR GOOD GOVERNANCE SELF-ASSESSMENT FINDINGS

R Daly spoke to the circulated report, providing an update on delivery of actions contained within the NHS Board Blueprint for Good Governance Improvement Plan 2023 that were of relevance to the Highland Health and Social Care and Clinical Governance Committees. It was reported the Improvement Plan agreed had contained 17 specific actions in total, three of which related directly to the remit of the two Committees. An overarching update report would be submitted to the July 2024 meeting of the NHS Highland Board. The report proposed the Committee take **Moderate Assurance**.

#### The Committee:

- **Noted** the reporting detail.
- **Agreed** to take **Moderate** assurance.

### 14 2024 COMMITTEE MEETING SCHEDULE

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

11 July  
5 September  
7 November

### 15 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the position relating to the NDAS Service; and the lack of assurance being received in relation to Maternity accommodation.

#### The Committee so Noted.

### 16 ANY OTHER COMPETENT BUSINESS

There were no matters raised in relation to this Item.

### 17 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 11 July 2024 at 9.00am.

**The meeting closed at 12.05pm**

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a> 
<b>DRAFT MINUTE of MEETING of the NHS Board Audit Committee</b> Microsoft Teams	<b>21 May 2024 9.00 am</b>

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

**In Attendance:** Gaye Boyd, Deputy Director of People and Culture  
 Sarah Compton Bishop, NESH Board Chair  
 Heledd Cooper, Director of Finance  
 Charlotte Craig, Argyll & Bute HSCP  
 Pam Cremin, Chief Officer, North Highland  
 Ruth Daly, Board Secretary  
 Fiona Davies, NESH Chief Executive  
 David Eardley, Azets, Internal Audit  
 Mary Fitton, Azets, Internal Audit  
 Claire Gardiner, Audit Scotland, External Audit  
 Stephanie Hume, Azets, Internal Audit  
 Bryan McKellar, Whole System Transformation Manager  
 Martin McLauchlan, Audit Scotland, External Audit (item 3.2)  
 David Park, Deputy Chief Executive  
 Liz Porter, Assistant Director Financial Services  
 Liam Prior, Audit Scotland, External Audit (item 3.2)  
 Iain Ross, Head of eHealth  
 Stephen Chase, Committee Administrator

*Please note, the items follow the numberings as laid out in the circulated in the agenda.*

### **1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS**

There were no apologies.

### **1.2 DECLARATION OF INTERESTS**

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

### **1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 12 MARCH 2024**

The minute of the meeting held on 12 March 2024 was approved as an accurate record. The Chair asked that the rolling actions be amended to show the relevant closed items. It was agreed to close the action regarding Procurement following the session held for the Board in 2023. It was also noted that Action 5 could also be closed now that KPIs were included in Internal Audit reports.

### **The Committee**

- The minute of the meeting held on 12 March 2024 was approved as an accurate record.
- **Noted** the rolling actions and Workplan.

## **1.4. MATTERS ARISING**

There were no matters arising.

## **INDIVIDUAL INTERNAL AUDIT REPORTS**

### **2.1 Internal Audit Progress Report**

The paper provided the Audit Committee with a summary of internal audit activity since its last meeting and confirmed the reviews planned for the coming quarter, identifying changes to the annual plan. Progress had been made against the annual audit programme with four reviews completed since the last Audit Committee meeting (as noted below). Work was noted to be on track to deliver the Internal Audit plan for 2023/24 by the 18 June 2024 Audit Committee. However, delays had been experienced as noted in the reports below.

During discussion, it was noted that the delay to the Complex Care Packages audit was due in part to the process of having the assignment plan signed off and partly due to difficulties finding time with staff contacts during the initial fieldwork. However, the Head of Adult Social Care has read both Internal Audit reports due for the 18 June meeting and work is on track to produce the reports for the meeting.

It was confirmed that any deferral of a report must be endorsed by the Committee before being taken forward.

It was noted that the deferral of the Children's Services audit was to ensure that the scope was focussed on NHS Highland internal arrangements and broader oversight and not an audit of the work of partner organisations such as Highland Council.

The Committee **noted** the report.

### **2.2 Primary Care**

D Eardley introduced the paper which had assessed the annual review arrangements in place that are aligned with the GMS Contracts (Scotland) Regulations 2018. It was found that these arrangements did not include a pre-check with practices, or due diligence process on the submission of the return. In addition, NHS Highland had not issued up-to-date contracts to all independent GMS Practices. A sample of seven independent GMS Practices contracts were reviewed and none of these had been updated to reflect the changes required from the 2018 regulations, although contract change notifications had been sent to each practice.

The NHS Highland payment verification process was stood down in 2020 due to the pandemic and the resignation of the GP undertaking the checks, and had not been reintroduced. Payment verification was currently performed by National Services on behalf of NHS Highland. It was found that there was a lack of communication between National Services Scotland who currently perform a remote payment verification on behalf of NHS Boards and the Primary Care Team. A sample of NHS Highland policies across 2C Practices was reviewed and inconsistencies were found in versions used and the standard operating procedures in place.

Capacity issues reflected an apparent underlying root cause across the audit issues, and a number of recommendations were raised aimed at improving the overall primary care process including contract management, payment verification and policies across independent GMS Practices and board-managed 2C Practices.

In discussion,



- The Chief Officer as sponsor of the audit noted that though the completion dates were ambitious, they were realistic in terms of the scope of the audit with its focus on General Practice and ongoing work.
- Resourcing and capacity of staff was discussed and it was noted that in terms of the audit item that it was a matter of ensuring adequate controls were in place to manage capacity and enable prioritising of decision making. The Director of Finance commented that the current Value and Efficiency workstream could be of assistance in addressing how best to maximise and share resources.
- It was confirmed that the audit focused solely on North Highland and did not include Argyll and Bute.
- The Chief Executive noted that conversations about moving more General Practices back to an independent contracted model would need to address what capacity issues would need to be addressed by the Board.
- It was asked if the contracts to General Practice had been sent out at the same time. The Chief Officer noted that she would find out and report back outwith the meeting.
- It was confirmed that Payment Verification followed a national process from NSS. There was some scope to address certain areas at a local level but it was the national work that largely determined direction. The Director of Finance commented that a more defined response on the process of checking could be brought back to the Committee for Matters Arising.

The Committee **noted** the report.

### 2.3 Data Framework

M Fitton spoke to the paper which noted that there was no standardised guidance that instructed staff on what data was available to them, how to access it and how it should be used as part of their planning. This had led to inconsistencies in how different district services were using data within their planning including what data was used, its collection and who was using it. There was also limited consistency with data pathways in the organisation and the use of standard definitions within datasets.

Staff noted challenges in the ease of access to data which included an inability to access systems, staff not being included in distribution lists for data/reports, the restricted use of visualisation tools such as Power BI, the manual collection of datasets in parallel to the systems. Staff had also informed the Internal Audit team that they were not adequately trained, supported or comfortable in using data in their planning. All staff expressed concern with the level of training provided to use systems or incorporate data to drive decision-making or planning. Staff also reported numerous challenges with the reporting of data with little to no trend or root-cause analysis or benchmarking. The majority of staff had expressed a desire for data or further information to incorporate into their planning and showed a positive attitude towards using data as part of their planning process.

It was found that information reported to Scottish Government such as Delayed Discharges, had more robust processes with staff at all levels obtaining data and reviewing it daily.

The audit found evidence of an organisational approach to data-driven decision making was in the process of being established.

The report recommended a standardised framework with greater consistency for how data should be used. This would improve levels of guidance to signpost staff on how to collect, use and interpret data within their planning. Anecdotally staff reported that they did not have access to systems and had applied for access and had been either rejected or ignored. Distribution lists for datasets did not include all individuals within certain roles and seemed to be ad hoc in nature. It was felt that more focus on root-cause analysis would facilitate enhanced insights to help identify trends or to target factors to improve performance, with earlier intervention into outcomes helping to drive decision-making.

During discussion,

- Anecdotal evidence of difficulty of access to some systems was questioned in terms of access be able to do transactional work. However, the theme of inconsistency was acknowledged and it was felt that the report would help to target areas for improvement such as establishing a common structure and data centres.

- It was noted that the additional attention that had been paid to Delayed Discharges had greatly improved reporting and that this focussed approach could be adapted for other areas.
- Concern was expressed about staff using workarounds adding to areas of inconsistency in data gathering and it was felt that the actions from the report would address this. It was commented that there is a cultural dimension to the work required at all levels to help establish shared ways of collecting relevant data and enabling staff to have a better ownership and understanding of their roles within the organisation.
- The Chief Executive noted that it was essential that staff needed access to the right kinds of targeted data in order to do their work and that this would require a training component to ensure that staff had confidence in the data systems with which they work in order to make better use of data.
- A response was requested about the current status of the Morse system in light of delays noted.
- It was agreed that actions from the audit be taken to the FRP Committee.

The Committee

- **noted** the report, and
- **agreed** that actions be reviewed at the FRP Committee.

## 2.4 Vacancy Management and Monitoring

S Hume introduced the report which noted that NHS Highland had drafted a Standard Operating Procedure (SOP) to standardise the vacancy management process across the organisation, as the need for a more consistent process had been identified by management. An Integrated Service Planning (ISP) framework was also in development across NHS Highland, aimed at integrating finance, performance, workforce, and quality improvement factors. A Vacancy and Supplementary Management Group had been recently established at the Board level to oversee scrutiny and challenges related to vacancies.

The report identified a small number of areas for improvement which included, (i) finalising and implementing the SOP, and effectively communicating it across the organisation to help ensure a consistent approach throughout NHS Highland, (ii) ensuring that ATR forms contain explicit details providing necessary insight and are completed in their entirety, and (iii) establishing a process for accurately recording and documenting evidence of scrutiny and challenge over vacancies prior to approval.

In discussion, it was noted that interim actions would be identified for Control Objective 2 due to its completion date being a long way off due to the amount of work required to address the actions.

The Committee **noted** the report.

## 2.5 NTC Service Redesign

S Hume spoke to the report and noted the three control objectives which had the aim of gaining an understanding of the performance of the NTC within NHS Highland, if it was in line with the original business case, if the volume and mix of procedures was not aligned with original expectations, and in each case to note where there was good understanding of the barriers to performance and ensuring reliable reporting processes were in place. All of the actions identified were yellow and two actions were raised in relation to the report. Clear monitoring had been identified in place around performance with a clear reporting structure and leadership within the NTC.

The identified actions were both in relation to action logs and the recording of actions:

- Point 2.1 noted a lot of review and scrutiny around performance within the NTC against what was expected versus what is actually happening between planned and actual procedures. However, this work was spread across a number of different areas and

different reports which made it difficult to get a good understanding of variance and the actions taken to address the issues to ensure a clear picture across the NTC.

- Point 3.1 noted actions for resolutions of issues. It was noted that although there were a lot of conversations and different mechanisms in place for issues to be escalated through the leadership team there was no process in place for from monitoring and tracking those through to resolution. Therefore it was recommended that a process was put in place to ensure a clear picture.

The Deputy Chief Executive commented on behalf of the Chief Operating Officer that the report was useful and that the recommendations would be accepted and would be relatively straightforward to implement in the short time frame.

The Committee <b>noted</b> the report.
--

## **2.6 Management Actions**

The Chair drew the committee's attention to the action tracker and noted that some headway had been made with management actions. Verbal updates, in relation to outstanding actions, from audit sponsors we given to committee as follows:

### **2.6.1 Environment & Sustainability**

B Johnstone, on behalf of the Director of Estates provided a verbal update and noted that there had been little progress over the past 12 months due staff leaving the organisation.

- Two new staff with Environment and Sustainability responsibilities had recently been recruited with two further new members of staff expected to take up their roles shortly. It was expected that once the new team had met with B Johnstone to determine a strategy that progress would pick up pace. It was noted that the strategy document had many parts to it and that therefore the associated Communications Plan would be likely to take 10 months due to projects such as a Knowledge Transfer Partnership to develop a new Environment Management System with UHI.
- A revised date of 31 March 2025 was proposed with the proviso that any progress made sooner would be reported to the Committee in the management updates.
- The Chair noted that Environment and Sustainability also reported to the FRP Committee.

### **2.6.2 Pay Protection**

The Deputy Director of People and Culture gave a verbal update which recognised that there had been significant work to address with some of the identified actions but that the majority had been completed within the timescales. However, the work around reviewing the remaining areas had taken longer than anticipated and therefore the dates for completion had been amended.

### **2.6.3 Shadow IT**

The Head of eHealth gave a verbal update supported by an Excel spreadsheet outlining the latest position. It was noted that delays had been experienced due to some delays in national policy being made available.

- It was noted that the Information Assurance Group had agreed at its last meeting to proceed with revalidating local policies pending the announcement of national policies. It was proposed therefore that the management of national policies be moved to the Risk Register for oversight effectively closing the action as an audit response.
- Certain issues had been identified in the work with the Medical Physics team in delivering some of the new systems with data migration. A revised completion date of September 2024 was proposed and it was suggested that the action be moved to the eHealth Risk Register.

- A review of the Radiology Radiotherapy backup system was to be scheduled before the end of June 2024, and it was proposed that this be managed via the eHealth Risk Register.

The Chair noted that I Ross and Internal Audit would discuss these matters to ensure that risks had been satisfactorily de-escalated and that if the outcome was positive the actions could be closed off as proposed. However, it was suggested that the item should return to the committee for a future update to assure the members that there were no further delays in areas such as national policy.

#### 2.6.4 Endowments

The Assistant Director of Financial Services gave a verbal update and noted that most of the actions had been closed. It was commented that the review of current funds due to be closed and merged be removed from the action tracker and monitored via the Endowment Fund Committee due to the additional time that would be required to ensure the process was complete.

The Chair noted that this was a reasonable approach but that the conversation should be had with Internal Audit to ensure requirements of the audit were satisfied. In addition, it was noted that the item could be returned to the Audit Committee if the Endowment Fund Committee deemed it to be beneficial.

#### 2.6.5 Patient Services

The Assistant Director of Financial Services gave a verbal update and noted that the remaining items were in the final stages of completion:

- The first steps in reconciling the Carefare system to the Finance system had been completed in identifying debtors ID in the financial system. However, this comparison of data required a manual approach due to the incompatibility of the systems. Therefore it was proposed that the completion date be changed to the end of July.
- A governance report on Aged Debt would be produced to assist management in seeing where Aged Debt was originating, for how long and what its main drivers were. It was suggested that the report would be ready for September.

#### 2.6.6 Resilience

The Deputy Chief Executive provided a verbal update supported by a short report with further context by the Head of Resilience circulated before the meeting.

- It was noted that discussion was required to consider the most suitable route to report on the work of the group.
- National guidance had been received about risk and its function as a catalyst to cascade down to regional level and as well as ensuring an integrated service level approach working across agencies, and this had helped to set levels of priority.
- The organisation's response to a number of incidents which had occurred over the period since the last update were detailed in the paper, and it was noted anecdotally that NHS Highland had dealt with more incidents over a six month period than the rest of the country had over the year. It was felt that teams had responded very well.
- In terms of resilience planning and business continuity planning the aim was to ensure that responses were not only adequate, but as simple to carry out as possible.
- NHS Highland had participated in a national 'desktop exercise' for major incident response which had involved all Scottish health boards. The simulated incident was centred on Golspie which meant that the organisation was at the centre of the exercise. The response team had performed very well and it was felt to be a good learning experience and there would be a number of learning events which would arise from the exercise, the first of which was the updating of NHS Highland's major incident plan, but further formal commentary was to be received and would be adopted into the plan.

The Committee

- **noted** the verbal updates and Resilience report, and

- **accepted** moderate assurance from the Resilience report.

## 2.7 Draft Internal Audit 2023/24 Update

D Eardley provided a verbal update of progress towards the Internal Audit report for 2023/24 and noted that the Progress Report (item 2.1) had outlined work towards completion and some of the challenges faced but that work was currently on track.

The Committee

- **noted** the update.

## 3. EXTERNAL AUDIT

### 3.1 Verbal Draft External Audit 2023/24

C Gardiner confirmed that interim work was completed at the end of March. There were no significant issues highlighted and the follow up will address some control issues raised as part of last year's audit and will include this in the narrative in the annual audit report.

The accounts were received at the end of the previous week slightly behind schedule but with awareness of some national issues concerning errors with the template and the late issue of the manual. It was also noted that there had been a change to IFS16 and the model that Scottish Government asked health boards had been issued late in the day in addition to the final allocation letter. Some pre-emptive testing had been carried out in advance of receiving the accounts and it was felt that the team were in a good place to progress in line with original time scales.

However, it was noted that there was an emerging issue in relation to SPP and the required figures for the Remuneration report and it was hoped that information relating to this area would be received by late May which may add pressure on the audit team in the final stages. It was noted that this was a national issue and not specific to NHS Highland.

It was hoped that the draft report would be available for the Director of Finance to review by the clearance meeting that had been scheduled for 10th June, which ought to enable the report in its final version to be ready for the meeting of the Committee on 18th of June.

The Committee

- **noted** the update.

### 3.2 NHS in Scotland 2023

M McLauchlan provided a slide presentation outlining the main points of the report with attention paid to areas of relevance to NHS Highland.

- It was agreed that the slides would be made available to the Committee after the meeting.
- The key message reflected that the report gave a high level strategic view with a three-part structure reintroducing a lot of financial analysis that had been paused during the COVID pandemic. The report also was intended to serve as the Auditor General's input into discussions about longer term reform. The recommendations reflected, a greater need for direction from Scottish Government (SG) and the recommendations from the report were largely directed towards SG more so than health boards to address and support reforms.
- The report reflected the fact that SG had provided a one-year budget although there had been clear indication that multi-year spending plans should be produced for the current calendar year.

- The alignment of financial activity planning introduced for 2024/25 onwards was broadly welcomed and reflected pressures around inflation, pay deals, and prescribing costs.
- The announcement of a pause on new capital projects, highlighted wider capacity issues across the system, and with the end of COVID-19 specific funding, the 2023/24 break even position had been more challenging.
- The overarching finding was that there was a fundamental mismatch between demand and capacity across the health and social care system and that this was contributing significantly to progress from recovery to reform under the Scottish Government's Corporate Recovery plan.
- Proposed plans were currently sitting with the Auditor General awaiting approval, but there had been work undertaken to address some of the feedback received from stakeholders. Publication had been delayed through COVID and moved to February of each year with the intention post-pandemic to return to pre-Christmas publication. Notwithstanding timing of a general election it was hoped that the next overview report with a tight focus on finances and performance would be available this side of Christmas.

In discussion, the Chair noted slide 9 regarding good governance as particularly pertinent to NHS Highland and that this item would be addressed in item 9.1 (below).

- It was commented that the recommendations from the report had gone to Scottish Parliament and its Audit Committee in March and that it was due to appear in Parliament in June for formal acceptance of those recommendations its Audit Committee had endorsed. The recommendation around a capital investment strategy was accepted by Scottish Government and taken forward through the budget communication at the start of the year. It was noted that the Deputy First Minister's budget statement as well as the then Deputy First Minister's budget statement indicated broad acceptance of the recommendations. Work will be followed up directly with the Scottish Government and will report next year on progress.
- The Deputy Chief Executive noted the importance of distinguishing Integrated Joint Boards (IJBs) from other integration arrangements in national communications. M McLauchlan commented that an expanded financial bulletin was due to be published in July which would give an overview of the sector and that discussions were being had to address how to better reflect the distinctions in communications.

The Committee

- **noted** the presentation.

**A comfort break was held from 11.00 to 11.10am**

## **5. COUNTER FRAUD**

The Committee noted that there had been no significant update to add to that provided at the March meeting and that an update would return to the next meeting.

## **6. ARGYLL & BUTE IJB AUDIT & RISK COMMITTEE UPDATE**

The Business Improvement Manager noted due to a change in administration and the committee not being quorate it was suspended until the appointment of elected members to the IJB. No specific health related audits reported to committee or identified to action during the period was highlighted.

The Committee **noted** and **agreed** to take **moderate** assurance from the report.

## **7. AUDIT ASSURANCE REPORT FOR EXTERNAL SYSTEMS**

The Assistant Director of Financial Services advised there was delay in receiving the Audit Assurance Report for External Systems from NES. It was noted that the report would be deferred to the June 2024 meeting.

The Committee **noted** the report would be deferred to the June meeting.

## 8. AUDIT SCOTLAND REPORTS

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

- Scottish Public Services Ombudsman annual audit 2022/23  
<https://audit.scot/publications/scottish-public-services-ombudsman-annual-audit-202223>
- Healthcare Improvement Scotland annual audit 2022/23  
<https://audit.scot/publications/healthcare-improvement-scotland-annual-audit-202223>
- Mental Welfare Commission for Scotland annual audit 2022/23  
<https://audit.scot/publications/mental-welfare-commission-for-scotland-annual-audit-202223>
- NHS Highland annual audit 2022/23  
<https://audit.scot/publications/nhs-highland-annual-audit-202223>
- NHS National Services Scotland annual audit 2022/23  
<https://audit.scot/publications/nhs-national-services-scotland-annual-audit-202223>
- Scottish Public Pensions Agency annual audit 2022/23  
<https://audit.scot/publications/scottish-public-pensions-agency-annual-audit-202223>
- Highland Council annual audit 2022/23  
<https://audit.scot/publications/highland-council-annual-audit-202223>
- NHS 24 annual audit 2022/23  
<https://audit.scot/publications/nhs-24-annual-audit-202223>

The Committee **noted** the Audit Scotland Reports.

## 9. ANNUAL REVIEW OF GOVERNANCE

### 9.1 Blueprint for Good Governance Improvement Plan

The Board Secretary advised the report was the formal six-monthly assurance report to the Committee on progress made with the Blueprint Improvement Plan in relation to the committee. Four actions are specific to the Audit Committee which had progressed well, two of which are now complete. Translation of revised risk appetite into workable processes for colleagues and upskilling workforce in risk management knowledge and methodology would continue to progress through the upcoming months. The appendix to this report now details the progress that has been made for Committee members' information and oversight. The next Board level progress update is scheduled for July 2024.

Following questions from committee members regarding staff resource for actions that would be progressing over the coming months, further discussion would be had within the Executive Director Group.

The Committee **noted** and **agreed** to take **moderate** assurance from the report.

## 9.2 Revisions to Standing Financial Instructions

The Director of Finance noted The Procurement team revised the Standing Financial Instructions (SFI), adjusting thresholds for different tendering levels and aligning with current values. The revised SFI now includes references to Adult Social Care contracts where appropriate, except for payment in advance for social care, which does not align with the NHS manual for accounts. A forthcoming report will address risk mitigation related to advance payments in social care.

The Committee:

- **Noted** that a fully revised version of SFIs will be incorporated into the Code of Corporate Governance and uploaded to the web once fully agreed.
- **Agreed** to recommend approval of the revised SFIs at the Board on 28 May 2024
- **Agreed** a report to be presented at the next meeting regarding risk mitigation related to advance payments in social care.
- **Agreed** to take **substantial** assurance from the report.

## 9.3 Governance Committee Annual Assurance Reports for 2023-24

The Board Secretary spoke to the report which outlined the annual reports for 2023-24 to demonstrate how Committees functioned in the role defined by their Terms of Reference. The Annual Reports had been agreed at each respective committee meeting in March and April, except for the Remuneration Committee, which would be reviewed at the upcoming meeting. The audit committees own annual report would be presented to the committee in June 2024.

The Committee:

- **Approved** and **recommend** to the Board the Governance Committee Annual Reports for financial year 2023-24 which form a key part of the evidence in support of the Annual Accounts Governance Statement.
- **Agreed** to take **Substantial** assurance from the report.

## 10. Any Other Competent Business

There were no AOCB items discussed.

## 11. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 18 June 2024** at **9.00 am** on a virtual basis.

The meeting closed at **11.40 am**.