NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**24 September 2024 – 9.30am**

Present

Dr Tim Allison, Director of Public Health
Sarah Compton-Bishop, Board Chair
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elspeth Caithness, Employee Director
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Alasdair Christie, Non-Executive
Fiona Davies, Chief Executive
Karen Leach, Non-Executive
Philip MacRae, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Gaener Rodger, Non-Executive
Steve Walsh, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture
Evan Beswick, 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
Ruth Fry, Head of Communications & Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Simon Steer, Director of Adult Social Care
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager

1.1 Welcome and Apologies for absence

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

The Chair paid tribute to Gaener Rodger, whose term ends on 30 September 2024, highlighting her significant contributions since 2016, including roles as Chair of Audit and Clinical Governance Committees.

Congratulations were extended to Lorraine Cowie, Head of Strategy and Transformation on her new role with Scottish Government and to Evan Beswick on his appointment as Chief Officer for Argyll and Bute Health & Social Care Partnership (HSCP) noting his extensive contribution as Head of Primary Care prior.

Apologies for absence were received from Board Members Albert Donald and Emily Austin and Catriona Sinclair.

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 were not necessary after completing the Objective Test.

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but felt this were 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 July 2024 and **approved** the updates to the Action Plan noting:

- Action 26 related to the Board's assurance from the Integrated Performance and Quality Report (IPQR) through its Governance Committees and noted a Board Development Session would cover this topic in October 2024.
- Closure of Action 24 as the alignment of trajectories would now be incorporated into the IPQR on a rolling basis.
- Closure of Action 25 as an update on Alcohol Brief Interventions in Argyll and Bute Health and Social Care Partnership had been issued to Board.
- Closure of Action 27 as six-monthly Annual Delivery Plan (ADP) updates had been added to the Board Workplan.

1.4 Matters Arising

There were no matters arising.

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on the following topics:

- System Capacity and efficiency
- Inclusive Care
- Visits and forthcoming events
- Values in Practice staff awards
- NHS Highland Speak-Up Week

The Chief Executive took the opportunity to remind attendees that the NHS Highland Annual Review would take place on 19 November 2024 which staff and members of the public could attend either in-person or online.

During discussion the following points were raised:

- The Chair highlighted the value of accompanying the Chief Executive on visits as it had provided staff the opportunity to provide helpful feedback and equally provided the opportunity for valuable learning on how staff were feeling.
- The Chair noted discussions around digital innovation and the use of Artificial Intelligence (AI) at a recent National Chairs meeting which encouraged their uptake in the near future to enable staff to use their skills on more meaningful, high-quality tasks.
- The Vice Chair suggested it may be worthwhile for the Chief Executive to meet with colleagues at the University of Highlands and Islands (UHI) to discuss innovation opportunities available. The Chief Executive agreed and highlighted she had opened NHS Highland's innovation conference recently which were a great demonstrator of some of the innovation taking place.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance Committee 9 August and 6 September 2024

The Committee Chair highlighted ongoing financial challenges, particularly in forecasting potential savings, but improvements were expected in the second quarter. Discussions with Scottish Government were ongoing to secure additional funding for backlog maintenance. The committee reviewed the IPQR, recognising the difficulty applying a RAG status to a complex report. The Chair suggested considering this in the upcoming Board Development Session in October

b) Staff Governance Committee of 3 September 2024

The Committee Chair highlighted receiving revised staff governance metrics, included in the upcoming IPQR item. Further refinement would be discussed in October's development session. Whistleblowing cases were reviewed, focusing on service provision and public interest tests. Moderate assurance was given on the Health and Care Staffing Act Quarter One report, with a phased implementation expected. Several initiatives, including the intranet site development were paused due to national challenges and the Head of eHealth was exploring solutions.

c) Highland Health and Social Care Committee of 4 September 2024

The Committee Chair highlighted the partnership's financial challenges, focusing on savings and operational budgets, and requested more details on learning disability and care at home spending for a future meeting. A positive update on the primary care improvement plan highlighted the success of Community Link Workers, and the need for a primary care strategy was emphasised.

The Highland Drug and Alcohol Recovery Service annual report was received, with the team commended for achieving green status in all MAT standards. He noted the vaccination transformation plan was discussed, with a detailed update to follow at the next meeting. The revised IPQR and internal audit reports on adult social care and complex care packages were well-received, and the Highland Health and Social Care Partnership annual report was highly praised.

The Director of Public Health also highlighted vaccination challenges, particularly in presenting information to the Highland Health and Social Care Committee however adult vaccination rates were reasonable with children's rates showing only slight improvement. A vaccination improvement group was working on detailed actions, with progress to be reported at the next meeting.

Board Members sought clarity on the winter plan publication. The Chief Officer for HHSCP stated that the 90-day improvement plan addressed winter pressures, with adjustments based on past experiences. Scottish Government's winter planning requirements would be reviewed and integrated into the plan, concluding at the end of October.

d) Clinical Governance Committee of 5 September 2024

The Committee Chair noted that vaccination and the research development and innovation annual report were covered. The Neurodevelopmental Assessment Service (NDAS) situation was discussed, with an action plan in place and issues escalated appropriately. Acute services and patient flow pressures were examined, with delayed discharges to be discussed later on the Board agenda. He also highlighted the positive outcomes from the organ and tissue donation committee despite donation challenges.

e) Audit Committee of 10 September 2024

The Committee Chair highlighted that two audit reports on patient transport and external accommodation were presented, while the devolved procurement process report was deferred to December. Four audits were expected in December and were on track. No qualifying property transactions were identified this year, and internal audit actions were progressing well. The committee accepted moderate assurance on adult social care advance payments and received a six-monthly update from the Information Assurance Group.

f) Area Clinical Forum of 29 August 2024

There were no additional comments.

The Board **confirmed** adequate assurance had been provided from Board governance committees and **noted** the Minutes of the Area Clinical Forum.

4 Integrated Performance and Quality Report (IPQR)

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 were asked to take moderate assurance due to improved performance on annual delivery plan targets and / or national target and consider the level of performance across the system and direct any action through the appropriate governance committee.

The Deputy Chief Executive spoke to the circulated report which compared results to the Annual Delivery Plan (ADP) targets or national targets where ADP targets were absent. The report included metrics for Acute, Highland Health & Social Care Partnership, and the Argyll & Bute Integrated Joint Board, and was updated with data on vaccinations, specifically for children.

During discussion the following points were raised:

- Board Members were concerned that the Executive Summary marked targets as 'green' for meeting ADP targets but not national ones. The Deputy Chief Executive explained that ADP targets, which are agreed with Scottish Government, were used as reasonable comparisons, with national targets detailed in the full report. Further discussion was planned for the October development session.
- Board Members emphasised the need to understand the organisation's system position and prioritise appraisals for training, succession planning, and staff well-being. The Director of People and Culture acknowledged the low benchmarking rank and noted that an improvement plan had been launched.
- Board members questioned if flat line trajectories reflected accurate projections or were algorithm-influenced. The Head of Strategy and Transformation explained that seasonal variations caused fluctuations in operations, resulting in flat line displays.
- Board members emphasised the need for visible ADP and national targets for accountability particularly to address performance variation, inequalities, COVID's impact, and changing demographics. They noted that unexpected NDAS service data patterns raised concerns about unmet needs in disadvantaged areas, especially with the upcoming service redesign.
- The Director of Public Health emphasised that the next Population Health Programme Board meeting would focus on reporting inequalities. The upcoming public health report would recommend broader use of inequalities data, crucial for effectively reaching deprived areas. He added that mainstreaming inequalities in reporting and planning is essential to improve service delivery.
- Board Members noted NTC's superior appraisal completion results. The Chief Officer for Acute mentioned NTC's role in ensuring workforce capacity for training and development but acknowledged current acute performance should be higher. The acute senior leadership team is investigating discrepancies, considering what constraints were a factor.
- Board Members noted low completion rates for violence and aggression training compared to high rates for medical training including hand hygiene. The Director of People and Culture highlighted challenges in balancing patient care with training, emphasising the need to understand barriers and make training more engaging and relevant and noted having an online and face-to-face module impacted completion figures.
- Board Members suggested discussing the IPQR data layout at the October Development session, deciding which elements to present to the Board or Committees. They emphasised measuring performance against commitments and targets, ensuring data consistency and using appropriate language in narrative.

Following discussion, the Chair highlighted the proposed assurance level was moderate and suggested it be marked as limited due to the areas of challenge. However, it was agreed that applying a single assurance level to the complex suite of performance metrics within the IPQR was challenging and could not appropriately reflect the wide range of services and activity of the organisation. It was agreed that a different approach would be developed.

The Board took **limited assurance** from the report and **noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.

The Board took a break at 11.15am and the meeting resumed at 11.25am

5 Finance Assurance Report – Month 4 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 4. It was confirmed that the Board's original plan presented a budget gap of £112.491m which resulted in required reductions / improvements of £84.091m to deliver to the brokerage cap of £28.400m. NHS Highland's share of national monies to protect planned care performance amounted to £3.3m. For the period to end July 2024 (Month 4) an overspend of £31.499m were reported with the forecast to increase to £49.697m by the end of the financial year. The forecast was £21.296m worse than the brokerage limit set by Scottish Government.

The Board were invited to take limited assurance due to the gap from Scottish Government expectations.

The Director of Finance spoke to the circulated report and provided the following update:

- Scottish Government had requested NHS Highland to improve its deficit position by the end of the financial year, maintaining the brokerage cap at £28.4m. She explained the organisation was behind on its value and efficiency programme, some of which was due to challenges in capturing the financial impacts.
- Discussions with Highland Council resulted in an agreed quantum for Adult Social Care and a detailed forecast will be conducted at the end of Quarter 2 to assess risks and potentially reset the year-end forecast. She added that major risks included reliance on supplementary staffing, increased medicine costs, and inflationary pressures but NHS Highland is actively engaging with the Scottish Government initiatives to reduce cost.
- It was noted that Capital allocation was fully committed and tightly monitored alongside regular reports on backlog maintenance being submitted to Scottish Government, with additional funding for Belford maintenance confirmed for a later allocation.
- The Director of Finance noted assumptions had been made at the beginning of the year around areas of expected increases in drug usage and cost increases. Control measures were in place for Acute Services and savings were starting to be seen. Similar work was underway in Primary Care to address areas where savings could be made.
- The Medical Director added that rising drug costs were a concern and focus was on cost-effective prescribing, he also noted Primary Care spend had been affected by the economics of drug companies reducing production of cheaper medicines which resulted in price rises.
- The Director of Finance explained that the process for accessing the £20 million available for Adult Social Care transformation work involved assessing requests based on mini-business cases. Representatives from both Highland Council and NHS Highland would then review these requests, but she added NHS Highland would not take the full amount from Highland Council until transformation plans were fully formed and social care redesign staff were ready to implement the changes.

During discussion the following points were raised:

- Board Members sought clarity around the Highland Council fund of £20 million. The Director of Finance explained that the process for accessing the transformation funding involved assessing requests based on mini-business cases. Representatives from both Highland Council and NHS Highland would then review these requests, but she added NHS Highland would not take the full amount from Highland Council until transformation plans were fully formed and social care redesign staff were ready to implement the changes.
- The Chief Executive acknowledged the need to address staffing challenges to facilitate planning for change, rather than relying on staff who are busy with daily operations.
- Board Members sought clarity on supplementary staffing costs and the proposed reductions. The Director of People and Culture reported progress in prioritising bank staff over agency staff for nursing, with improvements in Acute Services and Mental Health. The next focus would be on supplementary staffing for delayed discharges in the Acute system but acknowledged locum reductions were a significant challenge.

- The Nurse Director added that by end of October, nursing agency staff should only be used in exceptional cases. NHS Highland relied more on agency nursing in care homes due to its geographical nature but negotiations with Scottish Government were ongoing to address recruitment challenges.
- Board Members asked for clarification around the draw down process in relation to the noted transformation funding. The Director of Finance explained that funding requests aimed to boost capacity, cut costs/enhance quality but the scoring process was yet to be finalised. The Chief Executive added that projects which aligned with the Joint Strategic Plan would be considered for funding.
- The Chair noted that the Joint Monitoring Committee (JMC) will address issues regarding the funding process and clarify the JMC's role in decision-making

Having **examined** the draft Month 4 financial position for 2024/2025 and **considered** the implications, the Board **agreed** to take **limited assurance** from the report.

6 Urgent and Unscheduled Care Plan (Delayed Discharge Mission)

The Board received a report from the Chief Officer, Highland Health and Social Care Partnership (HHSCP) and Chief Officer, Acute that provided a briefing in response to The First Minister's National Mission. The mission aimed to reduce delayed discharges in hospital ahead of winter and to articulate activity and progress in relation to Urgent and Unscheduled Care, with a particular focus on rapid improvement, and the 90-day improvement plan.

The Board were invited to take limited assurance due to the significant impact of people in delay across our system and the limited capacity with which to create flow – underpinned by significant workforce challenges.

The Chief Officer for HHSCP spoke to the circulated report and provided the following update:

- The briefing outlined weekly oversight meetings took place which involved a deep dive into delay numbers across Scotland. She confirmed the goal was to achieve a maximum of 34.6 people per 100,000 population by the end of October 2024. Despite challenges, a 30% reduction is targeted with the urgent and unscheduled care programme being refreshed to accommodate.
- The Chief Officer for HHSCP noted system reporting and dashboards had been aligned and the governance in place includes urgent and unscheduled care, addressing interface work like frailty. Progress was reviewed fortnightly with updates to the Executive Directors group.
- A group led by the Chief Officer for Acute was examining system capacity and despite challenges, there was an aim to understand baseline data for care homes. It was noted that complex needs and staffing requirements made capacity assessment difficult, but work was underway to optimize community hospital occupancy whilst transitioning patients to care homes which should lead to the closure of acute beds and improved quality of care.

During discussion the following points were raised:

- Board Members highlighted the positive steps taken around 'Good Governance', but highlighted the report indicated approximately 400 people await care package assessments coupled with unmet need for 2,500 care at home hours and a key focus would require making care work an attractive career by offering competitive salaries, higher by comparison to other roles.
- The Chief Executive agreed explaining no stone is unturned in addressing the delays faced in NHS Highland. She noted that acute staff feel the pressure, and work was underway to meet the needs of both the community and workforce. She drew attention the recent announcement from HC One regarding the closure of Moss Park Care Home, which highlighted the challenges faced in sustainable care provision.
- The Vice Chair raised a point regarding NHS Highland's expression of the proposed reduction, which differed from Scottish Government's format which made direct comparison challenging and asked for clarity on how this reduction would translate into clear numerical figures. Additionally, she sought information on the financial risk associated with generating additional capacity for the Board.
- The Chief Officer for HHSCP confirmed the percentage corresponds to 65 people and focus was on opening capacity within the existing care home sector. She added that a detailed discussion took place with the Cabinet Secretary which covered additional staffing requirements to open up beds which included the associated financial risk.

- Board Members asked whether the plan covered Highland and Argyll & Bute but if not, would the IJB move forward with similar work. The Chief Officer for HHSCP confirmed both partnerships were taking part in the programme however today's report referred more specifically to the Highland Partnership area.
- The Chief Officer for Argyll & Bute Health and Social Care Partnership confirmed a similar plan was in place with associated funding and would provide additional information in due course out with the meeting.

The Board **noted** the content of the report and took **limited assurance**.

7 National Care Service Bill Response

The Board received a report from the Director of People and Culture that outlined the Boards final written response to the National Care Service (NCS) Bill. The report detailed commentary on the amendments made since the National Care Service amendment were presented to the last meeting, highlighted a range of matters and drew attention to the significant changes in Highland as it moves away from the Lead Agency Model.

The Director of People and Culture spoke to the circulated report and highlighted there had been two development sessions with the board around the stage two bill amendments. He confirmed the summary was provided to inform board that our response had now been submitted to Scottish Government.

He added there had been a combined response from NHS Chairs and Chief Executives, which aligned with NHS Highlands response but acknowledged that understandably NHS Highlands focused on the lead agency model, being the only organisation with that model in place. The Director of People and Culture noted there were ongoing discussions taking place between COSLA and the Scottish Government, alongside other stakeholder forums.

The Chair commended the extensive development work and advised that NHS Highlands approach had been recognised as good practice for gathering views amongst other Board Chairs. She noted the challenges faced collecting feedback, largely due to the lack of specific detail currently available and the consultation's format, with options like "strongly agree" or "disagree," compounded the difficulty.
Board Members suggested an assurance level could have been proposed given the comprehensive level of feedback provided. The Director of People and Culture confirmed this could be considered for future updates.

The Board **noted** the content of the response submitted on behalf of the Board to the Stage 2 Consultation on the NCS Bill and **noted** that further updates would come to future Board meetings.

The Board took a lunch break at 12.30pm and the meeting resumed at 1pm

8 Whistleblowing Standards Quarter One Report 2024-25

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter four activity covering the period 1st April – 30th June 2024. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021. The Board were invited to take moderate assurance on the basis of commitment to the principles of the standards and completing robust investigations while acknowledging the challenge to achieving this within the stipulated 20 working days due to the complexity of cases.

The Director of People and Culture spoke to the circulated report and highlighted one new concern had been raised but had not progressed under the standards. He confirmed that one monitor referral had been closed and there were four open cases; three investigations had concluded, and one remains ongoing.

The Director of People and Culture added clarification had been provided in Staff Governance Committee around the wording of the report, particularly in relation to the definition of public interest; he confirmed that the concern raised did not relate to whether the issues were in the public interest, but rather acknowledged the challenges faced allocating resources for further investigations.

During discussion the following points were raised:

- The Chair sought clarification on how learning was derived from whistleblowing cases and whether there were mechanisms in place to ensure that appropriate insights are applied, even in instances where a complainant withdraws their concern or contact is lost.
- The Director of People and Culture noted that the circumstances surrounding each case can hinder further investigation, similar to challenges faced with anonymous concerns. He highlighted Boards were not mandated to pursue investigations under the standards; however, they can opt to investigate for learning purposes.
- The Chair inquired about alternative routes for staff to raise concerns that may not meet whistleblowing criteria, emphasising the need for assurance that these concerns would still be investigated in alignment with the broader speak-up initiative.
- The Director of People and Culture confirmed there were multiple avenues for staff to raise concerns, including the Guardian service. There was a commitment to engage with the Board whistleblowing champion to direct individuals to alternative reporting routes. He acknowledged that whilst the whistleblowing standards were important, they represent just one way to address concerns.
- Board Members asked whether other Boards used the Guardian service as a learning tool around any issues of bullying. The Director of People and Culture advised that NHS Highland was the only Board using the Guardian Service and noted other Boards have adopted different methods for managing confidential contacts and implementing identified learning.

The Board:

- Took **moderate assurance** based on the content and format of the Quarter One whistleblowing report which demonstrates compliance with our reporting requirements under the standards.
- **Noted** the challenges with timescales due to the complexity of cases and investigations.

9 Health and Care (Staffing) Act 2019 Quarter One Report 2024-25

The Board received a report from the Director of People and Culture that summarised the implementation of the Health and Care (Staffing) (Scotland) Act across relevant areas of the workforce. The Board are invited to moderate level of assurance due to gaps in recording, consistency and robust ability to provide. The Board were asked to review and scrutinise the report, that highlighted actions taken to address gaps and improve the level of evidence available to demonstrate compliance. The first year of enactment will be an iterative journey as we move forward towards improved compliance.

The Director of People and Culture spoke to the circulated report and highlighted feedback had been sought from Staff Governance Committee and Clinical Governance Committee. The report included background information on compliance duties and a summary of NHS Highlands progress in strengthening processes and procedures. He also confirmed the Health and Care Staffing Act was being implemented gradually, with a self-assessment process being used to identify required improvements.

During discussion the following points were raised:

- Board Members found the report informative and appreciated the breadth of the ongoing work but sought clarity around how they can derive assurance from future reports that the appropriate systems and processes are well-defined across all areas, not just nursing and midwifery, they also highlighted the report did not appear to include an assurance statement from the Board Medical Director or Nurse Director.
- The Director of People and Culture explained the report was based on a template trialed during the pre-implementation phase which ensures the level of detail is similar across the system. He noted the Medical and Nurse director were involved in the process, but the requirements also extend to Social Care and other areas, therefore consideration needs to be made as to how best to articulate this so all requirements are met comprehensively
- The Director of People and Culture explained that the report used the Scottish Government pre-implementation template to maintain consistent detail across the system. He noted that the Medical and Nurse directors were involved however the requirements also extend to Social Care and other workstreams, necessitating careful consideration articulating we've met all requirements comprehensively.

- Board Members expressed concerns regarding the level of assurance for each forthcoming report, noting the complexity due to various components within the act. They enquired about the measures that would be implemented to appropriately address these challenges.
- The Director of People and Culture clarified that Boards had collectively struggled with reporting and assurance levels due to the act's broad scope and determining compliance was challenging however he noted that Scottish Government had indicated NHS Highland were performing better than expected. He noted that Healthcare Improvement Scotland now oversee the project, but he'd raised concerns no feedback on submitted reports would be provided which could impact Boards effectiveness.

The Board:

- **Reviewed** and **Scrutinised** the Health and Care (Staffing) Act 2019 Quarter One Report 2024-25
- Took **moderate assurance** from the report.

10 Corporate Risk Register

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

The Medical Director reported that Risk 715 (Impact of COVID on health outcomes) would be moved from the corporate risk register to the public health directorate's risk register, as approved by the Clinical Governance Committee, due to its reduced strategic risk.

The Director of Estates, Facilities and Capital Planning added that risk 712 (Fire Compartmentation) would be revised to confirm funding allocation aligns appropriately in line with guidance provided by the Chief Fire Officer.

The Board:

- Took **substantial assurance** from the report and **noted** the content of the report provided confidence of compliance with legislation, policy and Board Objectives and;
- **Approved** the downgrade of Risk 715 (impact of COVID on health outcomes) from the Board risk register to the public health directorate risk register.

11 British Sign Language plan

The Board received a report on behalf of the Director of Public Health asking the Board to review and endorse the proposed British Sign Language (BSL) plan. The British Sign Language plan had been produced jointly in partnership with Highland Council to deliver accessible services. The report identified key actions to improve access to services and recognised if the plan were fully delivered then outcomes for deaf and deafblind BSL users would be improved and the worst effects of health inequalities on this community would be mitigated. The Board were invited to take moderate assurance from the report.

The Health Improvement Specialist spoke to the circulated report and highlighted:

- There were similarities to people being on holiday in a country where they don't speak the language. You might catch a few words but overall, you feel lost and isolated. This is similar to the daily experience of many deaf and deafblind BSL users where English is often a second/third language which often resulted in challenging situations, especially in healthcare settings.
- Research shows that while deaf people may have similar health behaviours to the general population, their health outcomes are often worse. In NHS Highland, the lack of interpreters sometimes forced family members to interpret, compromising patient privacy and autonomy. Additionally, the frequent lack of accessible information made it harder for them to receive safe and appropriate care.
- Many deaf individuals faced serious health complications due to difficulties understanding medical information. In 2015, Scotland legally protected BSL, public bodies are required to create six-year

plans for services. Achievements included deaf awareness e-learning modules, a popular in-house BSL program, and comprehensive BSL information on the NHS Highland website.

During discussion the following points were raised:

- The Chair noted the positive uptake of BSL classes and suggested it would be useful to know the number of people on the waiting list and how many NHS Highland could support in the future. She also queried how the organisation could utilise the skills of those who had completed training.
- The Nurse Director asked if training was strategically targeted to high-need areas like the Emergency Department to ensure availability of skilled interpreters. It was also asked whether this facility was available to non-native speakers.
- The Health Improvement Specialist mentioned she could find out the exact numbers for the BSL class waiting list and completions. Deaf Services were increasing introductory BSL classes which offered a qualification, but becoming a fully qualified interpreter took about six years. She acknowledged there was a shortage of interpreters in Highland and it's challenging to encourage trained individuals to return. A training matrix existed to identify appropriate training levels for staff, and expanding this to more patient-facing staff would be beneficial. She also confirmed that there were no non-native interpreters available at this time.
- Board Members asked about providing BSL at public Board meetings. The Health Improvement Specialist confirmed ongoing discussions, noting the need for multiple interpreters due to meeting length, and mentioned she was also exploring other accessibility options.

The Board **Reviewed** and **Endorsed** the proposed British Sign Language plan and take moderate assurance and took **moderate assurance** from the report.

12 Highland Charter for Climate, Nature and Health

The Board received a report from the Director of Estates, Facilities and Capital Planning to detail the Highland Charter for Climate, Nature and Health; and to gain endorsement for NHS Highland to become a formal signatory of this Charter. The Board were invited to take moderate assurance from the report with the anticipation that this assurance will move to Substantial when the Charter is signed, and the action plan is developed and under implementation.

The Health Promotion Specialist spoke to the circulated report and highlighted:

- Signing the pledge commits NHS Highland to engaging with other organisations in transitioning to net zero and supporting Climate Ready Scotland which would emphasise the responsibility to protect natural environments, recognising their value for health and well-being.
- He noted that signatories pledged to take one action to maintain Highland's health and report on progress. NHS Highland were already part of NHS Scotland's climate strategy and play a key role in the Highland Green Health Partnership.
- He added that NHS Highland was committed to sustainability through various initiatives led by the Director of Estates, Facilities and Capital Planning. Anecdotal feedback identified that staff were motivated by their passion for the environment, and the board's commitment would validate those efforts without additional financial commitments.

During Discussion the following points were raised:

- Board Members welcomed the proposal noting challenges like electrifying the vehicle fleet, but also mentioned creative uses of green space as alternative contributions to the charter.
- The Chief Officer for Argyll and Bute HSCP noted the council were not part of the green health partnership and suggested a discussion take place out with the meeting to discuss those finer details.
- The Chair suggested it would be worthwhile to consider how best to acknowledge the ongoing work within future reports and across the organisation. The Director of Estates, Facilities, and Capital Planning reported that the environmental and sustainability team has been strengthened with subgroups, whose chairs are now part of the Environmental and Sustainability Committee. These subgroups provided annual reports and efforts were being formalised, reflecting strong enthusiasm for the agenda.

The Board **endorsed** the signing by NHS Highland of the Highland Charter for Climate Nature and Health, along with the expressed pledge to fulfil and report on obligations as set out in the NHS Scotland climate emergency and sustainability strategy and took **moderate assurance** from the report.

13 Revisions to Committee Terms of Reference

The Board received a report from the Board Secretary, on behalf of Director of People and Culture which outlined changes made to Governance Committees; Finance, Resource, and Performance; Staff Governance; and Audit Committee, Terms of Reference. The Board were invited to take substantial assurance and agree changes to the Audit Committee and FRP Committee Terms of Reference to realign the governance route of the Resilience Committee and correct a typographical error on the Staff Governance ToR.

The Board **Agreed** changes to the Audit Committee and FRP Committee Terms of Reference to realign the governance route of the Resilience Committee and correct a typographical error on the Staff Governance ToR and took **substantial assurance** from the report.

14 Board and Committee Meetings timetable 2025-27

The Board received a report from the Board Secretary, on behalf of Chair, that outlined the Board and Committee meetings timetables for 2025-27. It was proposed that this format should change to cover a financial year to enable better oversight of full-year performance reporting. The proposed dates for 2025-27 had been agreed with Governance Committees.

The Board were invited to take substantial assurance and agree the Board and Committee meetings timetables for 2025-27.

The Board Secretary noted that the Integrated Joint Board (IJB) dates would be finalised in November 2024, with minimal changes expected from previous years. The complete schedule of meetings would be shared out with the meeting after the IJB's dates were confirmed.

The Board took **substantial assurance** from the report and **Agreed** the Board and Committee meetings timetables for 2025-26 and 2026-27.

15 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 26 November 2024

The meeting closed at 2.58pm

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**11 October 2024 at 9.30 am**

Present	Tim Allison, Director of Public Health Alexander Anderson, Chair Graham Bell, Vice Chair Louise Bussell, Nurse Director Garret Corner, Non-Executive Director Fiona Davies, Chief Executive Richard MacDonald, Director of Estates, Facilities and Capital Planning Gerard O'Brien, Non-Executive Director Steve Walsh, Non-Executive Director
In Attendance	Sammy Clark, Performance Manager Bryan McKellar, Whole System Transformation Manager David Park, Deputy Chief Executive Katherine Sutton, Chief Officer Acute Elaine Ward, Deputy Director of Finance Nathan Ware, Governance and Corporate Records Manager

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from Committee members Boyd Peters and Heledd Cooper with Elaine Ward deputising. Apologies were also received from Pamela Cremin with Katherine Sutton deputising.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous meeting held on Friday, 06 September 2024, Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 6 September 2024 was **Approved.** The Committee further **Noted** the Committee Work Plan 2024/25 and revised Rolling Action Plan.

The following actions was **agreed** for closure:

- **Action 9 -** Financial Position (M2) 2024/25 and Value and Efficiency Update. Agreed to receive quarterly updates on workstreams and relevant 15 Box Grid Elements

2 NHS Highland Financial Position 2024/25 Report (Month 5) and Value and Efficiency Assurance Update

The Deputy Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 5, advising the Year-to-Date (YTD) Revenue over spend amounted to £39.121m, with the forecast overspend set to increase to £49.7m as at 31 March 2025 assuming those cost reductions/improvements identified through value and efficiency workstreams would be achieved and further action would be taken to deliver a break even position for Adult Social Care.

The circulated report further outlined the underlying data relating to Summary Funding and Expenditure, noting the relevant Key Risks and Mitigations. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; the Cost Reduction/Improvement activity position; the value and efficiency Dashboard position as of August 2024; Supplementary Staffing; Subjective Analysis; and Capital Spend. The circulated report proposed the Committee take **Limited** Assurance, for the reason stated.

There was discussion of the following:

- Argyll and Bute. Members sought reassurance about Argyll and Bute's financial position, noting an overspend, with the Chief Executive explaining it combined NHS and social care forecasts
- Pay related costs. Members acknowledged there had been no allocations for pay-related costs yet and emphasised the need to recognise these costs and plan for anticipated allocations. Pay enhancements and backdated payments were expected in October and November 2024, but costs for band five to six remained under national discussion.
- Value & Efficiency. Members requested a more substantial increase in value and efficiency delivery and recommended providing a detailed month six financial report to clarify current and projected spending, along with key variables. The Deputy Director of Finance recognised the risk in achieving the identified value and efficiency. She advised of detailed updates on this at month six, anticipating it would cover most slippage through balance sheet transactions.
- Value & Efficiency data presentation. Members asked the Deputy Director of Finance to review how the data would be presented at the Board meeting.
- Learning Disability budget. Members had raised concerns about the Learning Disability budget overspend, noting it was impacted by recent package agreements and was being addressed by the Highland Health and Social Care Committee.

After discussion, the Committee:

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

3 Planned Care Trajectories and ADP Targets

S Clark gave a presentation by way of an update on Planned Care trajectories. The outpatient waiting list size from April 2023 had been added to the data and showed planned figures that had been agreed with Scottish Government in relation to reprofiled data to show actual figures. It was explained that the increase was largely due to an increase in referrals in certain specialties. It was noted that commissioned activity from other boards through the NTC for Orthopaedics and ophthalmology would be added to NHSH's waiting list data as 'zero day's wait' to align with national patient management tracking data.

The following was discussed:

- Regarding the growing number of outpatient referrals, it was noted that the profile of referrals was an area that needed to be targeted for analysis especially in terms of GP referrals over the past two years. However, it was anticipated that active clinical referral triage would help to address the issue and place patients on more appropriate pathways. The Chief Officer for Acute Services commented that pre-Covid had seen a higher degree of financial support to address waiting lists and that the current SG emphasis was on improvements through efficiencies however there was not a corresponding increase in capacity and that the changing demands of an ageing population had contributed to this.
- It was noted that there was an activity plan agreed with SG that was being delivered on. A detailed paper was offered to explain the plan to address the outpatient waiting list.
- The Chief Executive noted that SG was looking to increase patient mobility across Scotland and that this could pose a challenge for recording which health board's patients were on whose lists. However, it was noted that NHSH patients referred to Golden Jubilee Hospital were included in the NHSH reporting and not GJH reporting.

After discussion, the Committee:

- **Noted** the refreshed planned care trajectories and update on performance levels.

4 Highland U&USC Plan and Scottish Government Winter Planning Guidance

NHS Highland had instigated a 90-day Urgent & Unscheduled Care recovery plan to align with performance improvement trajectories for Delayed Hospital Discharges and aligned to longer-term Unscheduled Care programme activity. Scottish Government had released their winter planning guidance and preparedness checklist to support board planning activity. The paper was presented to provide assurance to FRPC that there were plans in development which would be submitted later in the month to SG, to implement the SG winter planning guidance and to undertake an analysis aligned to the SG checklist. The paper also provided an update on current performance trajectories on the 90-day recovery plan. The Finance Performance and Resources Committee was invited to take Moderate Assurance from the performance trajectories as part of the Urgent & Unscheduled Care 90-day improvement plan.

The following was discussed:

- The situation regarding the Moss Park care home was raised and it was noted that a detailed Board briefing was due to be circulated later the same day. A new mitigation plan was in development to respond to capacity issues. It was felt that SG-set targets as outlined in appendix 4 of the report, would not be significantly impacted by the Moss Park issue and that more details would be provided in relation to the Board Risk Register.
- It was noted that SG had requested that a winter checklist be submitted at the end of the month to evidence due diligence of issues during the coming quarter. This would replace the Winter Plan because it was felt that the pressures across the system were no longer specific to the winter period.

After discussion, the Committee:

- **Noted** the Scottish Government Winter Planning guidance and checklist.
- **Accepted Moderate Assurance** from the report.

5 Environment and Sustainability Strategy Update

The report provided an update to the committee on how NHS Highland was proposing to move towards Scottish Government Net Carbon Zero targets. NHS Highland had set up an

Environment & Sustainability Board which will look to work with internal and external partners to reduce Carbon emissions and to work more efficiently and sustainably. The report recommended Moderate Assurance to the committee and was presented for awareness of progress towards the development of NHS Highland's Environmental & Sustainability Strategy and associated projects.

R MacDonald commented that the team had started reporting on national KPIs and performance indicators from national groups. Data was provided on carbon emissions, power and utility usage from the national environmental and sustainability measuring tool. More detailed figures would be provided with the annual report.

Carbon emissions had seen a slight reduction this financial year, and it was noted that the greatest impact from carbon direction resources would be for Raigmore Hospital. There were ongoing projects across several sites with the aim of achieving a more accurate measurement of consumption. Utility billing had increased due to the rise of the OFGEM price cap. A reduction on some sites had been seen due to initiatives such as a change from heavy to light oil.

An environmental management system was in development to provide better reporting data on finance in terms of building fabric and geographical and environmental impact on the building. Some partnership work was underway with UHI. The staffing for the Environmental and Sustainability team was now filled with a Waste Manager in post, and the next reporting period would include more waste data. The EV infrastructure project was ongoing, and the 'Pure Water Laundry' project was now up and running.

In discussion,

- It was noted that a module was now available to staff for environmental awareness and a request had been made for local champions to consider local initiatives.
- Initiatives to invest in photovoltaic cells or small wind power turbines on Raigmore's site to generate electricity were discussed and it was noted that funding opportunities were currently limited. It was commented that NHS Grampian had been developing a business case for a public private partnership opportunity to consider the use of photovoltaic cells, and related discussion at NHSH was in progress with an energy supplier to explore potential options for different NHSH sites such as the installation of a hydrogen plant. Highland Council had also been considering investment options for adult social care buildings.

After discussion, the Committee:

- **Noted** the progress outlined in the report.
- **Agreed** to take **moderate assurance.**

6 Capital Asset Management Update

The Director of Estates, Facilities and Capital Planning spoke to the circulated report and provided a brief presentation, advising management groups continued to meet monthly. It was noted that NHS Highland's Formula Capital Allocation for 2024/25 was £6.947m. As at month five, seventy-five percent of the departmental capital budget had been released to enable procurement to commence. Progress against spend has been monitored monthly through monthly monitoring reports, monthly one to one meeting with budget holders and through Capital Asset Management Group (CAMG). At the end of month six, it was expected that the remaining quarter of the departmental budget would be released if adequate assurance has been provided. As at month five, the year to date spend is £1.430m with most of the

expenditure within Estates. The circulated report proposed the Committee take Moderate Assurance.

In discussion,

- Steriliser Issue. Members noted other Boards had experiences issues with steriliser decontamination units. It was noted the NHS Highland had decided to purchase a new steriliser through the contingency fund.
- HSE Finding on Oban Hospital. It was highlighted that the HSE finding would be revenue funded and focuses on management and safety rather than major changes to the wards.
- Investment in facilities. Members highlight the need for strategic investment in both old and new healthcare facilities, ensuring efficient use of resources and spaces. While new buildings are well-received, there is room for better utilisation to maximise their potential.

7 Any Other Competent Business

The Strategy and Transformation Performance Manager gave a presentation on NHS Highland Completed Waits. It was highlighted that the Power BI model had been initially produced before COVID and had been resumed due to specific requests from GPs. The model included slicers at the top to select the year and patient priority, with data populated from April 2024. Users could choose between different priorities such as routine, urgent, and urgent suspected cancers. This detailed information could help GPs adjust treatment pathways based on waiting times. It could be used by GPs to refer patients and provide alternative treatment pathways until they received treatment from NHS Highland. The information was planned to be available on the NHS Highland Intranet page within the next month and was part of a broader communications plan.

In discussion,

- Members asked for completed waits to be included in the IPQR. It was noted that further discussion would be required to determine the level of detail required to provide assurance. The Chief Executive advised it was necessary for one element of the IPQR to be removed for every new one added, to prevent the list from growing excessively.
- Concern was expressed concerns regarding limitations of the NHS Inform website for people in Argyll, especially given the reliance on locum doctors who may struggle with accessing sophisticated information. The Chief Executive emphasised the importance of ensuring alternative services were available if GPs do not refer patients due to delays, to maintain quality of care.

After discussion, the Committee:

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

8 Remaining Meeting Schedule for 2024

1 November
13 December

The Committee Noted the remaining meeting schedule for 2024.

9 DATE OF NEXT MEETING

Friday 1 November 2024 at 9.30 am.

The meeting closed at 11.15am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**01 November 2024 at 9.30 am**

Present

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

In Attendance

Gordon MacLeay, Clinical Advisor (Estates)
Bryan McKellar, Whole System Transformation Manager
Brian Mitchell, Committee Administrator
Tina Monaghan, Service Manager (Acute)
Becky Myles, Head of Procurement
Pamela Stott, Chief Officer Community (Highland HSCP)
Katherine Sutton, Chief Officer Acute
Elaine Ward, Deputy Director of Finance

1 STANDING ITEMS

1.1 Welcome and Apologies

An Apology was received from Committee member Sarah Compton-Bishop.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous meeting held on Friday, 11 October 2024, Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 11 October 2024 was **Approved.** The Committee further **Noted** the Committee Work Plan 2024/25 and revised Rolling Action Plan.

2 NHS Highland Financial Position 2024/25 Report (Month 6) and Value and Efficiency Assurance Update

The Deputy Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 6, advising the Year-to-Date (YTD) Revenue over spend amounted to £42.418m, with the forecast overspend set to increase to £51.98m as at 31 March 2025 assuming those cost reductions/improvements identified through value and efficiency workstreams would be achieved and further action would be taken to deliver a break even position for Adult Social Care. The deterioration in forecast from the previous month was due to a reduced allocation notification for MDT funding. The brokerage limit set by Scottish Government was £28m. The circulated report further outlined planned versus actual financial performance to date as well as the underlying data relating to Summary Funding and Expenditure, noting the relevant Key Risks and Mitigations. It was noted £4.509m of funding had been received in Month 6 and there had been no funding received in relation to the 2024/2025 pay award to date but was anticipated. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; the Cost Reduction/Improvement activity position; the position relating to Value and Efficiency activity, including mitigating slippage and associated Dashboard position as of September 2024; Supplementary Staffing; Subjective Analysis; and Capital Spend. The report also provided an indication of the timetable relating to the submission of the NHS Highland Financial Plan for 2025/26-2027/28. The circulated report proposed the Committee take **Limited** Assurance.

There was discussion of the following:

- MDT Funding position. Noted positive ongoing discussion with Scottish Government following notification of a reduced allocation.
- Impact of UK Budget. Communication was received confirming that it is not anticipated to result in additional funding to NHS Boards.
- Value and Efficiency Activity and Impact. Questioned position relating to Adult Social Care delivery position and if incorporated Delayed Discharge resource. Advised as to operational cost pressures, confirmed that the ASC saving included additional in year quantum increase and agreed to prepare a separate detailed reconciliation for members on this aspect.
- Highland HSCP Position. Questioned if key pressure areas were related to prescribing and supplementary staffing elements. Advised similar cost pressures across the system.
- Acute Junior Doctor Rota/Unfunded Services. Questioned if new pressures involved. Advised these were existing pressures.
- Holding Budget Holders to Account. Questioned if monthly meetings still being held. Advised budget holder meetings were continuing alongside a range of associated activity. Challenging area with budget holders questioned where expenditure deviated from planned trajectories. Regular meetings on savings activity. A balance to be struck.
- Savings Pressures. Questioned if Services pushing back on savings targets. Advised savings methodology subject to regular change in light of associated learning. Planning for in year delivery can be a challenge. Some activity can generate savings but not necessarily release financial resource. Difficult to articulate the overall position in this area.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** to develop and circulate a detailed slide deck relating to Adult Social Care position.
- **Agreed** to take **Limited** assurance.

3 Financial Escalation Self-assessment

The Director of Finance spoke to the circulated report incorporating the NHS Highland self-assessment required as part of the existing escalation framework for finance. There was an expectation that all NHS Boards in either Level 2 or 3 of the escalation framework completed the relevant self-assessment of the framework and submit this alongside the Quarter2 financial return to Scottish Government. The circulated assessment highlighted the NHS Board would be in Level 2 based purely on the financial data, however this would move to Level 3 by the end of the financial year based on current forecast. NHS Highland submitted the return supporting the Level 3 assessment based on the longevity of the financial position and the lack of plan to move to financial balance.

After discussion, the Committee:

- **Agreed** the current self-assessment document and concurred with the current Scottish Government assessment of level three escalation for finance.
- **Noted** an update on the 15 Box Grid submission would be provided to the next meeting.

4 Meridian Progress Update – NHS Highland Community Services

The Deputy Chief Executive gave a brief presentation to members providing a project status and overview update regarding NHS Highland Community Services activity being undertaken by Meridian Productivity, following an initial scoping session in May 2024. He advised as to the Program purpose, scope, methodology and relevant key measures. Following the initial 20-week program, NHS Highland would then manage and administer relevant activity in-house. He provided an outline of the current Program status by area team, and individual Service based on standards set by the Service Professional Leads themselves. He then took members through some of data aspects generated to date and outlined some of the considerations involved in seeking increased productivity in relation to releasing time to care, as well as efficiency and equity. It was emphasised there would be a large element of change management activity to be taken forward overall. On the point raised it was confirmed Staffside had been engaged but this engagement would need to continue.

The following was discussed:

- Driver for Potential Gain. Advised initial activity had identified opportunities relating to work and activity allocation aspects. Had also highlighted series of aspects relating to variation across teams. Meridian activity was over and above existing day to day activity.
- Management of Staff Expectations. Emphasised need to highlight potential benefits of this activity whilst maintaining a fair and equitable approach across all service areas. Staff concerns and feedback needs careful consideration by relevant leaders, with management of communications being a key element.

After discussion, the Committee:

- **Noted** the presentation content.
- **Noted** an update on Program outcomes would be brought to a future meeting.

5 Capital Asset Management Updates

The Director of Estates, Facilities and Capital Planning spoke to the circulated report advising as at Month 6, most of the departmental capital budget had been released to enable spend on approved projects to continue as planned. He highlighted a number of specific elements and advised progress against spend had been monitored on a monthly basis through monthly monitoring reports, monthly one to one meetings with budget holders and through Capital

Asset Management Group (CAMG). Spend would continue to be closely monitored in the second half of the financial year to ensure expenditure followed the anticipated trajectory. As at month six, the year to date spend was £1.720m, with most of the expenditure within Estates. Full details of expenditure were detailed within the circulated Month Six Capital Monitoring Report. The circulated report proposed the Committee take **Moderate** Assurance.

The following matters were discussed:

- EV Chargers. Advised these were available for use by NHS Highland vehicles but not the general public at that time. Over time these may become available for public use. The Papillion charger being piloted at Raigmore was accessible to staff and patients.
- Switchover to Electric Vehicle Fleet. Advised this was being undertaken as and when required on a case-by-case basis and on a phased basis. Aspects relating to fleet consolidation, telemetric data use and utilisation of pool vehicles were all in the mix.
- UK Budget Impact on Capital Resource. Advised initial indications were there would be no additional allocations received in 2024/25 or 2025/26.
- Raigmore Fire Compartmentalisation. Advised activity had been prioritised according to organisational risk, with strong progress being made.
- RAAC Risk. Advised Raigmore element had been assessed as very low risk. Issues relating to New Craigs sat with the PFI provider and were the subject of discussion as part of the facility handover process.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **moderate** assurance.

6 Strategy and Integrated Performance Report (Incl. Deep Dive)

The Whole System Transformation Manager advised that the performance IPQR report included the latest data and ADP deliverables, linking them to the delivery plan and performance metrics. It was highlighted that performance for the 18-week treatment target had slightly improved, but waiting lists were expected to grow. Emergency department performance was good compared to other boards, though the four-hour target was still unmet, with ongoing improvement actions. Cancer treatment times showed mixed results, with 31-day targets improving but 62-day targets decreasing, which highlighted pathway challenges.

In discussion,

- Data measurement. Challenges with data measurement were highlighted, the inclusion of external referrals in board-wide data, and the unexpected addition of patients from other areas to the NHS Highland waiting list.
- Total number of patients. Members highlighted the importance of showing the total number of patients being treated, as increased patient numbers can explain longer waiting times. It was also noted that comparing current performance to the previous year can provide a more accurate assessment of progress, even if targets are not always met.
- Delayed Discharges. Consistency was required when measuring achievement, either against the revised targets set by the Scottish Government or the total performance.

After discussion, the Committee:

- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care.
- **Considered** the level of performance across the system.
- **Agreed** to take **Limited** assurance.

7 Risk Register – Level 1 Risks

The report provided to committee members with an overview extract from the NHS Highland Board risk register that were relevant to the FRP Committee. The paper was provided to give an awareness of risks that are being considered for closure and/or additional risks that needed to be added.

The Director of Finance highlighted the financial risk of not meeting the brokerage cap was nearing certainty unless additional funding was secured, despite a detailed review and stabilised position. Additionally, the new Craig's PFI project progressed towards the handover deadline, with an update to be presented at the next committee meeting after discussion with the Executive Directors Group.

The Director of Estates, Facilities, and Capital planning highlighted the backlog maintenance risk would remain on the risk register. Efforts has been made to manage it through privatisation and engagement with the Scottish Government as part of whole system planning. The business continuity investment plan would address these risks and funding needs, with ongoing work to mitigate specific risks and secure additional funding.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **substantial** assurance.

8 Winter Preparedness Checklist

The Chief Officer Community (Highland HSCP) advised the winter preparedness checklist from the Scottish Government had been integrated into the urgent and unscheduled care programme. It was highlighted that focus had been on infection control and prevention, including staff vaccinations and workforce availability. This was to be addressed in the next iteration of our 90-day plan, with regular updates provided to the Executive Directors Group.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **moderate** assurance.

9 Procurement Annual Report

The Head of Procurement explained that an annual Procurement report is required as part of the Procurement Reform Scotland Act. Committee members were asked to take substantial assurance due improvements in data capture and compliance. Devolved procurement activities were consolidated in into a single contract database. A significant improvement was noted in the compliance with publishing contract award information on the Scottish Government website.

Members highlighted the significant economic and social impact of NHS spending and the need for the board to improve its procurement practices to enhance these impacts. The Head of Procurement noted the close work with the anchor strategic plan and the upcoming procurement strategy, which includes measures to improve economic performance and community benefits.

After discussion, the Committee:

- **Noted** the content of the report provides confidence of compliance with legislation, policy and Board Objectives.
- **Agreed** to take **substantial** assurance.

10 Digital Health and Care Strategy Update

The Committee agreed to defer this item to the December 2024 meeting.

11 Annual Delivery Plan Quarterly Update

The Whole System Transformation Manager noted the paper provided a quarter two status update of ADP deliverables, including all due by 30th September, with a RAG status assigned to each. This report was required for submission to the Scottish Government, which was expected to provide feedback. The paper described deliverables at risk but noted progress into quarter three. The update aimed to inform the committee about the report submitted to the government for Q2.

In discussion, the deliverables for the ADP are scheduled to be completed by the end of the year, with some already set for earlier quarters. Despite concerns about delays, most commitments are on track to be fulfilled within the planned timeframe.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **moderate** assurance.

12 Any Other Competent Business

12.1 NTC Post Occupancy Evaluation Report

The Director of Estates, Facilities and Capital Planning introduced the circulated Post Occupancy Evaluation Report for the National Treatment Centre (NTC). While this was scheduled to be brought to the December meeting, it had been brought forward on account of Scottish Government bringing forward the deadline for its submission.

G MacLeay advised that the NTC was designed to provide elective orthopaedic and ophthalmology services with 24 inpatient beds and five theatres, serving NHS Highland, NHS Grampian, and NHS Tayside. The post occupancy evaluation, guided by the Scottish Capital Investment Manual (SCIM), aimed to assess the project's delivery in terms of patient care and infrastructure, with evaluations planned for 2026 and 2028. Key lessons included the importance of design review, clinical training post-completion, E-health resourcing, ongoing project objective reviews, data collection improvements, and continuous stakeholder engagement. The project, planned since 2016 and constructed from June 2020 to March 2023, had a construction cost of £35.8 million, excluding equipment.

T Monaghan highlighted the success of the NTC was evident from both data and numerous patient messages. The transition of ophthalmology services from Raigmore to the NTC had been challenging due to equipment training and service delivery issues. The outpatient target of 7,000 was surpassed with 7,360 new appointments, and a total of 16,968 outpatients had been seen. The NTC now had 2.6 operating theatres, with 1.5 hours daily for emergency operations. Ophthalmology exceeded its first-year target of 1,975 procedures by delivering 2,287. Orthopaedics met its targets, with Highland delivering 868 hip and knee procedures against a target of 1,131, Grampian 365 against 457, and Tayside 71 procedures. The NTC reported successes and challenges to the Scottish Government and planned to demonstrate

success through data in future evaluations. The iMatter survey showed a 100% team return rate, emphasising team growth and development.

It was noted that there were some excellent key messages and learning that could be taken from this report and that more time was required to explore them fully. Therefore, the committee decided not to approve the report at this time and, instead, to receive the paper at the December meeting to allow more time for consideration. There was acknowledgement that the report would be sent to Scottish Government without approval, and this would be noted on its submission.

12.2 Travel Expenses

It was noted that there had been a point raised at ACF the previous day around travel expenses not being updated for several years and there being a lack of consistency across all staff levels. This was being looked at elsewhere and was not yet appropriate for Governance Committee discussion.

After discussion, the Committee:

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

13 Remaining Meeting Schedule for 2024

13 December

The Committee Noted the remaining meeting schedule for 2024.

14 DATE OF NEXT MEETING

There was a request to change the date and time of the next meeting of this committee to accommodate the JMC meeting on Friday 13th December. An alternative date would be arranged offline and committee members notified in due course.

The meeting closed at 11.50 am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	**05 November 2024 at 10.00 am**

Present:

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

In Attendance:

Gareth Adkins, Director of People and Culture
Tim Allison, Director of Public Health
Evan Beswick (12 noon onwards)
Gaye Boyd, Deputy Director of People
Sarah Compton Bishop, Board Chair
Heledd Cooper, Director of Finance
Ruth Daly, Board Secretary
Ruth Fry, Head of Comms and Engagement
Mike Hayward, Deputy Chief Officer, Acute
Arlene Johnstone, Head of Service (Health and Social Care)
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Lianne Swann, Records Management Assistant (minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Elspeth Caithness and Fiona Davies.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 03 September 2024

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

2.2 ACTION PLAN

The Committee

- **Noted** the latest version of the committee Action Plan and
- **Agreed** to the proposed closure of noted actions**.**

2.3 COMMITTEE WORKPLAN 2024-2025

The Committee **Noted** the Workplan as circulated.

3 MATTERS ARISING

3.1 Recruitment – Vacancy Time to Fill

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People drew attention to a request for a fuller report on the time taken to fill vacancies at the July meeting. On 31 May 2024 the data confirmed the average time to fill vacancies for NHS Highland was over 130 days which was above the NHS Scotland KPI of 116 days. Since this time, further work had been carried out and the time to fill vacancies was now sitting at 118 days average. The many factors affecting meeting the KPI target were highlighted including the number of applications, staff sickness and annual leave, time taken to receive occupational health and other clearances, as well as the interview process itself. Several initiatives were currently underway to address the delays such as reviewing the period for references and a review of the structure within People Services.

The Director of People and Culture shared data analysis on information taken from the JobTrain system. The data showed the spread in variation in time taken to fill vacancies over the last year with the median time to fill being under 100 days, well within the KPI. Data could be generated to give better analysis of the outlier job groups where most delays were experienced. This would assist in targeting future focus and suggested that a review of the recruitment model may not be necessary. It would also help identify when a discretionary approach might be helpful in accepting only one reference rather than two.

During discussion Committee members welcomed the report and the more detailed analysis, and raised the following issues:

- Bert Donald thanked the team for the work they were doing and recognised that this would be an ongoing piece of work to make sustained improvements.
- Philip Macrae asked if there was an opportunity to use pools of successful candidates for anticipated vacancies, particularly for roles with higher volume turnover. The Director of People and Culture confirmed that there was talent pooling available in Job Train, although there were some challenges of using this feature effectively. This was a feature that had not been used to date but was being considered for adult social care and care home staff.
- Steve Walsh asked if there was any seasonality to the numbers of recruitment exercises and whether there were any roles which took excessive time to fill. He also welcomed the approach to the waiver of two references and asked how frequently this was used. It was confirmed that any seasonally affected issue was likely more a reflection of system pressures on recruiting managers. There was a tendency to experience challenges with securing two references for some entry level job roles although there could be numerous impacts on this.
- Sarah Compton Bishop queried how the organisation was keeping engaged with applicants, and how we mitigate associated risks. It was advised that a proactive approach will minimise delays and enable us to address many of the elements that are causing delays to the overall process.

In addition to these questions, the following supplementary comments were made:

- David Park sought clarification on the number of files raised in the system and asked if it would be possible to understand how long each stage of the process took. Further discussion would take place outwith the meeting to offer clarification of the files raised. It was confirmed that the Jobtrain system does not automatically record time stamps on completion of each element of the process so it is prone to human error and results in difficulties generating reliable data on stages in the process.
- Mike Hayward welcomed the recent exercise to garner service user feedback and sought an opportunity for operational teams to understand how their engagement with the system might be impacting on the flow of the process.

Following discussion, the Chair welcomed the report as a good example of quality improvement work, and a good example of seeing data in a different way to identify improvement actions. She asked for the Committee's thanks to be conveyed to the teams involved. While acknowledging moderate assurance was relevant at this stage, assuming improvements could be sustained, substantial assurance would be appropriate in future.

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

4. Spotlight Session – Public Health

Presentation by Tim Allison, Director of Public Health

The Director of Public Health delivered a presentation clarifying at the outset that Public Health staff in Argyll and Bute were managed within the health and social care partnership rather than through the Public Health team. They were, however, professionally accountable through the Director of Public Health. His directorate had a headcount of 123 persons which included Argyll and Bute staff but not vaccination staff. He went on to outline the following staffing profile areas: job grades, age and sex profiles, working hours, low absence statistics, statman training and appraisal compliance rates, together with an organagram of the directorate structure.

Absence figures were low with 1.58% sickness being recorded over the last six months which compared favourably against the organisation's average of 4.5%. Regular monthly meetings of the whole directorate were held to which approximately 70-80 persons attended. Statman training compliance was relatively high with violence and aggression training being an outlier. Colleague appraisals were also high, particularly in Argyll and Bute with a 93% completion rate.

During discussion the following queries were raised:

- Dawn Macdonald welcomed the low sickness absence levels and the priority given to implementing the parental and special leave policies. Responding to a specific question, the Director of Public Health clarified that sickness absence figures shown in his presentation did not include annual leave.
- Bert Donald welcomed the details shared with the committee, particularly the high rate of appraisal completions and the positive culture demonstrated by the monthly directorate meetings. He asked for the Director's view on the value of the monthly meetings and what awareness raising had been undertaken for the speak up service and whistleblowing. The Director advised that monthly meetings were important to generate a sense of inclusion and acknowledged they could only go part way to creating this. Good culture was created through a mixture of factors. Since the pandemic many staff were working both from home and in the office and it was important to ensure they could maintain connections and that opportunities to maintain face to face interaction continued to be prioritised. Argyll and Bute staff held face to face meetings frequently to counter the fact they are working across a dispersed geography. Presentations had been received from the guardian service at monthly meetings, and mental health champions had been identified.
- Steve Walsh sought further information about factors that had contributed to the very favourable staffing data. In response, the Director reiterated that success was based on a mixture of factors. Careers in Public Health attract applicants with a positive and healthy outlook and encouraged a developmental and educational culture for all levels of staff. Professional backgrounds encourage professional development and the appraisal culture. Strong managerial abilities were important, and this would remain an area of focus for the future.

Ann Clark asked a general question whether special leave included suspensions. The Director of Public Health confirmed that the special leave data referred to matters such as supporting relatives and compassionate leave. He was not aware of any special leave in his directorate relating to suspensions. Responding to the wider question, the Director of People and Culture confirmed that suspensions would not be classed as special leave. Management of suspensions remained robust with executive level oversight forming an integral part and a small number of suspensions considered in the last year.

Thereafter, the Committee thanked Tim Allison and **Noted** the presentation.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 Integrated Performance and Quality Report (IPQR) and Staff Governance Metrics

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture provided a brief overview of the circulated report highlighting data on time taken to fill vacancies, staff turnover, recording of the reasons for absence and how the recently produced internal audit report would identify improvement actions, sickness absence, the Health and Wellbeing strategy, and an improvement plan for appraisals and advice to staff using the Turas system.

During discussion the following queries were asked:

- Bert Donald highlighted the longstanding requirement for improvements in appraisal completion and statman training rates. He enquired why progress had not been demonstrated despite effort being directed to this area. The Director of People and Culture commented that the appraisals improvement plan had been launched recently and the aim was to get first tier management completed. It would be necessary to give the improvement work time to take effect and review in six months' time. Regarding statman training, there was a plan next year to focus effort on improving compliance on individual topics. Protected learning time was a non-pay element of the pay deal from last year and it was acknowledged that system pressures impacted completion rates.
- Bert Donald also sought clarification on the comment in the report that People Services teams worked closely with managers on sickness absence.
- Dawn MacDonald highlighted that Unison had been made aware that, while secondments were expected to be for short time periods, there were instances of secondments lasting several years. It was clear that managers were not applying the policy correctly and this could be a contributing factor in higher sickness absences. Allied to this was the protracted time taken for investigations to be completed which further increased sickness absences due to stress at work. The Director of People and Culture referenced previous discussions on secondments and that data on this was not included in the IPQR. He offered to discuss this out of the meeting with staffside. In terms of investigations caseloads, regular monthly meetings were held to deal with ongoing cases. It was a priority to conclude the outstanding protracted cases, and it was noted that progress can be delayed when staff go off sick.
- Ann Clark highlighted that the adult social care job family was an outlier on some of the metrics within the Community Directorate disaggregated data. Arlene Johnstone commented that work pressures were likely the reason for this. Ann Clark asked for an update on this from the Chief Officer to be included in the metrics report to the next meeting of the Committee for assurances on actions being taken.
- Ann Clark welcomed the 20% improvement in PDP completion at Caithness General Hospital and enquired how this had been achieved. Mike Hayward welcomed the progress that had been achieved recently and confirmed that a new approach had been introduced by newly recruited managers, including visual reminders for teams on wards and robust leadership. It was intended that this should now become the standard approach.

The Committee **Noted** the content of the report, took moderate **assurance** from it and **Agreed** that further assurance be brought to the next meeting on the Adult Social Care metrics**.**

5.2 Whistleblowing Q2 Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture advised that over the period 1 July-30 September 2024 there were no new whistleblowing cases raised. One case remained open and under investigation and one concern remained under discussion with the individual to agree the best

way forward. Three cases were closed during the reporting period. Brief summaries of the cases were included in the report and discussions had been held at the Area Partnership Forum on the governance arrangements. Sharing learning had been discussed also at the Partnership Forum and the Annual Whistleblowing Report included the learning outcomes.

Prior to discussion, the Director of People and Culture confirmed that once a case was closed draft reports were shared with complainants to reach agreement on the outcomes. This report would outline the next steps and recourse to Independent National Whistleblower's Office (INWO) where appropriate. It was important to ensure details that could identify individuals were excluded from the report for confidentiality purposes. He also confirmed that escalated cases involving clinical issues would be considered by a short life working group and learning and outcomes fed into the local clinical governance systems to provide assurance that matters were being progressed.

During discussion the following areas were discussed:

- Dawn MacDonald asked why cases were considered 'closed' even if they continued to be investigated by INWO. The Director of People and Culture confirmed that cases re-opened by INWO for their own reviews were not considered NHS Highland cases. Further details of this were included in the annual report.
- Dawn MacDonald also queried how clinical and care learning could be communicated arising from cases that were upheld. Evidence of such learning and monitoring would provide confidence to individuals who took the decision to whistleblow. Some whistleblowing cases arose due to issues being input to the Datix system where no action had taken place. This was a matter of the effectiveness of standard clinical governance processes. David Park commented that the principle of confidentiality was important to allow people to raise concerns. He queried if, with the permission of the whistleblower, information could be released from upheld cases where risks were identified. The Director of People and Culture acknowledged the difficult balance to be struck in terms of confidentiality and what can be fed back to people. NHS Highland shared as much information as possible in accordance with processes. It would be for INWO to determine whether processes had been followed in this regard. He also advised that the standards were silent on the protection of witnesses. While complainants might be agreeable to the release of some information, others involved in the process still required to be protected.
- Bert Donald welcomed the debate and constructive comments made. He reiterated the challenges between striking the right balance between confidentiality and learning. This was being discussed at a national level and he recognised that in some cases whistleblowing was a last option when other routes had failed. It was important to keep in focus the purpose of the Whistleblowing standards and that patient care and safety were central to this.
- Philip Macrae asked whether the ongoing investigation referred to in the paper preceded the last quarter, if so it was unclear when it started. The Director of People and Culture confirmed that this case was from an earlier quarter in the year and he shared concerns that it should move to conclusion.

The Chair welcomed the discussion and revisions made to the report in response of comments from a previous meeting, which had increased transparency. She suggested that the Committee should now await future quarterly reports to monitor and identify the effectiveness of these developments. The Clinical Governance Committee was the appropriate governance route to address concerns about the effectiveness of other routes for staff to raise concerns about patient safety such as datix. When considering the reasons why the whistleblowing policy was used, it was important to bear in mind the fact that there was a small number of whistleblowing cases.

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

5.3 People and Culture Portfolio Board Update
Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the circulated report which provided an update on the work of the Portfolio Board and relevant governance structure. A review was being undertaken of the membership of the Board and its relevant feed-in groups to avoid duplication. The assurance report showed good progress had been made across all groups apart from the Workforce Transformation and Planning group, which was currently on hold to allow consideration of its optimum set-up, and the Corporate Learning and Development group was currently being established.

The Chair asked members to consider whether the portfolio was sufficiently well represented in this Committee's Workplan.

The Committee:

- **Noted** the content of the report and took **Moderate assurance.**
- **Agreed** to consider the portfolio's representation within the Committee Workplan and provide feedback at the next meeting.

5.4 Health and Wellbeing Strategy
Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People advised that the circulated Strategy was hoped to be launched in January after a slight delay with Medical Illustration.

In discussion:

- In response to the query around how the strategy would be evaluated, it was noted that the action plan was currently being refined and the evaluation proposal would follow in due course. The Director of People and Culture further advised that the use of the Logic model of evaluation to assess the effectiveness of the organisational inputs seemed most sensible owing to the difficulties of evaluating the multifactorial outputs of Health and Wellbeing as a whole.
- It was noted that a Mental Health and Wellbeing subgroup had also been established, with a refreshed approach to psychological support for staff.
- The importance of highlighting, at launch, the incorporation of feedback into the strategy was noted along with a suggestion to introduce the strategy which acknowledged system pressures.
- Whilst the strategy had been finalised, there was a suggestion made around the inclusion of the working environment when considering pressures. However, it was also noted that the steering group had established the need for this strategy to have a positive focus in order to foster hope within the workforce.

The Committee **Noted** the content of the report and took **Substantial assurance.**

5.5 iMatter High Level Results and Plans
Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the circulated paper and highlighted that the results had largely stabilised over the years, with a clear differentiation in response rates and engagement indices between national and territorial boards. The importance of the weighted values was highlighted as crucial for understanding performance and it was noted that the organisation was focused on the lower scoring areas, categorised as 'Monitor to Further Improve'. Efforts to gather further insights from staff were ongoing. It was also clarified that the results for the additional questions around being able to raise concerns (bottom of page 83/ top of page 84) was incorrect as the analysis did not consider changes to the survey answer options.

In discussion:

- There was concern around the lack of information that could be gleaned from the survey owing to the stabilisation of results over the years. This was being looked at nationally and the importance of gathering qualitative data to fully understand the situation locally, which was being done through staff engagement, was also highlighted. The need to monitor whether teams were following up survey results with action plans was also stressed.
- In response to the query around how to improve Board visibility, it was suggested that there was no clear answer but that questions should continue to be asked of staff to establish what would make a difference. It was further noted that visibility was not limited to physical visits and could incorporate several communication routes. There were further reflections that visibility of Board members was potentially less important to staff than visibility of management at a local level. It was hoped that the qualitative data being gathered through staff engagement would provide insight.
- A review of the Engagement Results would be brought to a future meeting.

The Committee:
- **Noted** the content of the report and took **Moderate assurance.**
- **Agreed** to receive a review of the Engagement Results at a future meeting.

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

The Director of People and Culture spoke to the circulated review paper, noting the Protected Learning Time group had been established in relation to Risk 632, and level two risks would be updated by the next committee meeting.

In discussion a point was raised around whether the 'very high' risk rating was still appropriate for items which have been on the list for some time, such as Risk 1056, which related to Statman Training. While this was outside the remit of this committee, it was acknowledged as something to be considered offline, with internal audit suggested as a possible solution.

The Committee **Noted** the report and took **moderate** assurance from:
- the review and refresh of the people and culture strategic risks
- plan to review level 2 people and culture risk management

5.7 Staff Governance Monitoring Scottish Government Letter Update
Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture provided a verbal update, advising that the Employee Director was currently on leave. Agreement was yet to be reached with Staff-side on approval of the return report to Scottish Government, with several issues requiring further exploration, particularly around actions to be included. The Staff Governance Monitoring approach was under review and contributions had been sought through a short-life working group to refine this process. There was an emphasis on continuous improvement as opposed to uniformly high standards and assurance processes remained a priority to ensure good governance, challenging performance where necessary. Discussions around this would continue outside of the committee.

The Committee **Noted** the update.

5.8 Blueprint for Good Governance Improvement Plan Update
Report by Ruth Daly, Board Secretary

The Board had received its first full year progress report on the Blueprint improvement plan in July this year. Informal oversight was being given to the eight outstanding actions on the original plan. The report provided a progress update on the work being undertaken to the areas specifically relating to staff governance committee; namely work underway with the following:

- the Culture Oversight Group

- phase 2 of the leadership and development programme
- staff engagement work
- establishment of the People and Culture Portfolio Board.

The full suite of strategic programmes was now in place and ongoing work would be routinely reported through portfolio updates, ADP updates and performance reporting. The actions relating to this Committee's remit were therefore proposed to be deemed completed.

During discussion, the Director of People and Culture advised that the quality work referenced in the update related to work that would sit alongside development of a quality framework being undertaken by the Board Medical and Nurse Directors.

The Committee took **Significant** assurance on the progress achieved with the Blueprint for Good Governance Improvement Plan actions that related specifically to this Committee's remit and **Noted** that the outstanding items within the committee's remit were now to be recorded as complete.

6 ITEMS FOR INFORMATION AND NOTING

6.1 Area Partnership Forum update of meeting held on 16 August 2024 and 11 October 2024

The minutes were circulated, and the following was discussed:

- A concern was raised around the replacement of Datix as a reporting mechanism with In-Phase and the clinical and staff governance risks associated with this as no training has been offered around its use or implementation. In response, the Director of People and Culture acknowledged the lack of staff-side representation around the introduction of In-Phase and advised this had now been addressed and future projects would include staff-side representation at an early stage. Details around the implementation and training were being examined outside of this committee.
- It was noted that there had a been a number of issues around staff-side engagement within the APF minutes and the Director of People and Culture assured the committee that the specific issues were being addressed outside of this committee with staffside and discussions around improving engagement in future would commence on the Employee Director's return from leave.

The Committee **Noted** the minutes.

6.2 Health and Safety Committee Minutes of meeting held on 15 August 2024

The Director of People and Culture spoke to the circulated minute, highlighting the newly added section for update to this committee, item 9.2. The committee had looked at the provision of Management of Violence and Aggression training across the organisation; there was ongoing work with Health and Safety Executive (HSE) on the recent Improvement Notice around a patient fatality; work on assurance reporting was progressing; and progress made within Mental Health and Learning Disability on Statutory Mandatory Training and Health and Safety Management Plans was commended. Regarding the Improvement Notice, a national working group was being set up to engage with HSE on their approach to prevention of suicide within a general setting, acknowledging the potential challenges involved with the implementation of expected guidelines.

In discussion:

- In relation to the improvement notice, there was some discussion around Places of Safety as a means of looking after people, however it was clarified that this was about the experience of people on general wards who also had mental health issues, and it was noted that there were clinical experts involved in the working group.
- Clarification was sought in relation to the remit of the Corporate Health and Safety Group, and it was confirmed that this was around Corporate Services and discussions

would be had offline with the Director of Estates, Facilities and Capital Planning around the most effective way forward.

The Committee **Noted** the minutes.

7 Any other Competent Business

No business was discussed under this item.

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

- Successful improvement activity on Time to Fill.
- Whistleblowing Q2 Report discussion.
- Launch of Health and Wellbeing Strategy.

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 14th January at 10 am via Microsoft Teams.

9. Future Meeting Schedule

The Committee Noted the remaining meeting schedule for 2025 as follows:

4 March 2025
6 May 2025
1 July 2025
2 September 2025
4 November 2025

Meeting Ended at 12:50pm

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 06 November 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 (from 1.50pm)
Philip Macrae, Vice Chair and Non-Executive (until 2.30pm)
Tim Allison, Director of Public Health
Ann Clark, Non-Executive Director and NHSH Board Vice Chair (from 1.30pm)
Cllr Muriel Cockburn, Non-Executive (until 3.30pm)
Julie Gilmore, Assistant Nurse Director on behalf of Nurse Director
Joanne McCoy, Non-Executive (from 1.45pm)
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Diane van Ruitenbeek, Public/Patient Representative
Pamela Stott, Chief Officer
Neil Wright, Lead Doctor (GP)
Elaine Ward, Deputy Director of Finance
Mhairi Wylie, Third Sector Representative (until 2.40pm)

In Attendance:
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Ruth Daly, Board Secretary (item 3.7)
Fiona Duncan, Chief Social Work Officer (until 2.40pm)
Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS
Ian Kyle, Head of Integrated Children's Services (until 3.50pm)
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
Bryan McKellar, Whole System Transformation Manager
Stephen Chase, Committee Administrator

Apologies:
Cllr Ron Gunn, Cllr Christopher Birt, Cllr David Fraser.

Items were taken in the following order: 1, 3.7, 3.5, 3.1, 2.1, 3.2, 3.3, 3.4, 3.6, 4 and 5.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Vice Chair welcomed the attendees and noted that he would chair the meeting on behalf of G O'Brien who he advised would join the committee later from a meeting with the Cabinet Secretary. He advised the committee 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 4 September 2024 and Work Plan

The draft minute from the meeting of the Committee held on 4 September 2024 was approved by the Committee as an accurate record.

The following items from the Rolling Action Plan were approved for closure:

- Action 1: the Chair would liaise with the Chief Officer to ensure the satisfactory closure of the Care Governance item. The Chief Officer agreed to produce a closing report detailing progress to the January 2025 meeting;
- Action 3: The committee had appraised the Board of the risks around TEC.

The Committee
- **APPROVED** the Assurance Report, and
- **APPROVED** the closure of the items noted from the Action Plan, and
- **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

There were none.

3.7 BLUEPRINT FOR GOOD GOVERNANCE IMPROVEMENT PLAN UPDATE

The Board Secretary provided an overview of the report and noted that the Board had received its first full year progress report on the Blueprint improvement plan in July. There were now only a few remaining items on the plan to be attended to. Informal oversight was still being given to outstanding actions and the report provided an overview of progress on the work being undertaken on developing the Board's approach to quality of care. Feedback from a joint session between the Area Clinical Forum and the Board in April this year had helped shape the workstream. Work was underway to review how the organisation was working prior to introducing a quality framework through a measured and planned approach. Patient feedback and experience would be included in the framework dataset and the work would be benchmarked against the approaches other Boards have taken. It was noted that further work would be needed on both elements and it would take time to mature.

Moderate assurance was offered to provide confidence that the actions were all being actively pursued and to reflect that on-going activity would be required to fully meet the objectives. A further self-assessment against the Blueprint would take place at some future juncture.

In discussion,
It was suggested that patient experience feedback form a part of the reporting on good governance. The Chief Officer welcomed the suggestion and noted that it would help to inform development sessions and engagement work to implement the Joint Strategic Plan.

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

3.5 CHIEF SOCIAL WORK OFFICER REPORT

The Chief Social Work Officer (CSWO) introduced the report and covering paper and noted that it fulfilled a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work and social care services within the HHSCP. The report provided Members with information as to the range of activities that had been carried out during the past year to meet statutory duties and responsibilities and highlighted the opportunities and financial and service challenges ahead. It was commented that staffing had been one of the biggest challenges faced by the service but that there had been progress with the 'grow your own' approach to training staff and Scottish Government had

shown positive interest in this model. Members were invited to contact the CSWO to discuss any further information pertaining to the report.

In discussion,

- The issue of staff vacancies was noted as was the potential solution of examining the staffing model to see what elements of the unfilled roles could be safely addressed by other staff to support the qualified professional staff in order to build a sustainable workforce.
- The health needs of unaccompanied young people were discussed. It was noted that the interviews commissioned from The Promise had led to the development of a 10-year strategy which emphasised a need for flexibility with the aim of keeping children with families where it was viable and bringing children back into the Highland area for support.
- The learnings from bringing unaccompanied young people back within area were considered in terms of the transformation agenda for the partnership. It was commented that the process was similar for ASC with the aim of having an early intervention and prevention agenda which relies on a methodical and whole system approach to recognise the impact of different areas of the system upon one another and the importance of working with partners in the Third Sector. The important role of Third Sector organisations was commented on in relation to coordinating community support for families alongside support from statutory services especially for asylum seeking children.
- A Clark noted, as chair of Clinical Governance Committee, that she would be keen to explore with the Chief Officer's team this work with young people to help ensure that services were as accessible for these young people as they would be for any other young person in Highland.

The Committee:

- **NOTED** the report.

3.1 MENTAL HEALTH ASSURANCE REPORT

The Head of Service provided an overview of the paper which noted that work had continued to develop the Mental Health & Learning Disability Services Strategy, and a workplan (or Plan on a Page) had been created to detail future plans. The service continued to experience risks, particularly in relation to increasing demand and recruitment.
During 2024 focus had been given to the foundations of the services and work was near to completion on a significant workstream to align the many workforce and data systems in NHSH to the current service design and organisation. The aim of this alignment was to enable more accurate reporting on projections and to inform work on Integrated Service Planning.

The committee was asked to: note the ongoing work in relation to the delivery of the North Highland Mental Health & Learning Disability Services Strategy and Integrated Service Planning, continue to support the ongoing developments in the delivery of mental health care as described in the "Plan on a Page", and note the risks and associated impacts in relation to New Craigs bed occupancy, Consultant Psychiatry recruitment and supplementary staffing usage

In discussion,

- The Chair noted that as Chair of the Endowment Fund Committee he was keen to take up the offer to its members to visit the renovated Dementia Ward at New Craigs and would like the offer to be extended in a managed way to the present committee. J McCoy as another member of the Endowment Fund Committee had been impressed by a recent visit.
- It was noted that of the 23 beds at the Birchwood Centre, six beds were block purchased for step-up and set-down (up to 12 weeks occupancy) but that the remaining beds were reserved for patients on a longer recovery trajectory.
- Regarding known vacancies at consultant level, it was noted that the number of qualified consultant psychiatrists was expected to improve in around five years based on numbers undergoing training. In the meantime, work was in underway to assess what aspects of the role could be safely assigned to other staff, such as having review work conducted by community nursing teams in remote areas where specialist recruitment was especially difficult. Work was also underway with Third Sector partners to consider what aspects of 'wellbeing' based work could be conducted by the sector as opposed to clinical services. Work was also underway with the Mental Health Delivery Group and Public Health to clarify and assign appropriate pathways for individuals in distress and unscheduled times and suitable roles to staff who could assist.
- The opportunities afforded by current technological solutions were under consideration, such as self-managed therapy conducted online thereby freeing up the work of specialists for more complex support cases. It was commented that those members of the populace who were not digitally enabled or had more need for guided management would be accounted for via a matrix approach.
- An opportunity was noted for stronger governance and consistency of practice by bringing Learning Disability and Mental Health into a single division and reducing extended pathways of referral.
- Regarding Delayed Discharges, it was noted that 25% of beds were classified as in delay. A number of workstreams were in place to address unscheduled care to improve flow such as the use of step-up/step down approach to beds, and a tenancy-based model for individuals requiring more support. An OPEL system had been implemented for Mental Health to better understand capacity.

The Committee:

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

2 FINANCE

2.1 Financial Position at Month 6 and the Financial Year Ahead

The Deputy Director of Finance presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 6 with further detail presented on the HHSCP position.

- A forecast year-end deficit of £52.0m was presented if additional action to deliver a breakeven ASC position was taken. This would leave the partnership £23.6m adrift from its brokerage limit and £1.4m adrift from the target agreed with Board in May 2024.
- At the end of month 6 the position was summarised to show an overspend of £42.418m, with the overspend forecast to increase to £51.980m by the end of the financial year – assuming further action delivered a breakeven ASC position. The forecast had deteriorated by £2.283m from Month 5 due to notification of a reduced allocation with

respect to multidisciplinary teams – discussions were ongoing with SG in relation to this. It was noted that at this point it was forecast that only those cost reductions/improvements identified through value and efficiency workstreams would be achieved. The forecast was £23.580m worse than the brokerage limit set by Scottish Government and £1.376m worse than the target agreed with the Board in May 2024.

- Overall funding had increased by £4.509m in Month 6, and funding had recently been received for the pay award and the allocation would be shown in month 7 reporting. The key risks to the partnership were outlined as were the mitigating actions.
- Year to date overspend of £14.792m reported within the HHSCP. It was forecast that this would decrease to £5.474m by the financial year end based on the assumption that further action would enable delivery of a breakeven ASC position. Prescribing & Drugs continued to be a pressure with £3.096m overspend built into the forecast. Supplementary staffing costs continued to drive an overspend position with £2.749m of pressure within the forecast. £1.500m had been built into the forecast with respect to out of area placements
- Mental Health Services reported a year to date overspend of £0.291m which was forecast to increase to £1.339m by financial year end. Health was the main driver of the overspend position through the use of agency nursing and medical locums. A significant piece of work was underway to reduce these costs and improvements to the position were beginning to be seen. Drug costs had accounted for a further pressure of £0.249m. A forecast of £1.500m had been built-in for out of area costs and negotiations were ongoing with the provider to bring these costs down.
- A forecast overspend of £15.238m was reported in Adult Social Care (ASC). It was assumed that additional activity would enable delivery of a breakeven position at financial year end. £15.325m of additional cost reductions/improvements would be required when ASC-related property costs were included. Additional funding of £6.472m had been identified to reduce the gap to £16.780m. A deterioration in operational spending of £0.864m had been identified and further action was required to deliver an ASC breakeven position for the financial year end. A £5.7m V&E target was identified and forecast delivery of £2.319m. Delivery had been impacted by ongoing system pressures with a push to increase Care Home capacity and additional support requested by providers.
- Pressures had continued within all expenditure categories with the most significant overspends seen within clinical non pay. Pay was overspent by £0.428m as a result of supplementary staffing spend (partly mitigated by vacancies) and provision of social care from the independent sector. Drugs and prescribing expenditure was currently overspent by £1.743m (split £0.280m within hospital drugs and £1.463m in primary care prescribing).

During discussion,

- The level of confidence in the partnership to deliver on projections was examined and it was noted that following discussions with SG to address the non-routine allocation of pay award funding for ASC an allocation had just been made and the detail was in the process of being worked through. It was commented that this allocation had the potential to make the position worse or to improve it and details would be clearer from month 7 reporting. It was also noted that plans in place to address Delayed Discharges did not have costings built in and therefore presented as a risk, but discussions were also underway with SG to see if additional funding would be made available for the project.
- It was noted that there was confidence that the forecast savings of £2.3m would be delivered.

- It was clarified that in terms of the overall Board position that costs pertaining to ASC would be covered elsewhere in the organisation but that it was not possible to transfer budgets between service areas to show this.
- The rising number of people with complex residential support needs in Mental Health Services was considered in terms of the strategy to counter the associated rising costs. It was commented that models of care involving technology and more efficient use of current resources was under review. The rise in the number of people with complex support needs was noted as a case of changing demographics and having more individuals and families expressing a preference for independent living arrangements.

The Committee:

- **NOTED** from the report the financial position at month 6 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

The Committee took a comfort break from 2.40pm to 2.50pm.

3.2 VACCINATION IMPROVEMENT UPDATE

The Director of Public Health provided an overview of the report which outlined the continuing focus on current vaccination delivery and proposals to move to a GP-led model. It was noted that the charts within the paper showed performance to be at less than desirable levels however the report gave assurance of increased monitoring and understanding of the issues.

- It was thought that poorer performance for respiratory pathways was due to the use of prompting people to arrange appointments due to capacity rather than fixing appointments.
- Childhood immunisation had not performed well but it had been found that where children were taking up the vaccinations the process had been quicker.
- A short life working group led by C Copeland and J Mitchell had worked on the options appraisal to request flexibility from SG for the Board to work with GPs on vaccination delivery. Permission from the SG was awaited to put the options appraisal into effect.
- The Chief Officer added that in terms of the Board's escalation to level 2 performance, SG had provided feedback on the vaccine improvement plan and a data framework with which to provide SG assurance. Meetings with SG would continue in order to move out of escalation.

During discussion, the following areas were explored,

- Regarding staff vaccination, the peer-to-peer programme was in place and data would be included in the next Chief Officer's report.
- It was hoped that the implementation of vaccinations for Tetanus would be resolved in the next few months.
- It was noted that the options appraisal would have a number of issues to work through in terms of job descriptions, an appointment system and Board and GP alignment.
- Confidence was expressed regarding NHSH's ability to move out from the level 2 escalation.
- Primary Care had recommended that childhood vaccinations be delivered by GPs, were as the process for adults would be a mix of GP and Board-led delivery.

- N Wright noted that the vast majority of GPs were keen to take the responsibility for vaccinations back and that the options appraisal flexibility should ideally apply to all cases urban and rural.
- It was clarified that the route map out of level 2 escalation and the options appraisal were two distinct items of work.

The Committee:
- **NOTED** the report and recommendations.
- **ACCEPTED** limited assurance from the report.

3.3 DELAYED DISCHARGES POSITION PAPER

The Chief Officer provided an overview of the report which noted current activity and progress for Urgent and Unscheduled Care with a particular focus on reducing the level of delayed hospital discharges across the HHSCP area. NHS Highland continued to develop its response to Urgent and Unscheduled Care to ensure health and social care needs of its communities were met by the right people, in the right place, at the right time, as close to home as possible. Delayed discharges were a matter of national concern and the Collaborative Response and Assurance Group (CRAG) led by SG, HSCP Chief Officers and NHS Chief Executives, had set a maximum level for delayed discharges of 34.6 per 100,000 adults. The report noted the challenge the target presented for NHSH. An interim aim was submitted as part of NHSH's Urgent and Unscheduled Care funding return to Scottish Government of an initial reduction of 30% of people affected by standard delays in hospital. Further targets had been set in relation to length of stay and emergency department performance. The Permanent Secretary had asked NHSH to develop and deliver a 90-day recovery plan for Urgent and Unscheduled Care with the focus on reducing the number of people in delay.

- Much focus had been on "front door" services. It was now recognised that whilst improvements had been made, work had been constrained by onward discharge processes and capacity. NHSH had continued to improve its discharge processes and was now setting planned discharge dates for all inpatients but this required timely review. A multi-disciplinary process and the development of a discharge app had improved communications.
- Significant turbulence within the independent sector care home market had resulted in issues of capacity within the social care sector in North Highland.
- A refreshed governance structure for North Highland with direct accountability to the
- Chief Executive had been established. In previous years NHS Highland had developed a separate plan for winter, but as pressure across the system had increased, it had been necessary to develop plans to support year-round capacity management and response to pressure. NHS Highland had responded to a request from SG to complete a Winter Readiness check list. Most of the checklist was either fully or partially in place. Areas not yet implemented requiring additional support will be considered for inclusion in the next 90 Day Plan.

During discussion, the following areas were considered,

- The Chair noted that at a meeting earlier in the afternoon, the Cabinet Secretary had stated an aim to lower delayed discharges to pre-pandemic levels but with the recognition that this would be a journey of whole system improvement.
- In terms of staff recruitment and retention, it was noted that there had been a recent collaborative event with representatives from the independent care sector to discuss areas of commonality. A recruitment lead had been appointed for the independent sector

so that solutions could be co-produced to create a sustainable workforce responsive to issues such as transport and peripatetic working.

- The market facilitation plan and commissioning framework for care homes was discussed and it was noted that a care home strategy was in development through the Care Programme Board. The market facilitation plan was expected for January 2025 and sequence planning was underway.
- S Steer noted that the Community Response Team (CRT) was a peripatetic team employed on a permanent basis created in response to COVID, however this was now somewhat in conflict with other areas of staffing strategy especially in terms of bank working. Plans were currently being worked through to address the issues which had arisen from the arrangement. S Steer offered to provide further detail outwith the meeting to anyone interested.
- The Chair noted that the paper was missing an assurance level and noted that all future updates should include one.

The Committee:

- **NOTED** the report, and that future iterations would include a recommended assurance level.

3.4 IPQR for HHSCP

B McKellar provided an overview of the report and noted how the HHSCP IPQR was on an evolving journey in terms of content and structure based upon feedback from the committee meetings. The report provided a link to deliverables of the Annual Delivery Plan, context to current performance, and plans and mitigations in place to progress transformation, change and improvement work. A number of the papers at the present meeting related to the report findings. It was noted that the format now provided a performance rating section (in the right hand corner). Data in the report around Adult Social Care showed increasing demand for care home and care at home packages. Improvements in the waiting lists and access to services for Psychological Therapies were noted.

The discussion noted that the rise in more than waits week waits for DARs support noted at the September meeting was due in part to an issue around data collection, and vacancies and staff sickness within the team. The latter issue had not yet been fully resolved and it was expected that figures would only come down after the next three months once recruitment had been completed.

- It was suggested that non-reportable waits (e.g. for Learning Disability services) be addressed either via other reports at the same meeting of the committee or by taking specific data and aligning it to strategic objectives.

The Committee:

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

3.6 CHIEF OFFICER'S REPORT

The Chief Officer spoke to the report and noted that,

- The Sir Lewis Ritchie Steering Group had met on 30th October and continued to focus on Urgent Care. Work to conclude the 15 Recommendations will be delivered in line with organisation structures and community engagement with Skye Lochalsh and West Ross citizens via the District Planning Group Process.

- Refurbishment work had now been completed at the Dementia Unit (Ruthven) in New Craigs.
- Nine new contracts for Enhanced Services were agreed by NHS Highland and Highland LMC and subsequently issued to Practices in North Highland with the majority choosing to sign up to the new contracts. Practices will begin to embed services as per the new contract between 1st October to 1st December 2024.
- Work was near completion to refresh Enhanced Service for Diabetes Care in North Highland in collaboration with Specialist colleagues in Secondary Care, GP Sub Committee, Public Health and the Primary Care Team via a Short Life Working Group.
- There had been significant political change since the previous Chief Officer's update on the National Care Service (NCS). After a call for views in relation to Stage 2 of the NCS Bill, a number of key agencies, trade unions and Political parties have withdrawn their support of the proposed National Care Service. SG were keen to progress elements of the Bill. The key issue in relation to the NCS model for the HSCP remained regarding the uniformity of the integration model in relation to its unique Lead Agency Model. Further advice will be made available in due course, once the position becomes clearer.
- The retirements were noted of Gavin Sell, Area Manager for Skye Lochalsh and West Ross and Anne MacLeod, Integrated Team Lead for Skye Lochalsh and West Ross also celebrates her retirement.
- It was noted that Chelsey Main, Support Worker in the Forensic Team within Mental Health services had been shortlisted in in the Support Worker category at the forthcoming Scotland's Health Awards.
  In discussion, it was noted that the business case for the North Coast Redesign was at stage 3 and that the EDG were due to view current progress and consider internal approval after which it would move to the Programme Board for progress to stage 4.

The Committee:

- **NOTED** the report.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 15th January 2024** at **1pm** on a virtual basis.

The Chair noted that a development session for the committee on the theme of Quality (across the service) was scheduled to be held on **Wednesday 27 November** at **1pm** on a virtual basis.

The Meeting closed at 4.04 pm

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	NHS Highland na Gàidhealtachd
DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	**Thursday 31 October 2024 – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Andrew Strain, Area Medical Committee
Frances Jamieson, Area Optometric Committee
Grant Franklyn, Area Medical Committee
Helen Eunson, NMAHP Advisory Committee
Linda Currie, NMAHP Advisory Committee

In Attendance

Ann Clark, Non Executive Director
Boyd Peters, Medical Director
Garret Corner, Non Executive Director
Sammy Clarke, Lead Health Analyst, Planning and Performance (Item 4.1)
Elspeth Skinner, Senior Programme Manager, Strategy and Transformation (Item 4.1)
Hannes de Kock, Team Lead (Item 4.2)
Duncan Railton, Associate Specialist, Oral and Maxillofacial Surgery (Item 4.3)
Louise Bussell, Nursing Director (Item 4.5)
Karen Doonan, Committee Administrator (Minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and welcomed Dr Andrew Strain who had taken over from Dr A Miles as Area Medical Committee (AMC) rep. Apologies were received from E Caithness, A Turnbull-Dukes, P Hannam, Alex Javed, Zahir Ahmad and K McNaught

It was noted that the forum was not quorate, and no decisions could be made by the forum.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 4 July 2024

As the meeting was non quorate the minutes would go to the next meeting for approval.

The Forum could not approve the minutes as the meeting was non quorate.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

Due to time constraints the order of items did not follow that of the published agenda for the meeting.

4.1 GP Wait Data – Sammy Clarke, Lead Health Analyst, Planning and Performance, Elspeth Skinner, Programme Manager, Strategy and Transformation.

S Clarke spoke to a short presentation for the new dashboard which would go live over the coming weeks. It was noted that pre pandemic there had been GP Wait data available for GPs and clinicians within the organisation showing the wait times for the past year, however during the pandemic this had been put on hold. Within the presentation it was highlighted:

- The dashboard no longer used the Excel format of previous versions
- The dashboard would go live in a couple of weeks and had been renamed "completed waits dashboard" rather than "gp wait" data.
- Communications would go out across the organisation giving information on how to access the data which would be via a nugget on the intranet page.

S Clarke gave a few examples of how to filter the data within the dashboard. L Currie queried whether data related to the Allied Health Professionals (AHPs) was within the dashboard. S Clarke confirmed that at present it was not as data sat across various systems at this time. A Strain queried if data for patients seen by other health boards was available citing Greater Glasgow and Clyde where some Argyll and Bute patients were referred to. It was noted that data was only relevant to within NHS Highland Board area at present.

F Jamieson queried access by those working in community as they did not currently have access to the intranet. In discussions around access, it was noted that other health boards had made the decision to place the dashboard on public facing internet pages, the forum felt that if other health boards had made this decision then NHS Highland should follow suit.

It was noted that the dashboard would go to the Executive Directors Group (EDG) for approval, but communications would go out through the weekly bulletin and the primary care bulletin advising staff of the new dashboard. Staff were encouraged to access the dashboard and send feedback/questions to the team. This would help shape the dashboard going forward.

The Forum **noted** the update.

4.2 Long Covid Study – Hannes De Kock, Team Lead

H De Kock spoke to a short presentation within which it was highlighted:

- The team was a small part time team consisting of a clinical psychologist, physiotherapist, occupational therapist and an administrator. There were also two doctors who each did a half day a week with the team.
- The World Health Organisation (WHO) definition of long covid is the development of new symptoms three months after the initial infection that last for two or more months without explanation.
- Any delayed clinical care for patients impacted both their quality of life and their recovery from the symptoms.
- Approximately 6% of those who got the infection would go on to develop long covid. Vaccination was shown to prevent covid turning into long covid within patients who had the infection.
- Studies have shown that patients who developed long covid had not only cognitive dysfunction but ongoing medical issues. .
- Long covid was a global phenomenon and there was a need to look at what can be provided for patients within a community setting, there required to be a multi disciplinary team approach to patients in order to support them.

L Currie commended the work that had been done at a multi-disciplinary team level within the study and highlighted the funding issue citing the reduction in funding in the coming year. It was noted that there was a lot of political interest in the long covid service and it

was hoped that some funding would continue to be achieved in order that work would continue.

In discussion it was highlighted the need to integrate long covid within established specialities in order to maintain the levels of care that patients required. It was noted that within the Highland area there had to be slight changes in the way that services were delivered due to the spread of population across the remote and rural areas. In response to a query around the continued spread of long covid within the population it was noted that the study had found that the rate of long covid infections was dropping within the population and that vaccination gave a level of protection against developing long covid.

The Forum **noted** the update.

4.3 **Cone Beam Computer Tapography (CBCT)SBAR** – Duncan Railton, Associate Specialist, Oral and Maxillofacial Surgery.

D Railton spoke to a short presentation within which it was highlighted:

- CB CT scanner gives 3D imaging for teeth, jaws and facial bones which is vital to provide a safe diagnosis and treatment planning for patients. NHS Highland is the only board in Scotland that does not have this piece of equipment. Approx 250 scans have to be outsourced.
- Requirement to be able to offer the scan to patients in order to gain consent for procedures from patients as CBCT gave the level of detail required.
- At the moment some patients could get scans done privately but scans are not always of good quality.
- Patient pathways were too complicated at the moment with patients having to travel to Dundee to get a scan, before then being seen again within NHS Highland, this added more steps to the process.
- The item of equipment had been identified and would be a like for like replacement with regard to size of equipment.
- Challenging to provide the level of dental care required within Highland without this piece of equipment.

It was noted that the business case had not been finalised and that support from the forum would be welcomed. Discussion within the forum queried the role of the forum with regard to requests for items of equipment as this was not within the remit of the forum and the Chair suggested that the route forward was through the Asset Management Group.

A Clark queried why patients had to travel to Tayside when there was a service offered within Grampian which was geographically closer. It was noted that the agreement had been in place prior to NHS Grampian being able to offer the service. To date no agreement to alter this had succeeded.

In further discussion it was noted that the business case had not been signed off and therefore could not go to the Asset Management Group. It was unclear why the process had not completed other than the financial challenges that NHS Highland was facing had had an impact. Discussions covered some suggestions of the routes that could be taken in respect of replacing equipment that was reaching the end of its life cycle.

The Forum **noted** the update.

4.4 **People and Culture Portfolio Board** – Helen Eunson, Professional Lead Nurse, Mental Health and Learning Disabilities (NMAHP rep)

The Chair introduced H Eunson who attended the People and Culture Portfolio Board meetings as a representative of the forum. H Eunson asked for any questions from the forum on the papers circulated and whether there was anything that they wished highlighted at the meetings going forward. The forum was encouraged to contact H Eunson directly.

The Forum **noted** the Update

Quality Framework – Louise Bussell, Nurse Director

4.5 The Chair introduced L Bussell to the meeting explaining that a Joint Development Session had taken place prior to this paper coming to the forum.

L Bussell shared a short presentation wherein it was highlighted:

- The toolkit was set around 5 domains – Person Centred and Care, Safe, Effective and Efficient, Responsive and Well Led.
- Each domain was given a definition with local and Board measures stated and how this was to be reported through the IPQR.
- Well led within the framing of the toolkit covered all levels to reflect the responsibility that everyone has within the framework.

G Franklyn highlighted concerns around the pressures on acute staff within secondary care and stated that whilst it was appreciated that a framework required to be put in place there was a concern that staff on the frontline were under too much pressure already and would not see this toolkit positively. H Eunson asked for clarification on how the toolkit would be rolled out initially with L Bussell confirming that the toolkit would be tested with feedback taken on board before it was rolled out across the entire organisation.

L Currie welcomed the toolkit citing that there was a lack of data that was collected in respect of the Allied Health Professionals (AHPs) and as a result the measurement of quality and performance was not accurate. This toolkit would identify where there were gaps in quality and performance which could then be addressed, and services improved.

Within the discussion the point of measuring the patient experience and whether it was positive or not was highlighted with it being noted that as the patient experience was not being captured this was not giving a full picture of the services delivered. Discussions covered the requirement to identify the strengths and weaknesses within teams and it was felt that the toolkit would help identify these going forward.

Guidance was sought by L Bussell and B Peters in how to embed the toolkit positively. H Eunson asked for clarity in how the toolkit fitted into the measurement of quality within the organisation. L Bussell stated that the toolkit would not be used across the entire organisation but could be adapted for use by non-clinical staff in areas where issues had been identified and used in targeted areas for clinical staff.

G Franklyn cited the recent Health Improvement Scotland (HIS) inspection where the verbal feedback was very positive from HIS but where staff had felt that the pressures within acute services had increased dramatically over the last few years. Without the challenges being addressed and the pressures reduced quality of care would be challenging to improve.

Highlighted within the discussion was the need to have the toolkit locally driven to enable the toolkit to be used more effectively. A Clark stated that the Board were aware that quality improvement measures would require to be locally driven and that the toolkit would

help with this process. It was noted that this toolkit was a way in which feedback from the patients could be captured and successes could be identified. It was important to recognise the human element within the processes and not place focus entirely on the process itself. Understanding how the services were being received by the patient would help in the delivery of services going forward.

The Forum **noted** the Update

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 24 September 2024

5.2 Adult Social Work and Social Care Advisory Committee meeting - 5 September 2024

5.3 Area Pharmaceutical Committee meeting –7 October 2024

The Chair advised that most of the discussion held within the meeting was in respect of operational matters. Workforce analysis for Pharmacy was underway from NHS Education for Scotland (NES), there was no update at the moment.

5.4 Area Medical Committee meeting – 15 October 2024

- G Franklin noted that his tenure as chair of the AMC ended in September and that a new chair had been sought. The AMC chair alternates between Primary and Secondary Care and therefore the next chair would be from Primary Care. A Strain would assume the chair on an interim basis until the formal governance processes of the committee could be fully addressed.
- A Strain noted that there had been an ask made by AMC members that the ACF be made aware of the need for an integrated patient record system with an integrated eHealth service point. This was noted as a potential patient safety concern.
- G Franklin and A Strain noted that the AMC had proposed that a short paper be brought to the ACF in connection with travel and associated expenses for staff travelling on behalf of NHS Highland in particular for travel to remote areas. Members of the GP Subcommittee and the AMC had noted that the matter had not been reviewed for some time and that there was a perception that there was a level of inequality between different staff groups which also needed to be addressed.

In discussion, the Medical Director advised that if the proposal would be of relevance to staff beyond medical staffing then the proposal would need to be seen by the Director of People and Culture and eventually the Staff Governance Committee in order that an assessment could be made in relation to national rules and a comparison made with other NHS Scotland boards. Discussion also noted that these expenses had not risen with inflation and increasing costs.

Action: G Franklin agreed to take the item forward with the AMC and in discussion with the Director of People and Culture.

Discussion was had around the need for an integrated patient record system and it was noted as a possible agenda item for 2025 due to the wider impact on a number of service areas. A number of risks were commented on regarding the current systems and working across different teams and partner organisations. It was noted that the Head of eHealth planned to set up a meeting with Argyll and Bute Digital Health Group to explore the system needs.

Action: The Chair recommended that a relevant contact be invited in the new year to meet with the ACF to discuss the issue, and that the advisory groups be encouraged to discuss the issue and provide a summary of needs.

5.5 Area Optometric Committee meeting – 28 October 2024

F Jamieson asked for the support of the forum and clarification as to who to contact in respect of access to Care Portal. The Area Optometric Committee (AOC) would be writing a letter expressing their concerns in relation to access but were unsure of the point of contact. The Chair advised contacting I Ross within the e-Health department as I Ross was involved in the role out of access to Care Portal. The Chair advised that the forum were supportive of access to electronic patient records and this was an issue that the forum had previously discussed.

- F Jamieson advised that a representative from the AOC would be sent to the forum on a rota basis, this would give other members an opportunity to engage with the forum.
- Work had restarted on the stroke pathway after it had been paused due to staff being on long term sickness absence.
- Due to software issues there was now a delay in the role out of the community glaucoma service of approximately 12 to 18 months.

Action: F Jamieson to contact I Ross offline.

5.6 Area Nursing, Midwifery and AHP Advisory Committee meeting – 26 September 2024

- L Currie noted that the July meeting minutes had been circulated and that the September meeting was cancelled due to a scheduling clash for members with an Scottish Patient Safety Programme (SPSP) Event.
- It was noted that L Currie would commence a secondment with Health Improvement Scotland (HIS) From the end of October and that H Eunson would assume the chair in the short term.

5.7 Psychological Services Meeting – no meeting held.

5.8 Area Health Care Sciences meeting – no meeting held.

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

6 ASSET MANAGEMENT GROUP

No update

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meeting held on 26 September 2024
Kara McNaught, Team Manager, Adult Social Care

The Chair advised that there were challenges with attending both herself and K McNaught attending this meeting as it clashed with other meetings being held. K McNaught had not been able to attend this meeting nor had the chair. There may be calls for other members of the forum to attend this meeting and to this end the Chair suggested that the committee administrator circulate the dates of this meeting for the year ahead. Encouragement was given to forum members to attend these meetings if required.

Action: Committee Administrator to circulate the dates of the HHSCC for the coming year to forum members.

The Forum **noted** the circulated minutes.

8 Argyll and Bute IJB minutes

There were no queries raised.

9 Dates of Future Meetings 2025

9 January
13 March
1 May
3 July
4 September
9 November

10 FUTURE AGENDA ITEMS

Leadership and Culture Framework update
Discussion over Physician Associates
Invite to F Davies to address Forum – proposed start of 2025

11. ANY OTHER COMPETENT BUSINESS

H Eunson highlighted that the 1st November was officially Learning Disability Nurses day and that communications had gone out in the weekly bulletin.

12 DATE OF NEXT MEETING

The next meeting will be held on 9 January 2025 at **1.30pm on Teams.**

The meeting closed at 4.10pm

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)
held BY MICROSOFT TEAMS
on WEDNESDAY, 25 SEPTEMBER 2024**

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

Evan Beswick, Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Associate Director AHP, NHS Highland
David Gibson, Chief Social Worker / Head of Children and Families and Justice, Argyll and Bute HSCP
James Gow, Head of Finance, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Associate Nurse Director, Argyll and Bute HSCP
Kenny Mathieson, Public Representative
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Angus McTaggart, GP Representative, Argyll and Bute HSCP
Kirstie Reid, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Tracey White, Carers Representative, NHS Highland

Attending: Gareth Adkins, Director of People and Culture
Gaye Boyd, Deputy Director of People and Culture
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Fiona Duff, Interim Head of Primary Care
Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP
Tracy McFall, Chair, Argyll and Bute Alcohol and Drugs Partnership
Hazel MacInnes, Senior Committee Officer, Argyll and Bute Council
Katie McKenzie, Committee Services Officer, Argyll and Bute Council
David Ritchie, Communications Manager, Argyll and Bute HSCP
Mandy Sheridan, Service Improvement Officer, Argyll and Bute HSCP
Angela Tillery, Principal Accountant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Councillor Ross Moreland, Julie Hodges, Kevin McIntosh, Takki Sulaiman and Charlotte Craig.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 29 May 2024 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Strategic Planning Group held on 13 June 2024**

The Minutes of the meeting of the HSCP Strategic Planning Group held on 13 June 2024 were noted.

In the absence of the Chair, Ross Moreland, the Co-Chair, Kristin Gillies advised that the Minutes were an accurate representation of the meeting and that the Performance Report would be presented to the IJB later in the meeting.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 18 June 2024**

The Minutes of the meeting of the HSCP Audit and Risk Committee held on 18 June 2024 were noted.

The Chair, Councillor Kieron Green, advised that a number of agreed actions had been repeatedly delayed but the Committee have received assurances from officers on their capacity to take them forward.

(c) **Argyll and Bute HSCP Finance and Policy Committee held on 28 June 2024**

The Minutes of the meeting of the HSCP Finance and Policy Committee held on 28 June 2024 were noted.

(d) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 15 August 2024**

The Minutes of the meeting of the HSCP Clinical and Care Governance Committee held on 15 August 2024 were noted.

The Chair, Graham Bell, advised there had been two further meetings of the Committee scheduled this year but this had now been reduced to one meeting in November to give a more realistic timescale for actions to be completed.

(e) **Argyll and Bute HSCP Strategic Planning Group held on 12 September 2024**

The Minutes of the meeting of the HSCP Strategic Planning Group held on 12 September 2024 were noted.

The Chair, Kristin Gillies, advised that this had been a productive meeting with items including the Joint Strategic Needs Assessment, the Islands Strategy and the Engagement Progress Report being presented. There had been discussion around the needs assessment for haemodialysis in Argyll and Bute.

(f) **Argyll and Bute HSCP Audit and Risk Committee held on 17 September 2024**

The Minutes of the meeting of the HSCP Audit and Risk Committee held on 17 September 2024 were noted.

5. INTEGRATION JOINT BOARD MEMBERS

The Chair welcomed Tracey White to her first meeting and offered his congratulations on her appointment following the interview process.

The Board then gave consideration to a report advising of the requirement to periodically review and recruit new members.

Decision

The Integration Joint Board –

1. appointed Tracey White to the Integration Joint Board as the second unpaid carer representative following an interview process;

2. welcomed the nomination of and confirmed appointment of Dr Duncan Scott as Secondary Care Medical representative by NHS Highland;

3. appointed Dr Scott to the Clinical and Care Governance Committee;

4. appointed Ms White to the Finance and Policy Committee; and

5. appointed Ms Reid to the Strategic Planning Group.

(Reference: Report by Business Improvement Manager dated 15 September 2024, submitted)

Kirstie Reid joined the meeting during consideration of the following item of business.

6. CHIEF OFFICER'S REPORT

The Chair offered his congratulations to the Chief Officer following his recent appointment.

The Board then gave consideration to the first report from the Chief Officer which included detail under the following headings – Launch of Carers Strategy for 2024-2027, Health & Care Staffing Act, Safe Quality Care Programme, Social Work Review, Releasing Time to Care in Argyll and Bute, Planet Youth in Argyll and Bute, Care at Home Services Inspection, Neurodevelopmental Paediatric Service, Protecting Infants from Severe Lung Disease, Supporting People with High Blood Pressure, National Engagement on NHS Reform, New Training Facility for NHS Scotland Workforce, Lochgilphead Medical Centre Receives MOD Award, Technology Enabled Care Team awarded Bronze Digital Award, Furnace and Inveraray Medical Practice, Health and Care Experience Survey, Three Month Drone Trial, Interim Head of Primary Care and Senior Manager Strategic Estates Development & Sustainability.

Decision

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

(Reference: Report by Chief Officer dated 25 September 2024, submitted)

7. FINANCE

(a) Budget Monitoring - 4 months to 31 July 2024

The Board gave consideration to a report providing a summary of the financial position as at the end of month 4 and a forecast for the year.

Decision

The Integration Joint Board –

1. noted that the HSCP had overspent its budget by £0.8m;

2. noted that an overspend of £2.3m was forecast;

3. noted actions were required to reduce spend and additional funding was likely to be required from Argyll & Bute Council who hold pension saving resource on behalf of the IJB;

4. noted that savings of £4.2m had been delivered, 64% of target;

5. noted that reserves of £10.1m had been allocated including the £4.7m sustainability funding; and

6. noted the risks associated with the financial position and challenges across the Health and Care Sector.

(Reference: Report by Head of Finance dated 25 September, submitted)

(b) Budget Outlook 2025-26 and Update

The Board gave consideration to a report detailing an estimate of the budget gap for 2025/26 and a summary of progress made in developing plans to achieve a balanced budget.

Decision

The Integration Joint Board –

1. noted that budget planning for 2025/26 was on-going and national budgeting intentions were not yet available;

2. noted the HSCP was not currently operating on a financially sustainable basis;

3. noted the estimated budget gap and provisional savings target of £11.5m for 2025/26; and

4. noted the on-going work and next steps in the budget preparation process.

(Report by Head of Finance dated 25 September 2024, submitted)

8. STRATEGIC RISK REGISTER

The Board gave consideration to a report recommending changes to the Strategic Risk Register to reflect perceived increasing risk. The report also sought to reduce the overall number of risks described within the Register.

Decision

The Integration Joint Board –

1. noted that the Strategic Risk Register had been reviewed by the Leadership Team and the Audit and Risk Committee;

2. noted that it was recommended that Infrastructure Risk was added to the very high Strategic Risks; and

3. reviewed and approved the Strategic Risk Register and Risk Appetite.

(Reference: Report by Head of Finance dated 25 September 2024, submitted)

9. ARGYLL AND BUTE HSCP ANNUAL PERFORMANCE REPORT 2023/24

The Board gave consideration to a report detailing the Annual Performance Report (APR) which set out how the HSCP were improving on the National Health and Wellbeing Outcomes. The APR also included a core suite of national indicators which contextualised the data and provided a comparative and broader picture of local performance.

Decision

The Integration Joint Board noted the Annual Performance Report for the Health and Social Care Partnership for the year 2023/24.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 25 September 2024, submitted)

10. Q1 WORKFORCE REPORT 2024/25

The Board gave consideration to a report detailing workforce data of the HSCP as at 30 June 2024 and providing the current demographic position, highlighting trends and advising of changes and progress made, as well as actions taken to address areas of concern.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Deputy Director of People and Culture dated 25 September 2024, submitted)

11. ANNUAL WHISTLEBLOWING REPORT 2023-2024

The Board gave consideration to a report detailing the 3rd Annual Whistleblowing Report which would be submitted to the Independent National Whistleblowing Officer following board approval.

Decision

The Integration Joint Board approved substantial assurance based on the content and format of the annual whistleblowing report, which demonstrated compliance with the reporting requirements under the standards.

(Reference: Report by Deputy Director of People and Culture dated 25 September 2024, submitted)

12. CHIEF SOCIAL WORK OFFICER REPORT 2023 - 2024

The Board gave consideration to a report outlining the requirement for the Chief Social Work Officer to provide an annual report to Scottish Government. It was due in the autumn and related to the previous financial year.

Decision

The Integration Joint Board noted the content of the Chief Social Work Officer Report 2023/2024.

(Reference: Report by Chief Social Work Officer dated 25 September 2024, submitted)

13. CHILD POVERTY ACTION PLAN REVIEW 2023-24

The Board gave consideration to a report reviewing the Child Poverty Action Plan as required by the 2017 Child Poverty (Scotland) Act.

Decision

The Integration Joint Board –

1. considered the report; and

2. noted and acknowledged the route through Council for approval.

(Reference: Report by Head of Children, Families and Justice, CSWO dated 25 September 2024, submitted)

14. ARGYLL AND BUTE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT AND SCOTTISH GOVERNMENT ANNUAL SURVEY 2023 TO 2024

The Board gave consideration to an annual report detailing a wide range of work delivered by the Argyll and Bute Alcohol and Drug Partnership. The report followed the development session held in May where the IJB had been given an opportunity to explore the work of the Partnership in more detail.

Decision

The Integration Joint Board –

1. noted the content of the Argyll and Bute Alcohol and Drug Partnership Annual Report (2023-2024); and

2. noted the Scottish Government Annual Survey 2023 – 2024 and formally approved it in retrospect.

(Reference: Report by Associate Director of Public Health dated 25 September 2024, submitted)

15. ENGAGEMENT AND COMMUNICATIONS ANNUAL REPORT

The Board gave consideration to an annual report outlining how the HSCP had been communicating timely, relevant and accurate information over the last year and how this linked in with the HSCP's visions, aims and priorities for health and social care services in Argyll and Bute as detailed in the Joint Strategic Plan 2022-25.

Decision

The Integration Joint Board –

1. noted the engagement and communications activity delivered by the HSCP;

2. noted the engagement activity in line with national guidance Planning with People; and

3. noted the 35 areas of engagement were service change rather than major service change in accordance with Planning with People.

(Reference: Report by Associate Director of Public Health, and Communications Manager dated 25 September 2024, submitted)

16. DATE OF NEXT MEETING

The Integration Joint Board noted the date of the next meeting as Wednesday 27 November 2024.

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 November 2024**
Title:	**Integrated Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive (FPRC); Gareth Adkins (SGC); Louise Bussell, Director of Nursing & Dr Boyd Peters, Medical Director (CCGC)**
Report Author:	**Bryan McKellar, Whole Systems Transformation Manager**

1 Purpose

This is presented to Board for:

- Assurance

This report relates to:

Quality and Performance across NHS Highland

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

2.1 Situation

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee, Staff Governance Committee and the Health and Social Care Partnership Committee a bi-monthly update on performance and quality based on the latest information available. The Argyll & Bute Integrated Performance Management Framework metrics are included in the NHS Highland Board IPQR as an appendix.

We are working towards having a truly integrated report based on the emerging quality framework. A paper was taken to the Clinical and Care Governance Committee in July 2024 outlining the approach which was accepted.

A narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements in the service, and what the anticipated impact of these improvements will be.

Further performance and quality indicators are being scoped to ensure ADP deliverables can be performance/quality referenced to bolster assurance and evidence successful implementation and delivery.

2.2 Background

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

2.3 Assessment

As noted by performance and the supplementary narrative contained in the IPQR, there are systemic challenges noted in the system, including:

- Service sustainability: health and care; capacity locally, regionally and nationally
- Infrastructure: Making some of our estate fit for purpose
- Rural delivery: the cost of care in a remote and rural context
- Capacity and resilience of the workforce
- Delivering within financial means, including impact on capital planning
- Recovery of waiting time: increasing demand

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	x	None	

The level of assurance has been proposed as limited due to the current pressures faced by HHSCP in Acute and Community care delivery. The system requires to redesign systematically to maximise efficiency opportunities and to enable service changes that bolster resilience and utilise resources that are cost effective for the Board and maximise value for our population.

3 Impact Analysis

3.1 Quality/ Patient Care
IPQR provides a summary of quality and patient care across the system.

3.2 Workforce
This IPQR gives a summary of our related performance indicators relating to staff governance across our system.

3.3 Financial
Financial analysis is not included in this report.

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

3.5 Data Protection
The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities
No equality or diversity issues identified.

3.7 Other impacts
None.

3.8 Communication, involvement, engagement and consultation
This is a publicly available document.

3.9 Route to the Meeting
Through the relevant Governance Committees.

4 Recommendation
The Board is asked:

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

1. List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – November 2024

Integrated Performance and Quality Report

Assuring the Finance, Resources and Performance Committee and the Clinical and Care Governance Committee on the delivery of the Board's 2 strategic objectives (Our Population and In Partnership) through our Well outcome themes

NHS Highland
na Gàidhealtachd

Together We Care
With you, for you

Integrated Performance & Quality Report Guidance

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee and the Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available. The Argyll & Bute Integrated Performance Management Framework metrics will be included in the NHS Highland Board IPQR as an appendix.

For this IPQR, the format and detail has been modified to bring together the measurable progress against ADP deliverables across the Together We Care "Well" themes and to start to embed the themes of the quality framework across Highland. This is an update to end of Quarter 2 (30th September 2024) for deliverables linked to these performance measures.

In addition, a narrative summary table has been provided against each "Well" theme to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements detailed in the ADP, and what the anticipated impact of these improvements will be.

ADP Due Date Colour	Interpretation
R	ADP Deliverable is not on track to deliver by planned due date. Issues being resolved locally to ensure progression towards implementation.
G	ADP Deliverable is on track to deliver by planned due date OR ADP Deliverable has been achieved.
No Colour	Update to be provided at subsequent committee/Board meetings within Q3 and/or Q4 as target date is in the future.
A	Due date in next quarter (Q3) or ADP Deliverable has been delayed due to factor outwith NHS Highland's control

NHS Highland
na Gàidhealtachd

Together We Care
With you, for you

Executive Summary of Performance Indicators

		NATIONAL TARGETS			PERFORMANCE AGAINST TARGETS	
Well Theme (Slide #)	**Area**	**Average 23/24 Performance**	**Current Performance**	**National Target**	**ADP Target Set**	**Performance Rating**
Thrive Well (4)	**CAMHS**	70.8%	74.1%	90%	No	Decreasing
Thrive Well (5)	**NDAS**	n/a	1776 waiting list	n/a	No	Decreasing
Stay Well (6)	**Screening**	Various	Various	90%	No	Increasing
Stay Well (7)	**Vaccinations (Children)**	n/a	n/a	n/a	No	Below Target
Stay Well (8)	**Alcohol Brief Interventions**	n/a	77.4% vs. trajectory	n/a	Yes	Below Trajectory
Respond Well (9)	**Emergency Access**	78.5%	75.7%	95%	No	Decreasing
Care Well (10)	**Delayed Discharges**	195	207	30% reduction (interim)	Yes	Below trajectory
Treat Well (11-12)	**Outpatients**	39.2%	36.7%	95%	Yes	Decreasing but near Scotland average
Treat Well (13-14)	**Treatment Time Guarantee**	56.5%	56.5%	100%	Yes	Below ADP Target
Treat Well (15)	**Diagnostics - Radiology**	70.3%	73.6%	100%	Yes	Meeting ADP Targets
Treat Well (16)	**Diagnostics – Endoscopy**		57%	100%		
Treat Well (17)	**Diagnostics Wait List – Other**	n/a	n/a	n/a	No	n/a
Journey Well (18)	**31 Day Cancer Target**	93.6%	91.3%	95%	No	Decreased but normal variation
Journey Well (19-20)	**62 Day Cancer Target**	68.8%	65%	95%	No	Decreasing performance
Live Well (21)	**Psychological Therapies**	83.1%	87.8%	90%	No	Sustained improvement but slightly below national target
Progress Well (22)	**Net Carbon Zero**	n/a	n/a	n/a	n/a	n/a

Guide to Performance Rating

- Meeting Target
- <5% off target
- >5% off target
- >10% off target

Additional Guidance

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

Within the narrative section areas where action was highlighted in the previous IPQR all Exec Leads have been asked for assurance of insights to current performance and plans and mitigation in progress.

Not all performance indicators are included within this summary table.

Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

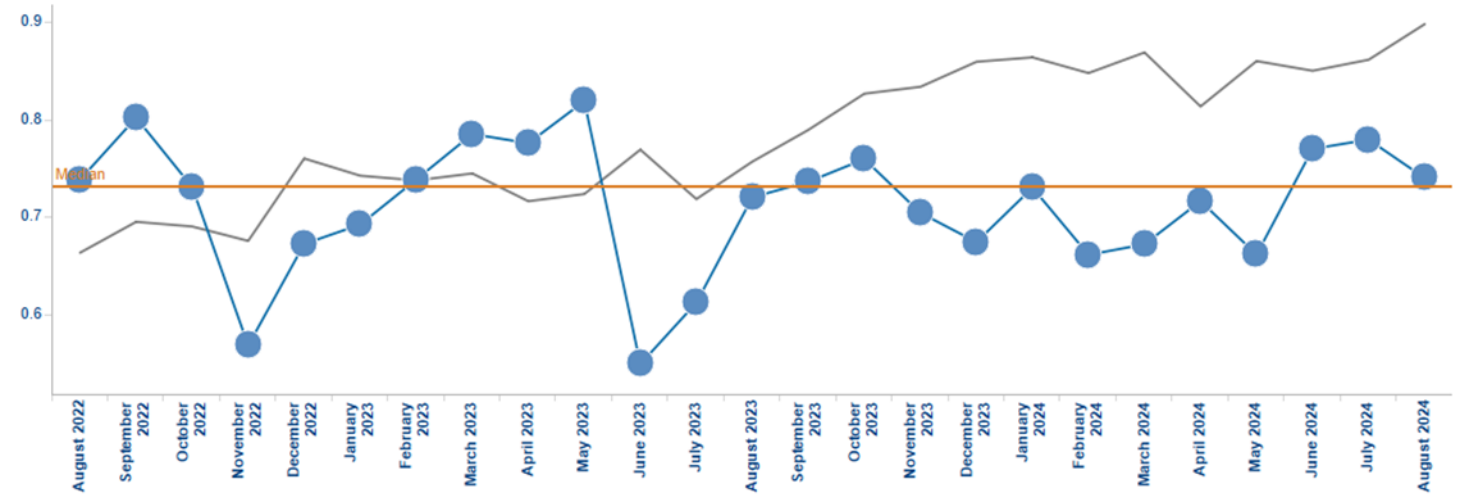
CAMHS (Child and Adolescent Mental Health Service)

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Delivery of CAMHS Improvement Plan to reduce CAMHS waiting times and improved data quality for NHS Scotland Waiting Times Standards. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	Mar 25	CAMHS remains one of, if not the lowest staffed service per population rate in Scotland with approx. 30-35% vacancies Service remodelling and performance management around activity rates in place. all of which have brought improvements both in waiting times and in clinical quality and outcomes. August 2024, performance decreased following two months of increased performance and from agreed trajectory.	• Engagement appointments for all new referrals • Unused capacity directed to these cases most recently placed on wait list • New system for wait list management in place. • Unscheduled care team realignment in place • CAMHS Programme Board reestablished from Nov 2024, including A&B representation

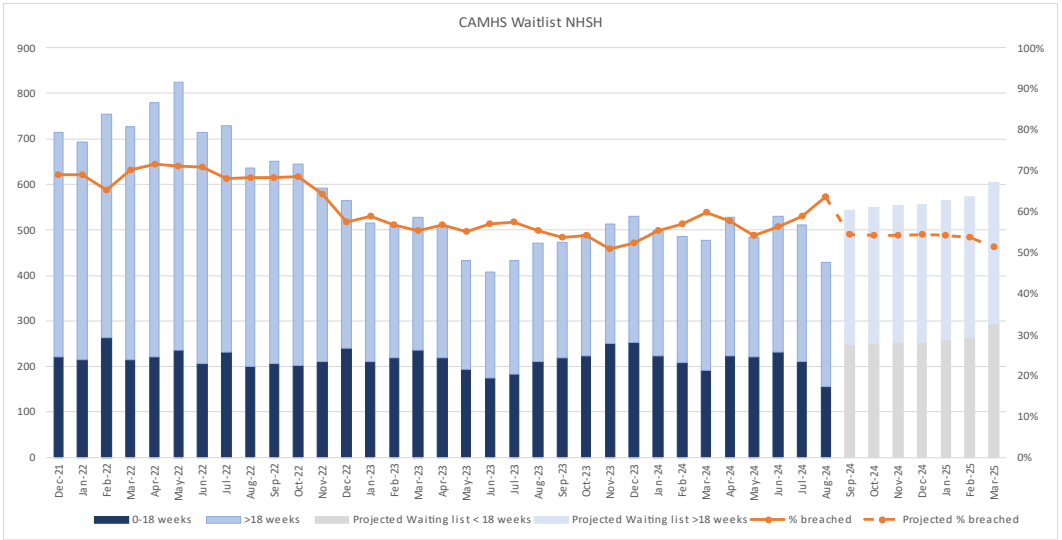
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	Decreasing
Latest Performance	74.1%
National Average	89.8%
National Target	Full compliance to the Service Spec by end March 2026
National Target Achievement	n/a
Position	13/14 boards

CAMHS Waiting Time < 18 Weeks (P)



CAMHS Waiting List in Weeks (P&Q)
(Draft trajectories currently being reviewed by service)



Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

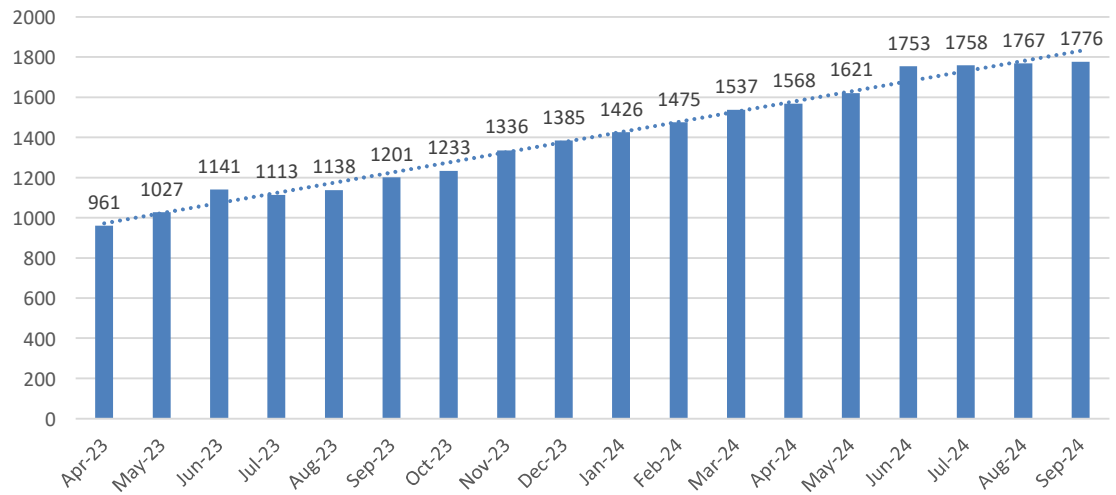
Neurodevelopmental Assessment Service (NDAS)

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Waiting list validation to offer 1st appointment <4 weeks	June 2024	The NDAS North Highland/Highland Council position was presented to Fiona Davies, Chief Executive NHS Highland & Derek Brown, Chief Executive, Highland Council on 3rd June 2024 • 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 MDTs rolled out	Actions agreed at CEO meeting being progressed: • Review of timeline of local history relating to the development of the NDAS service identifying critical decision points. • Progression of joint leadership to improve NDAS position across NHSH North/ HC Co-chaired Programme Board. • Neurodevelopmental training event. • Mapping of services (and associated resource) that contribute to Neuro-diversity pathways (to include health and education). • Review of key data from across Education, HC Childrens services, NHS H North systems. • Communication with service users and professionals • Plans for additional capacity through Independent Sector being progressed
All to receive a comprehensive NDAS, leading to shared and collaborative formulation and intervention plan	July 2024		
Ensure systems and processes are in place to flex capacity	Dec 2024		
Improve service user experience through communications	Dec 2024		
Progress NDAS Service Development including reviewing structure, leadership and governance.	Mar 2025		
Develop data recording SOP and reporting dashboard	Mar 2025		

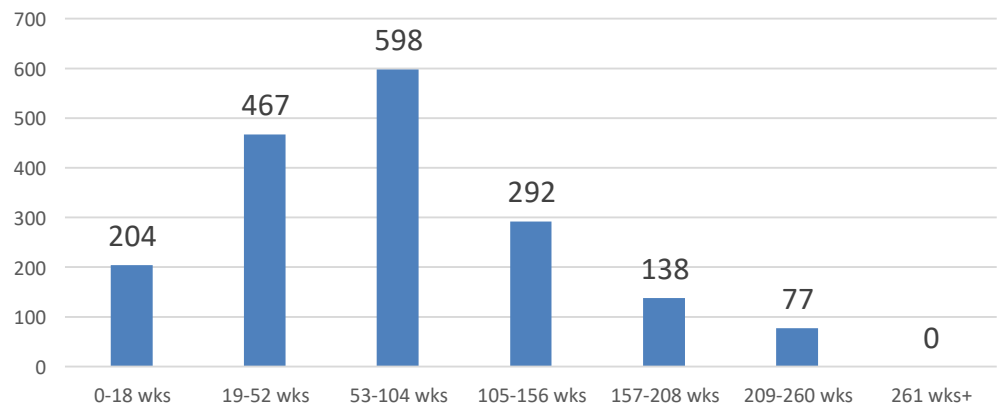
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	Decreasing
Latest Performance	1776 on waiting list
National Benchmarking	n/a
National Target	Full compliance to the Nat NDAS Service Spec by end March 2026.
National Target Achievement	n/a
Position	n/a

NDAS Total Awaiting 1st Appointment (inc unvetted)



New + Unvetted Patients Awaiting 1st Appointment by wait band



Together We Care
with you, for you

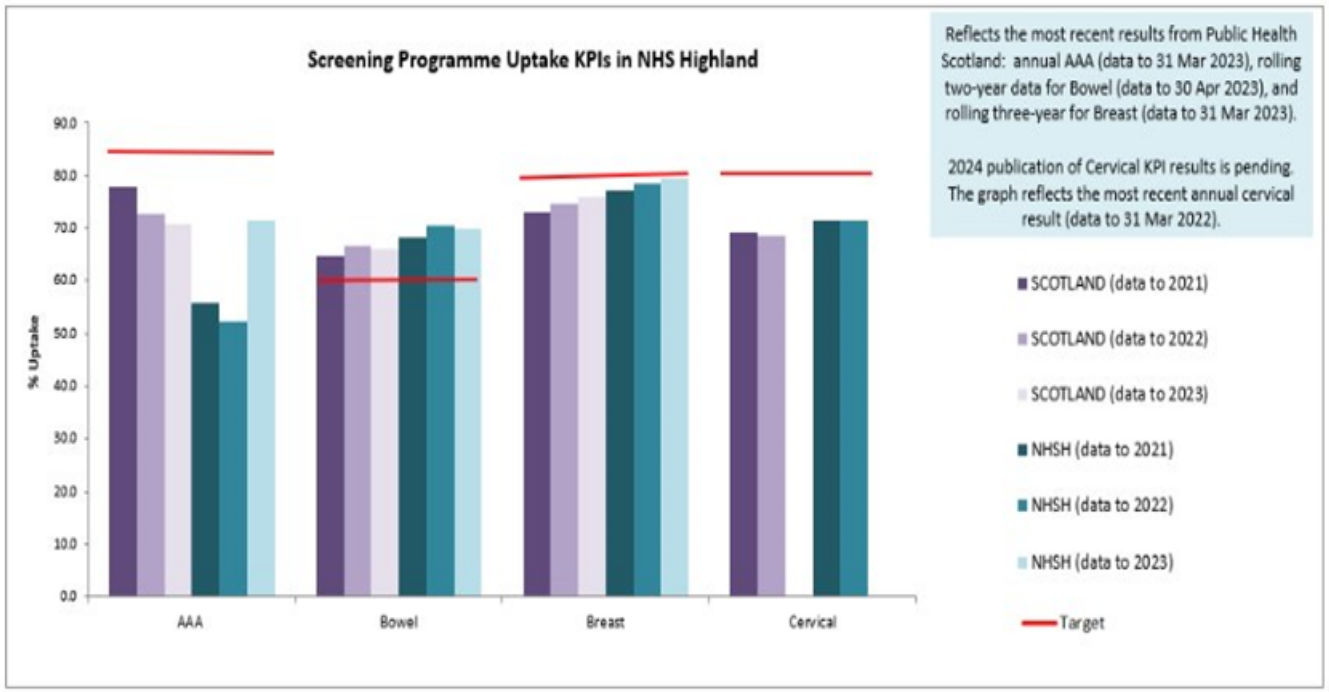
Exec Lead
Dr. Tim Allison, Director of Public Health

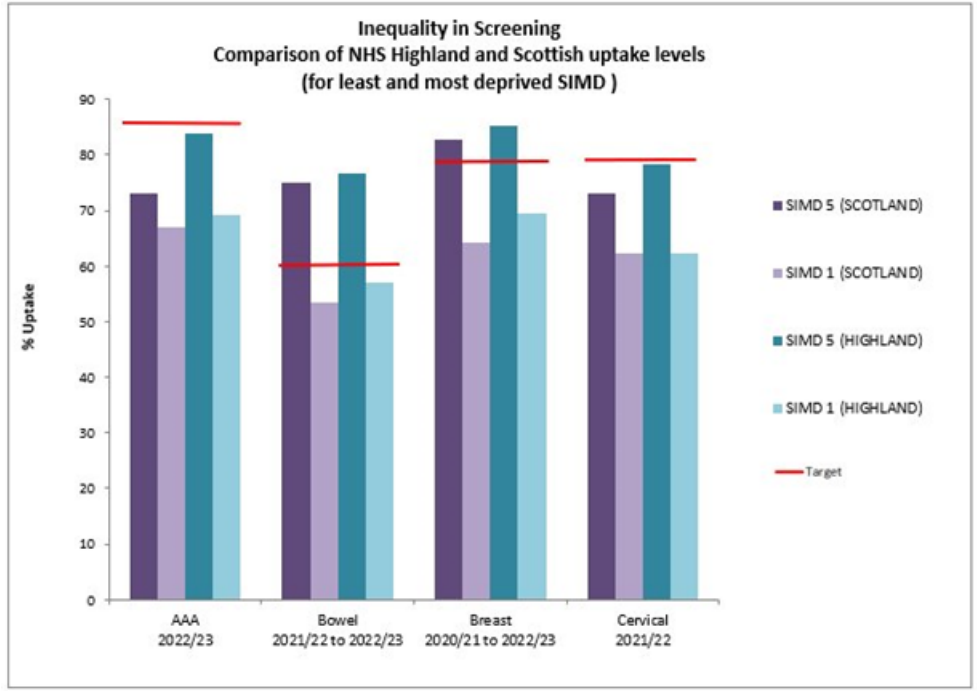
Screening

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Encourage and promote screening programmes and increase uptake across available screening programmes above national targets.	Ongoing	A comparison of screening performance against Scottish benchmarks shows that the overall participation for NHS Highland is higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical cancers and AAA screening programmes. For performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet are on-going. Provision of Diabetic Eye Screening (DES) KPIs and KPI monitoring from Public Health Scotland is pending, so it is not possible to report on performance for DES, and Pregnancy & Newborn. It must be acknowledged that the latest official figures are used to monitor uptake trends, so that comparisons against benchmark figures can be made. Such official figures are published with 1 year delay at the beginning of each financial year. For this reason, no official figure is available beyond Spring 2023.	Work continues to drive improvements within the screening programmes. The NHS Highland Screening Inequalities Plan 2023-26 outlines focused activities to specifically address equality gaps and widen access to screening.

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

Performance Rating	Increasing
Latest Performance	See chart
National Benchmarking	See narrative
National Target	n/a
National Target Achievement	n/a
Benchmarking	n/a





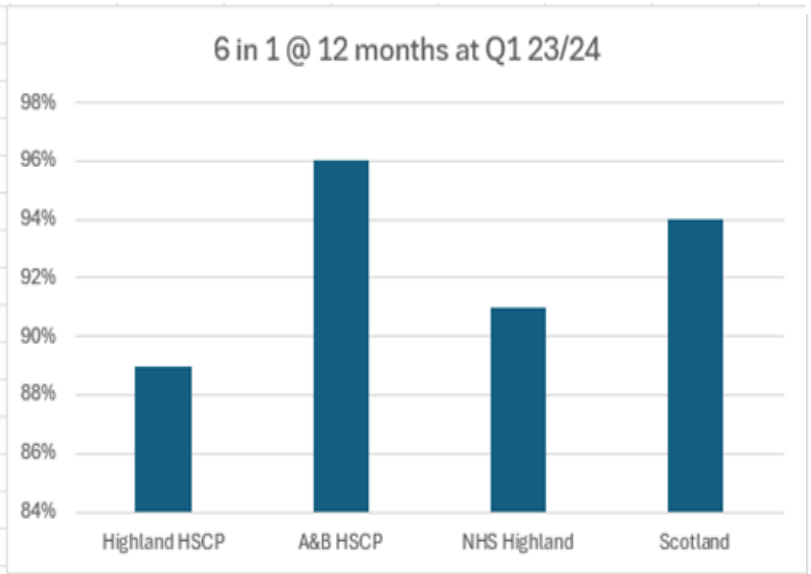
Together We Care
with you, for you

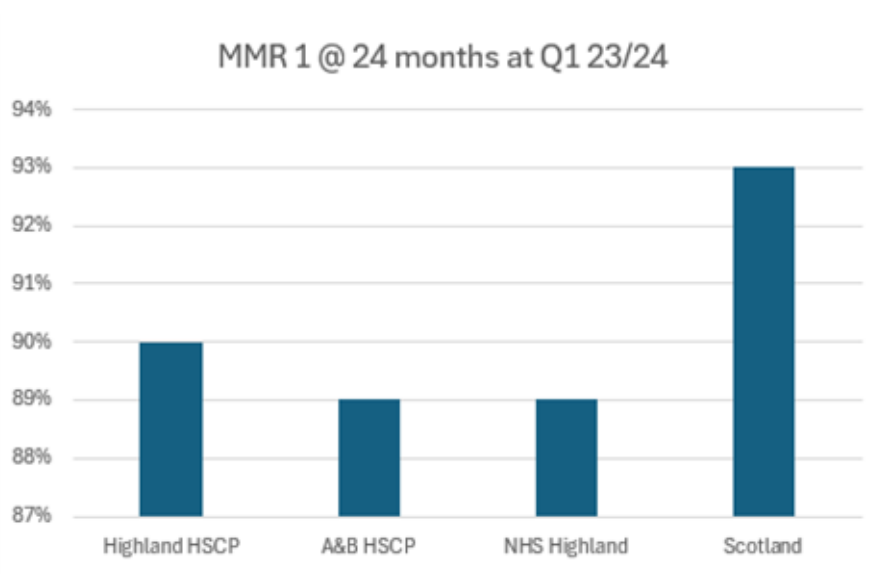
Exec Lead
Dr. Tim Allison, Director of Public Health

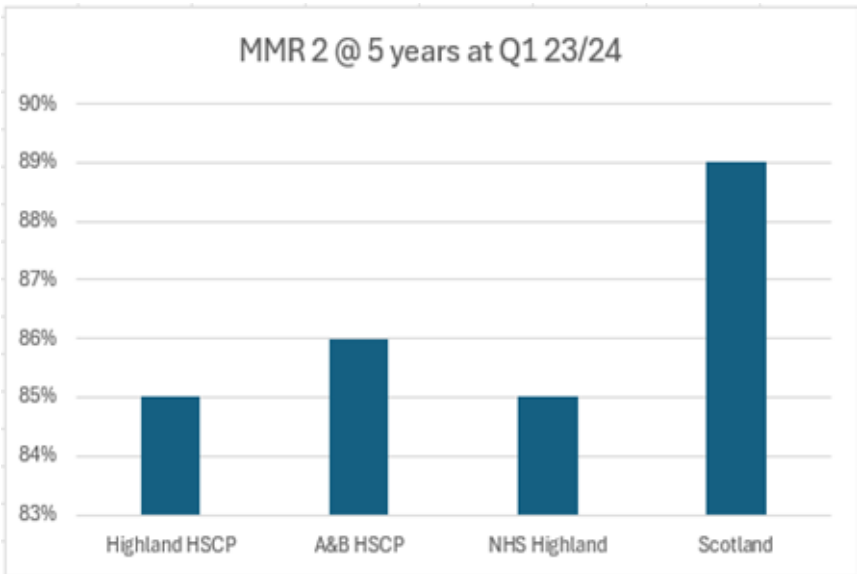
Vaccinations (Children's)

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.	October 2024	Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination. The spring COVID vaccination programme has been undertaken for people aged 75+ and those more vulnerable. Other adult and child programmes also continue.	Scottish Government is working with Highland HSCP in level 2 of its performance framework. Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented. Options are being considered for delivery models in Highland HSCP.
Medium-Term Plan priority: Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.	March 2027		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	Below target
Latest Performance	Range of 85-92%
National Benchmarking	Below national average
National Target	95%
National Target Achievement	n/a
Position	n/a







Together We Care
with you, for you

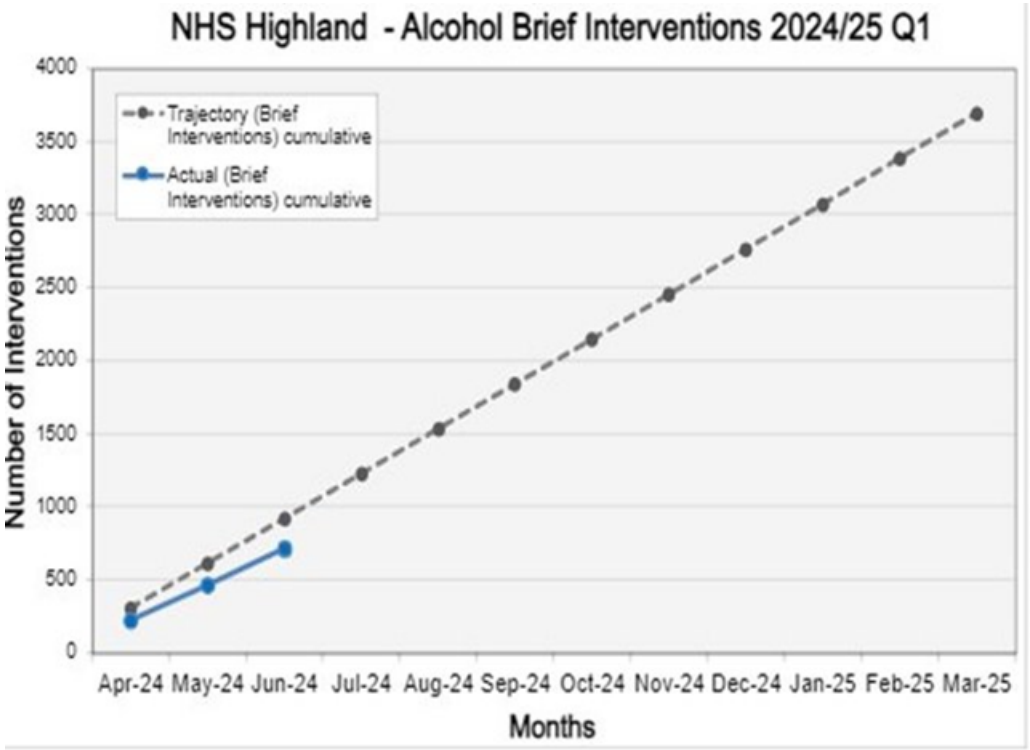
Exec Lead
Dr. Tim Allison, Director of Public Health

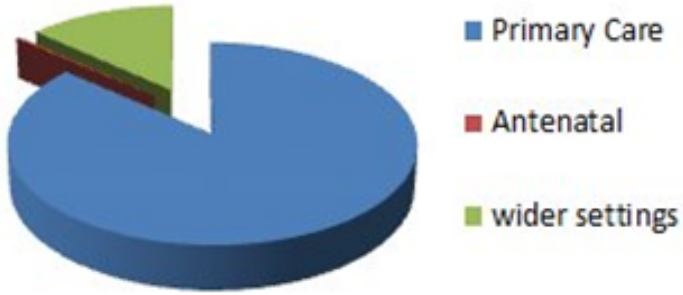
Alcohol Brief Interventions (ABIs)

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.	Ongoing	• ABI delivery remains below target trajectory in each month for NHS Highland. • 86% of delivery in NHS Highland is due to delivery in GP settings. • ABI delivery remains very slightly below trajectory for Highland H&SCP area. • A small number of ABI's have been recorded in Argyll & Bute in wider settings.	• Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement has been agreed for Highland H&SCP area. New contract will begin in Oct/Nov 24. Argyll and Bute plan to increase ABI across wider workforce and third sector, with no current plans to reinstate GP LES. • ABI meeting/training held in Sept to enhance whole Highland approach to Abi training. Plan to meet quarterly. • National ABI Strategy and Performance review due to be published 29th October 2024.
Embed MAT Standards within practice in NHS Highland.	Mar 2025		

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

Performance Rating	Below trajectory
Latest Performance	712 actual vs. 919 trajectory
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a





Setting Contribution in 2024/25 Q1

Primary Care	615	86.4%
Antenatal	2	0.3%
Wider Settings	95	13.3%
	712	100%

Area	Q1 Trajectory	Q1 Delivery
NHS Highland	919	**712**
H HSCP	664	**641**
A&B HSCP	255	**71**

Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

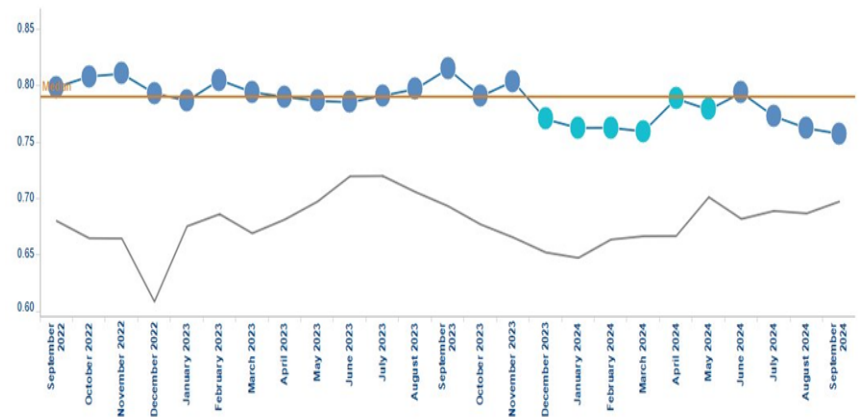
Emergency Department Access

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	NHS Highland is the joint second best performing mainland board (Along with Dumfries & Galloway) in terms of Emergency Department access, however the trend of 4-hour access has decreased since June 2024. Performance for % of ambulances offloaded within 60 mins sits at 80% (aim = 100%) but has decreased over the last few months. Median turn-around time remains under 60 minutes at 28:33 minutes The number of patients waiting over 12 hours in ED has most recently decreased but remains above the median level.	**Hospital at Home** Draft framework developed – Districts finalising gap analysis to identify requirements for delivery, including what can be achieved within existing resources **Acute Front Door & Optimising Flow** Initial data analysis provided by LIST (Public Health Scotland) - secondary analysis to be undertaken to support action setting at a local level. AHP front door proposal supported by EDG and recruitment to deliver new models of assessment and pathways progressing. **OPEL** Whole system OPEL progressing through System Capacity Group – trigger plan data at scoping stage
Acute Front Door; Develop a range of pathways to reduce demand on in patient acute beds – in primary care and secondary care.	March 2025		
Optimising Flow; Scope pathways and processes which support early diagnosis, promotion of realistic medicine and timely discharge from in-patient care for those requiring admission	March 2025		
OPEL; Develop whole system OPEL collaboratively to respond when our services are experience pressures to manage and mitigate risk across all services	March 2025		

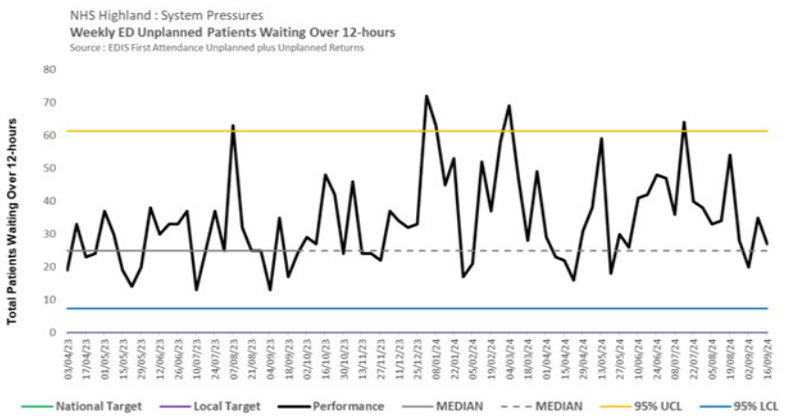
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well

Performance Rating	Decreasing
Latest Performance	75.7%
National Benchmarking	2nd highest mainland board for ED < 4 hours
National Target	95%
National Target Achievement	NHS H remains above the Scotland average, but off target
Position	6/14 Boards

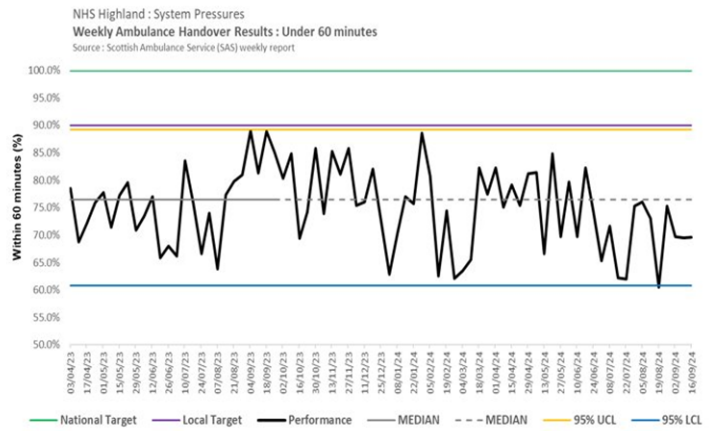
People seen in ED within < 4 hours (P)



Total Patients waiting > 12 hours in ED (Q)



Ambulance Handover < 60 mins (Q)



Together We Care
with you, for you

Exec Lead
Pamela Stott
Chief Officer, HHSCP

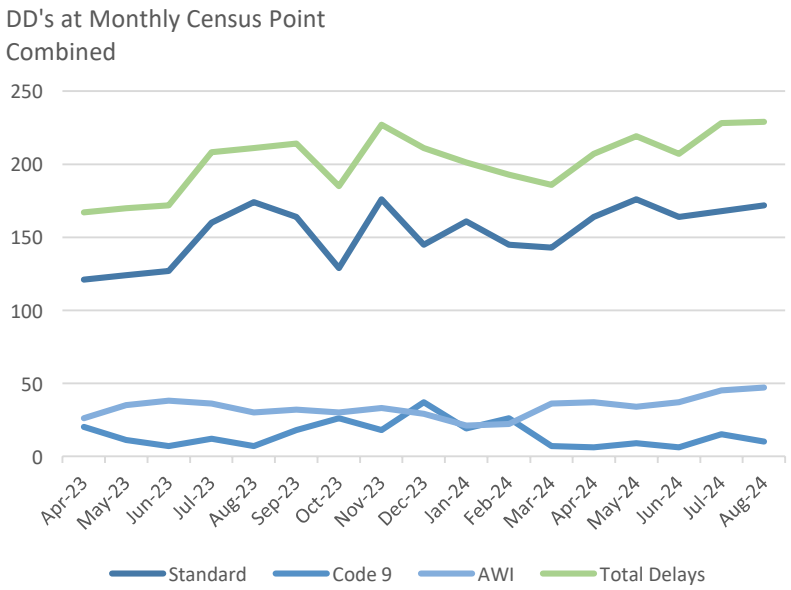
Delayed Discharges

ADP Deliverables: Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	As of 30th September, the number of standard delays was 144, which is below the 30% reduction trajectory number of 147. This demonstrates some progress however caution needs to be given as to whether this was natural seasonal variation. Data updates are pending on whether performance against this trajectory at the end of October is on track to meet the required downward trajectory. Availability of Care at Home and Care Home capacity have key impacts on the current number of Delayed Discharges.	A Systems Capacity Group meeting daily is overseeing the following actions related to the ADP actions above: 1. Implementing the placement of a new team of "AHPs at the Front Door" to ensure people who can return home without being admitted are supported to do so. This is a foundation of the workforce plan to deliver Home is Best in Inverness. 2. Developing a Primary Care Strategy that will include a review of community hospital capacity and function. Integrated service planning is progressing across the HHSCP in Mental Health, Community Nursing and AHPs which will feed into the planning process, specifically workforce tools and Time to Care productivity study. These are due to complete early 2025 with AHP workforce tools running later in 2025.

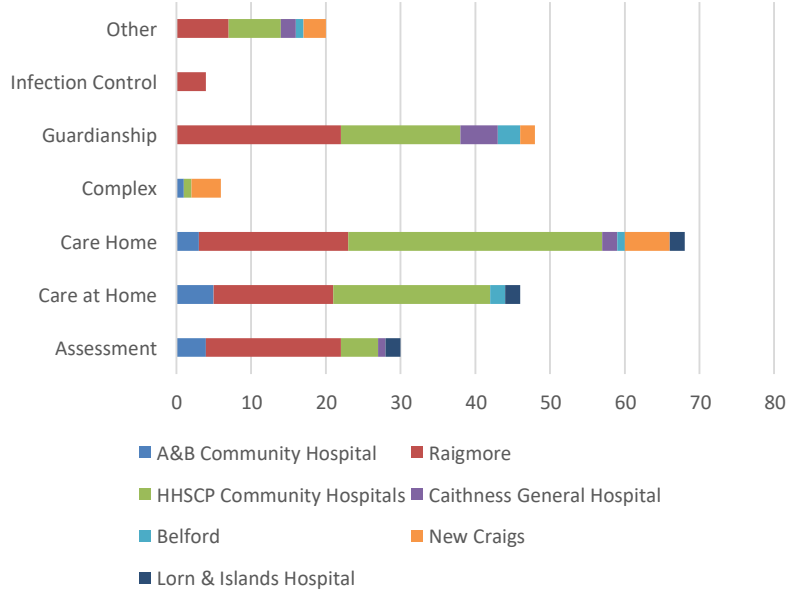
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Below trajectory
Latest Performance	207 at Census Point 6213 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays by 31/10/24
National Target Achievement	Not Met
Position	14 / 14 Boards

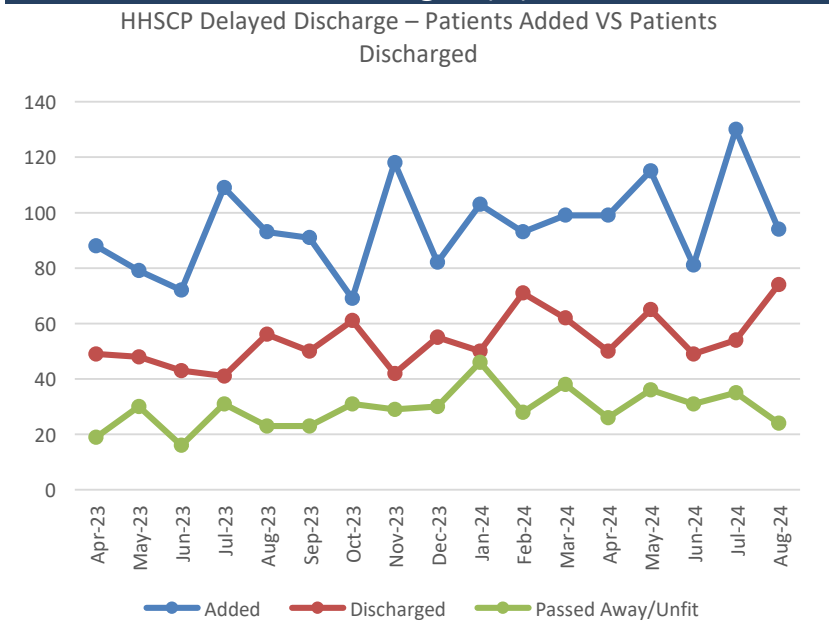
Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B



Delayed Discharge – Location and Code (P&Q)



HHSCP Delayed Discharge – Patients Added VS Discharged (Q)



Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients (New Outpatients – NOP – seen within 12 week target) – Slide 1 of 2

ADP Deliverables Progress as at End of Q2 2024/25	
Increase in virtual appointments to improve efficiency and reduce travel associated.	Aug 24
Outpatient services immediate improvement plan including increasing the use of remote appointments, patient-initiated return, ACRT and rebase job plans	May 24
Utilise Patient Hub in acute settings to digitalise letters and reduction in use of consumables.	Mar 25
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU in a planned and managed way across NHS Highland.	Mar 25

Insights to Current Performance

The number of NOP seen within 12 weeks is 36.7% which is below the Scottish average.

Reasons for level of performance include:

- Inconsistencies in the application of clinic booking processes and Patient Access Policy
- Managing the efficient use of clinic rooms and spaces to correlate with clinic types, e.g. face to face clinics/NHS Near Me clinics/telephone clinics
- CfSD initiatives not fully embedded across all specialties. This will move further forward when eHealth systems can be updated to accept the required changes on TrakCare PMS
- Overall increasing numbers of NOP referrals into services

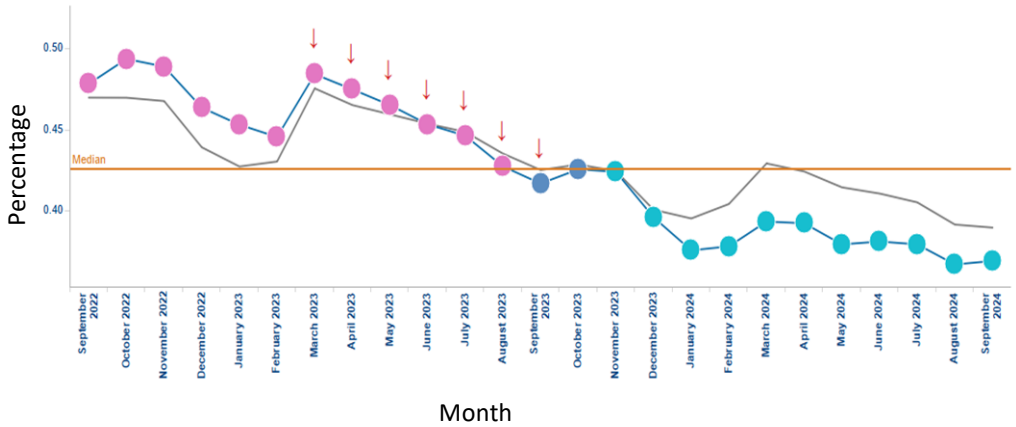
Plans and Mitigations

Further modification of referral pathways, working with Primary Care to manage demand more efficiently. Provides a better patient journey and supports the validation of waiting lists, ensuring that appropriate patients only are waiting to be seen. Use NECU admin. validation with CfSD agreement.
Focus on the delivery of ISP continues, zoning in on core new outpatient activity and its close management. Shortfalls in core delivery are identified early and required delivery targets increased to address shortfalls quickly.
Continuous governance and management of allocated SG additional activity funds to target longest NOP waiter.
Robust patient access/WTG policy management with teams at all levels.
Additional clinic space identified and now in use for dermatology, progressing well.

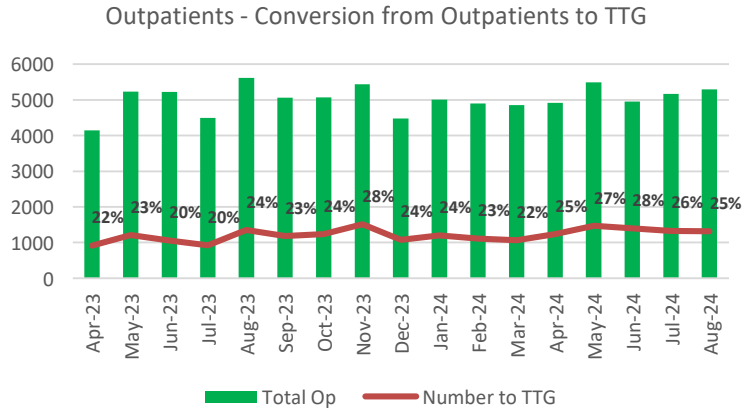
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Decreasing but near Scotland average
Latest Performance	36.7%
National Benchmarking	39.7% Scotland average
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	11 out of 14 Boards

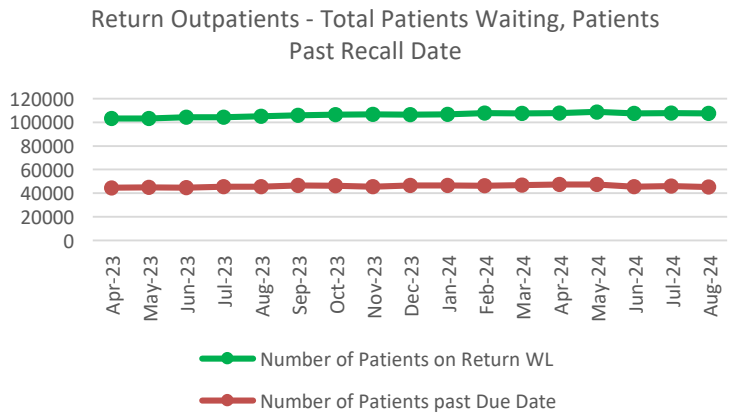
Outpatients Seen <12 Weeks (P)



OP Conversion Rates (Q)



Return Outpatients Wait List (P)



Outpatients (Delivery Plan and Long Waits) - Slide 2 of 2

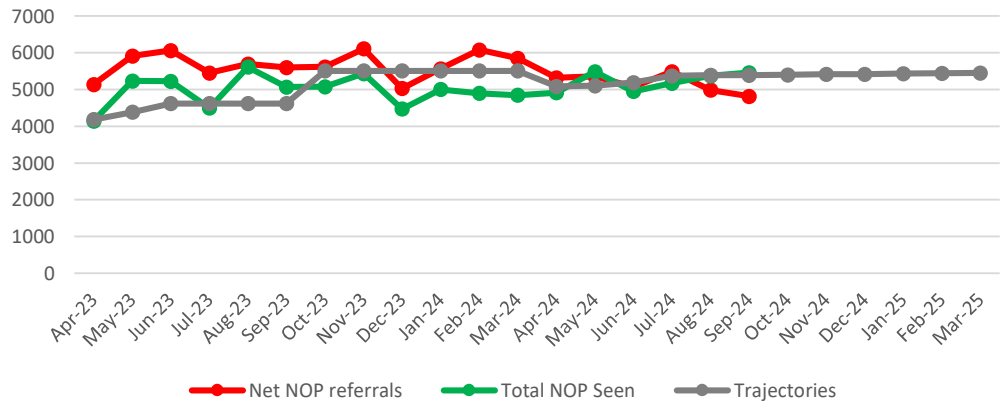
Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

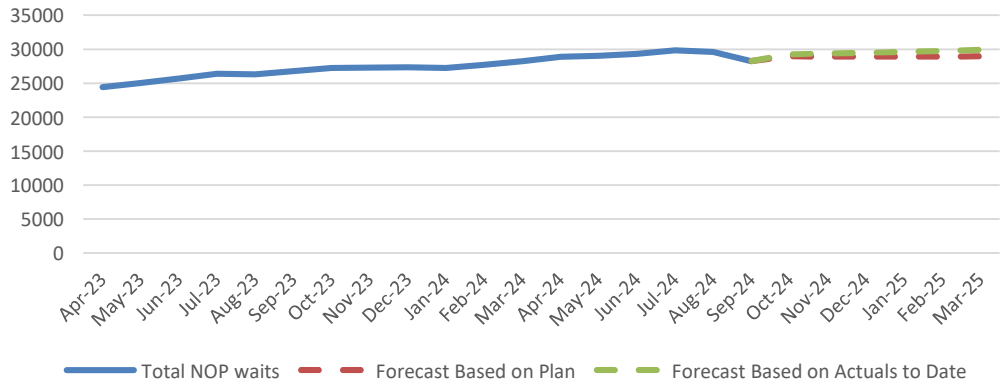
Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen- Sep 24	Overall
64,045	31,511 (49.20%)	31,346 (48.94%)	0.26% below target

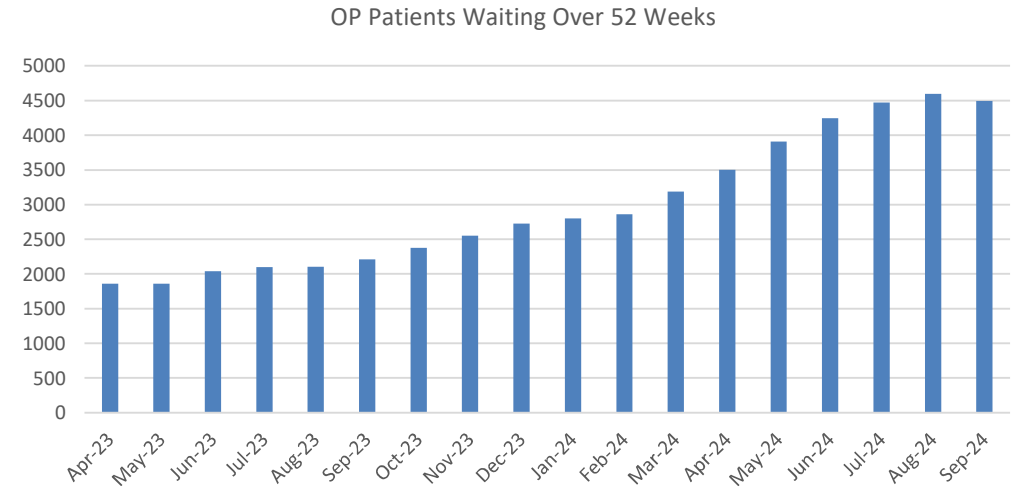
Referrals, Patients Seen & Trajectories (P)



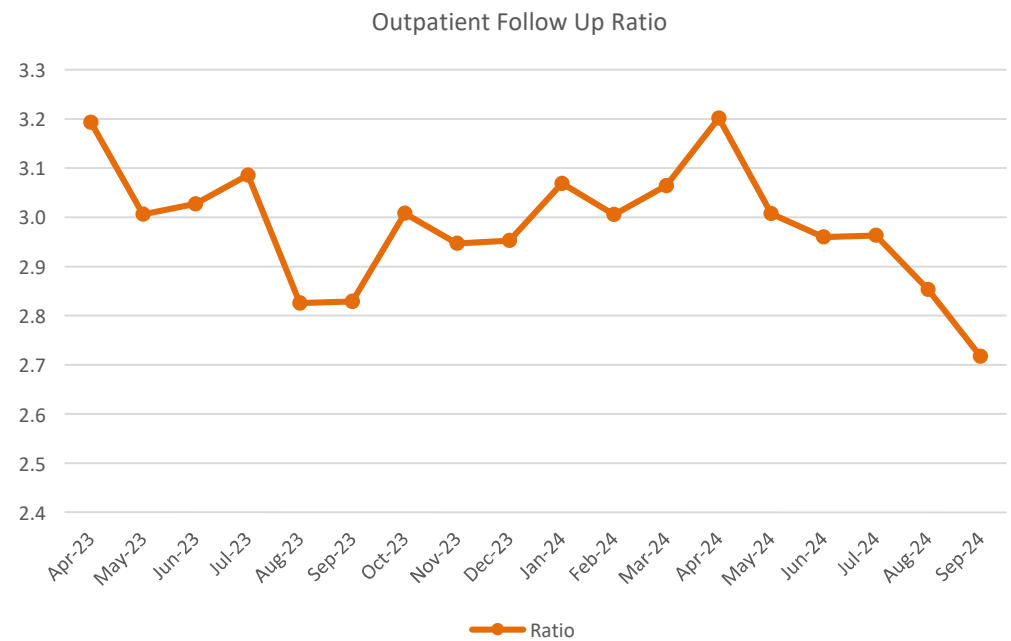
Waiting List & Projection (P)



Target 3 – Long Waits



Follow Up (Q)



Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee Slide 1 of 2: TTG < 12 week target

ADP Deliverables Progress as at End of Q2 2024/25	
Reduction in number of procedures of low clinical value	Aug 24
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU	Mar 25
Review of SLAs in Acute for patients who travel out with the board for treatment	Mar 25
Increased theatre productivity (national target 90%) by utilising new processes including optimising the use of digital tools that are available within NHS Highland and exploring further opportunities, utilising available resource.	Mar 25
Local improvement plans in place for all Acute fragile services working collaboratively with the national clinical sustainability reviews	July 24
Continue to maximise the opportunities of the NTC with partner boards	Mar 25

Insights to Current Performance

- Increasing demand and complexity.
- Lack in some specialties of workforce to deliver care pathways.
- Patients referred into services with long waits who may realise better outcomes if care managed in primary care.
- Currently behind on TTG however confident that we can turn this around with focus on long waiting patients along with the use of the RGH capacity.

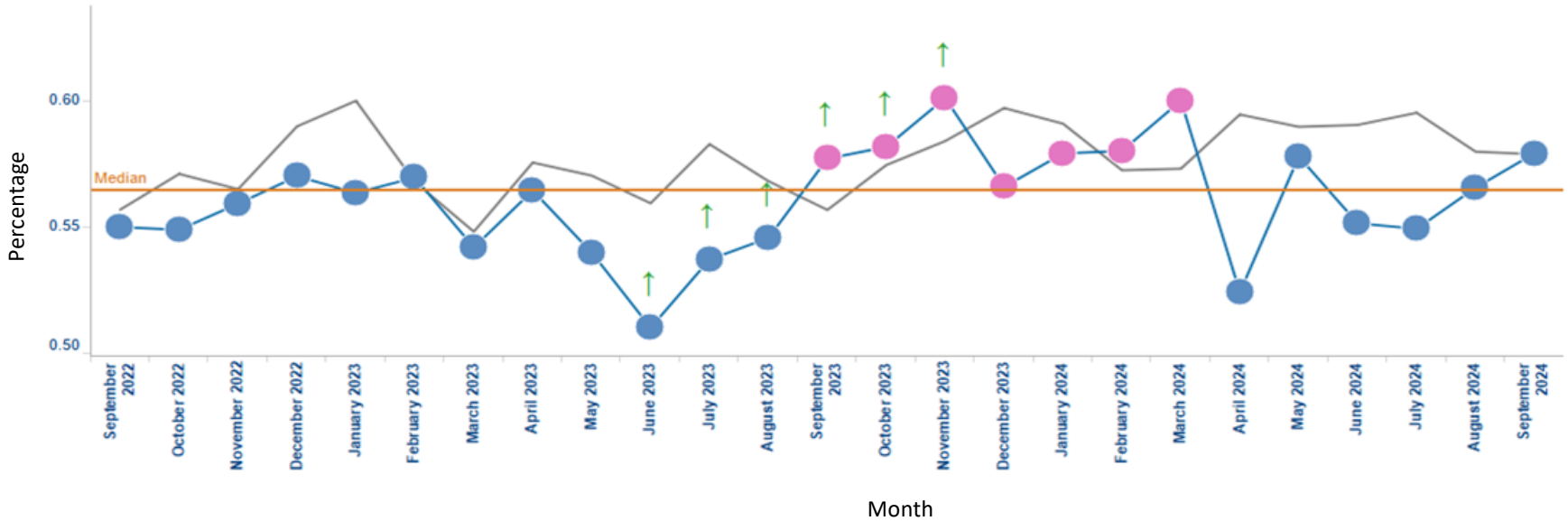
Plans and Mitigations

- Service planning implemented through ISP workstreams to realise efficiencies in process and alternative workforce models.
- Implementation of CfSD initiatives.
- Awareness and delivery of new WTG to ensure that only those who are fit, willing, and able are on a waiting list. Delivery of NHSH waiting times dashboard to support appropriate management of care pathways.

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

Performance Rating	Below ADP target
Latest Performance	56.5%
National Benchmarking	58% Scottish average
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	9/15 Boards

TTG Seen <12 Weeks (P)



Treatment Time Guarantee Slide 2 of 2: TTG Activity, Long Waits & Projections

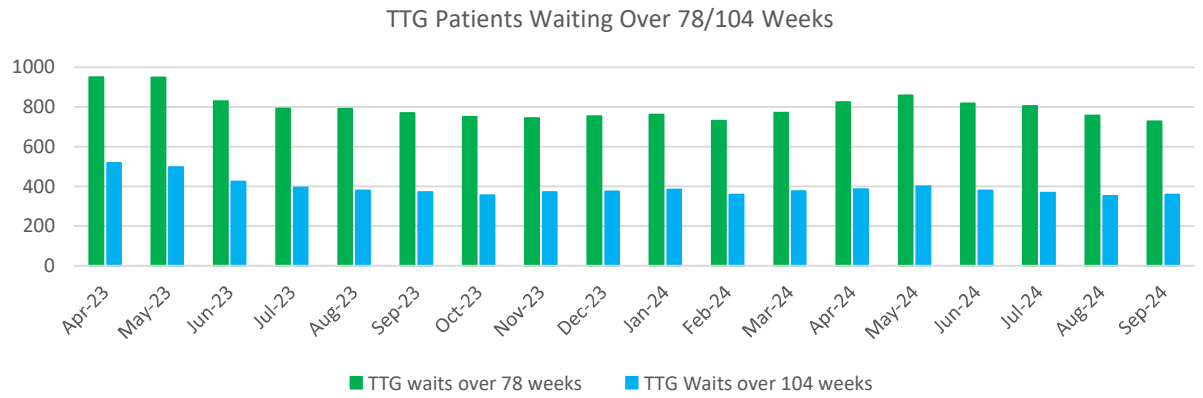
Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

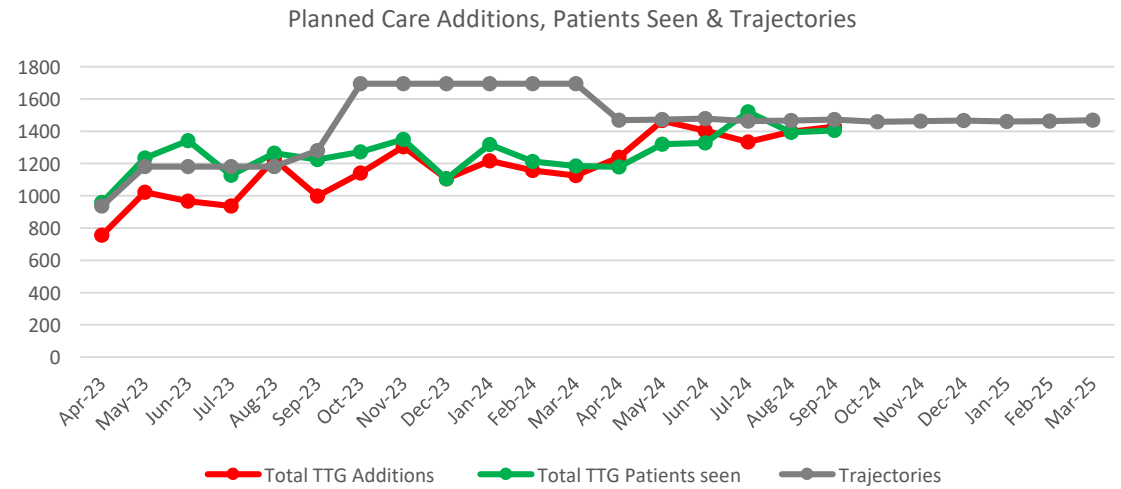
ADP Targets (P)

Yearly Trajectory	YTD Performance	Patients Seen-Sep 24	Overall
17,603	8,823 (50.12%)	8,146 (46.27%)	3.85% behind target

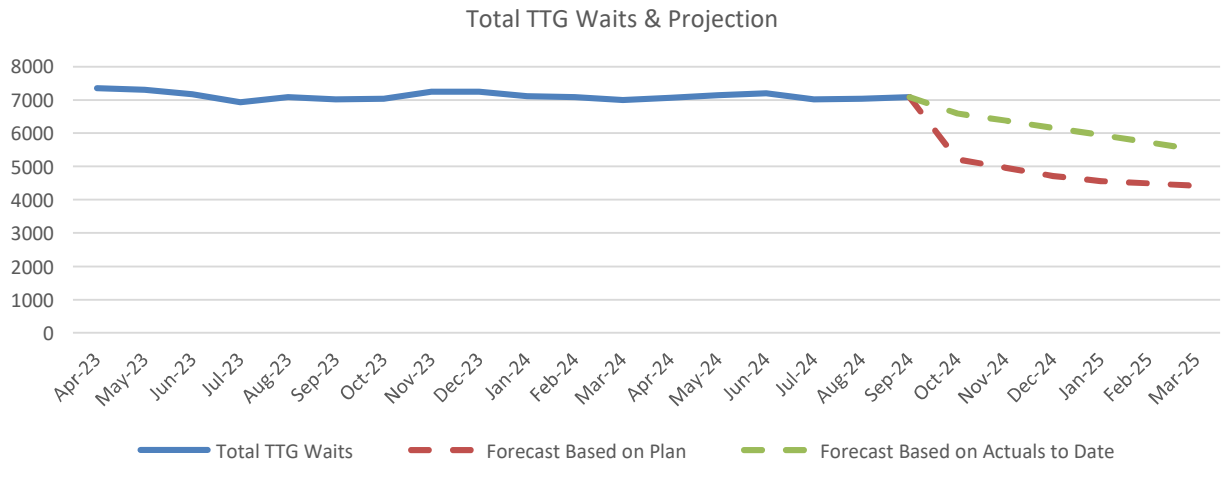
Long Waits (P&Q)



Referrals, Patients Seen & Trajectories (P)



Waiting List & Projection (P)



Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

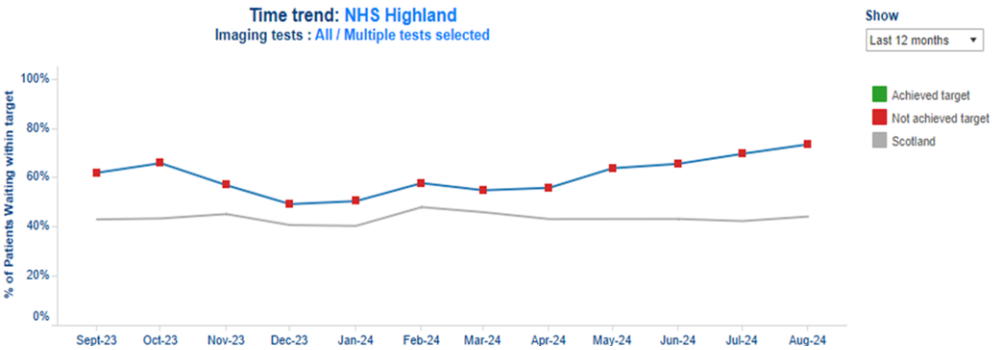
Diagnostics - Radiology

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigation
Create a value-based diagnostic plan for NHS Highland through understanding delivery models and utilising a shared decision-making approach. Prioritised understanding and improvement plan for diagnostic capacity for USC and surveillance.	Mar 2025	Current performance is exceeding planned trajectories, with NHS Highland improving the percentage of patients who have imaging tests within 6 weeks to end of August 2024.	Strategy workshop with key Stakeholders being arranged for Dec Audit Day Focus initially on optimising capacity, improving efficiency & patient experience and outcomes through new / improved service delivery model(s). Implementation of "right test, right time", which is based on Realistic Medicine principles. Opportunity to increase patient outcomes and experiences whilst also saving costs associated with tests that add no / little clinical value. Meeting will also focus upon the Benefits Realisation of new systems being introduced in 2025 ie PACS, RIS & Order Comms

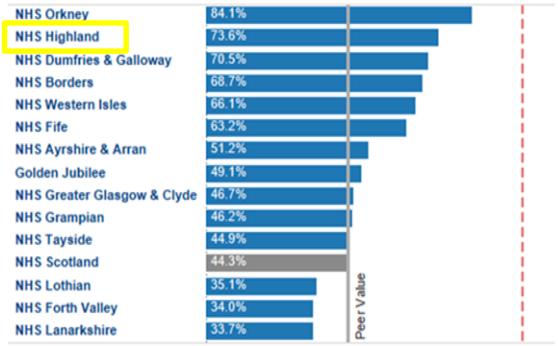
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Meeting ADP target
Latest Performance	73.6%
National Benchmark	44.3%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is best ahead of Scotland average
Benchmarking	1st Mainland Board

Imaging Tests: Maximum Wait Target 6 Weeks

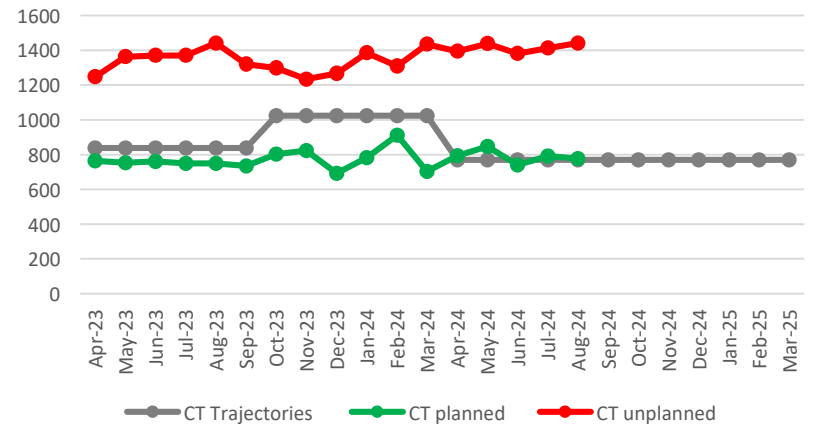


Benchmarking with Other Boards

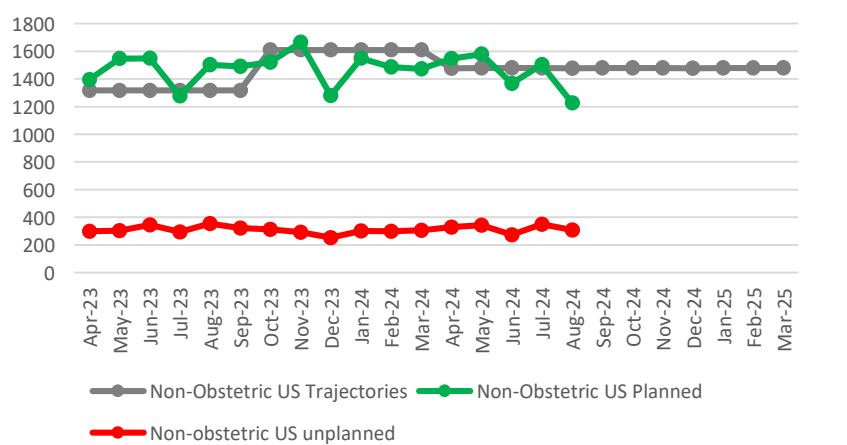


Yearly Trajectory	YTD Target	Patients Seen- April 2024	Overall
33,229	13,843 (41.66%)	14,546 (43.78%)	2.12% A bove target

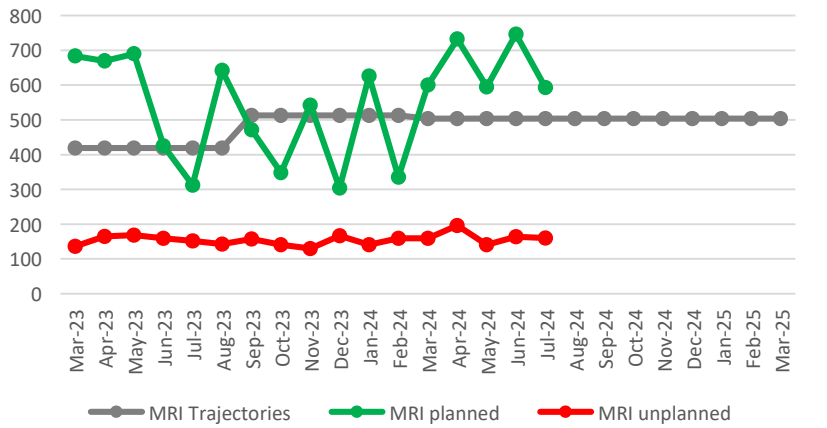
CT Patients Seen & Trajectories



Non-Obstetrics Patients Seen & Trajectories



MRI Patients Seen & Trajectories



Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

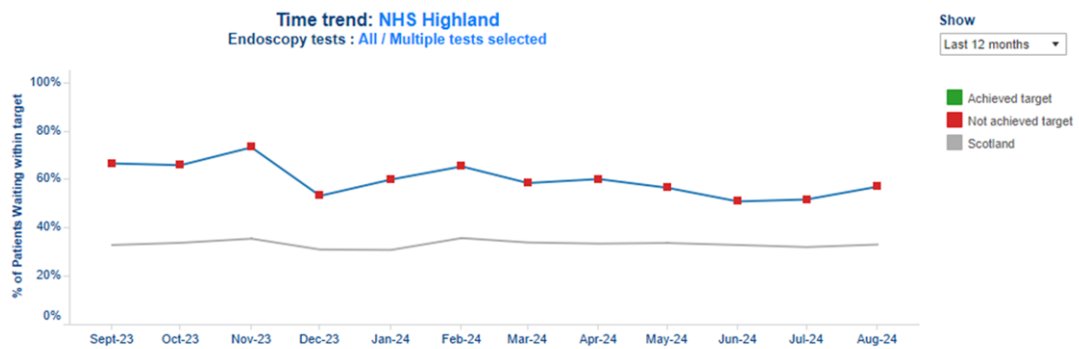
Diagnostics - Endoscopy

ADP Deliverables Progress as at End of Q2 2024/25	Insights to Current Performance	Plan and Mitigation
GI Endoscopy – on track Cystoscopy – recovery plan and strategic plan to be developed once demand and activity reports are available from Strategy and Transformation team w/c 28th October	TrakCare PMS to be reconfigured to measure waiting time rules against national 42day target rather than local 28day standard. This would provide a true reflection of current performance.	GI Endoscopy now in strong position, surveillance backlog reduced to just 2months across Highland. Next step to reduce new urgent wait Cystoscopy – NECU running programme for all patients waiting over 6 weeks w/c 4th November then service to schedule additional sessions with Planned Care funding.

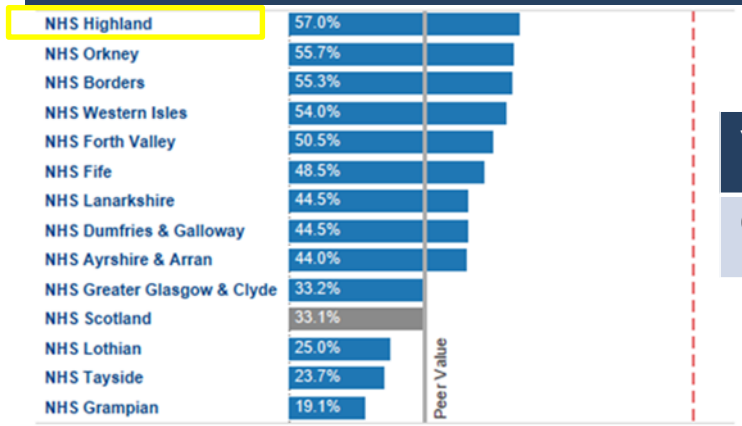
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Meeting ADP Target
Latest Performance	57%
National Benchmark	44.3%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is best ahead of Scotland average
Benchmarking	1st Board

Endoscopy Tests: Maximum Wait Target 6 Weeks

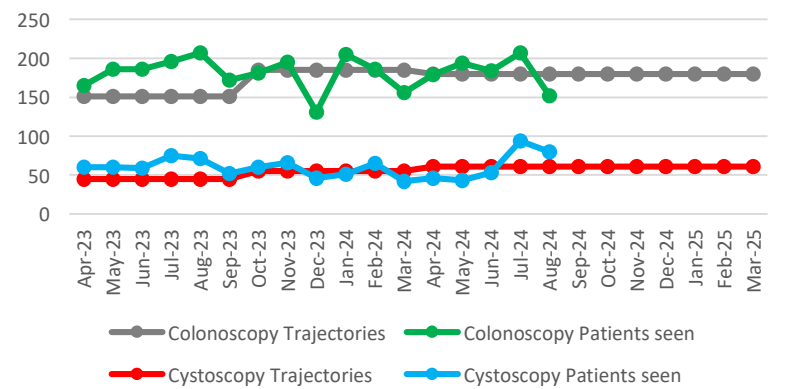


Benchmarking with Other Boards

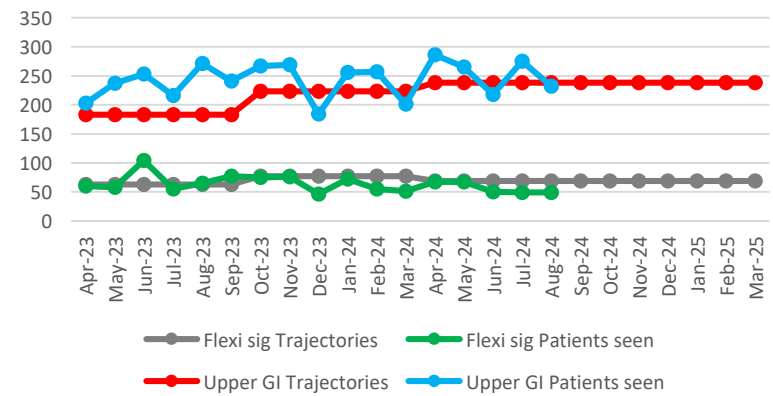


Yearly Trajectory	YTD Target	Patients Seen	Overall
6,576	2,740 (41.67%)	2,790 (42.43%)	0.76% over target

Colonoscopy & Cystoscopy: Patients Seen & Trajectories



Flexi Sig & Upper GI: Patients Seen & Trajectories

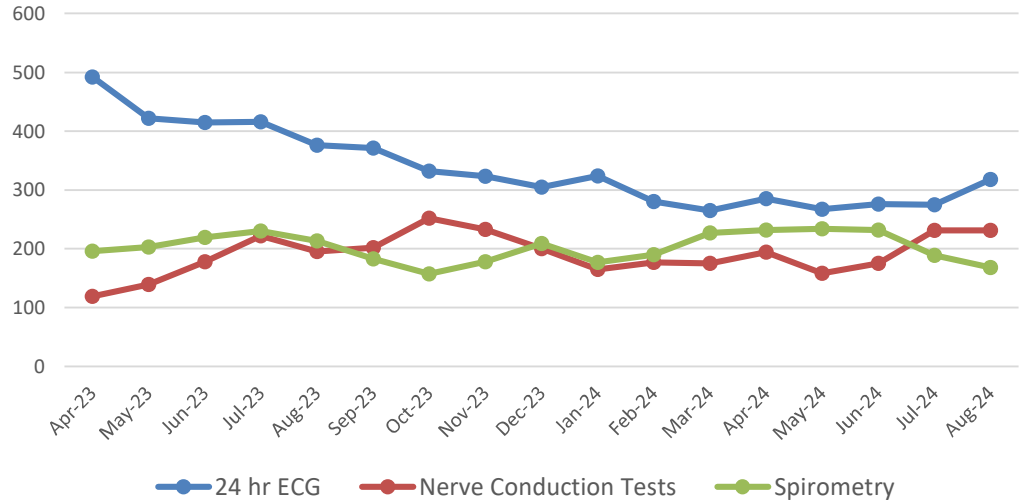


Diagnostics Wait List - Other

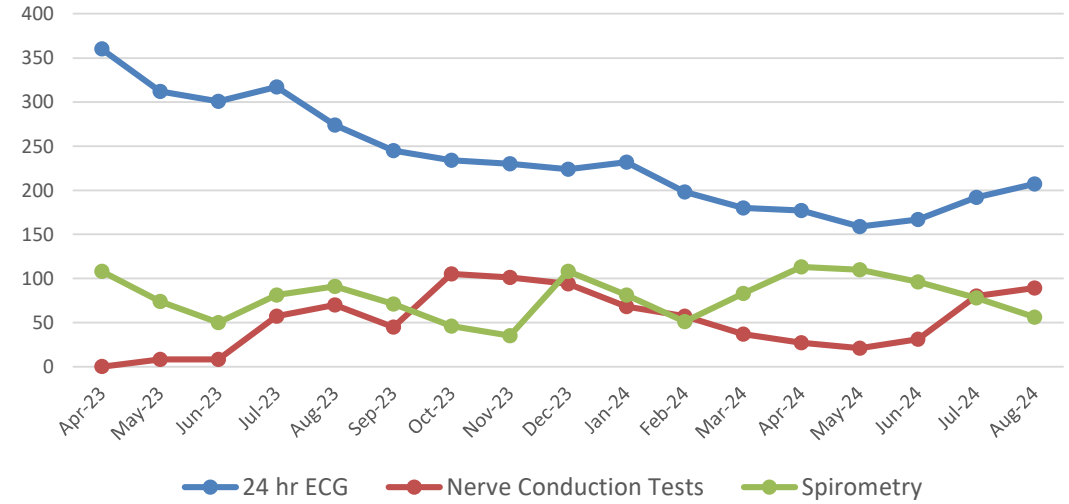
Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

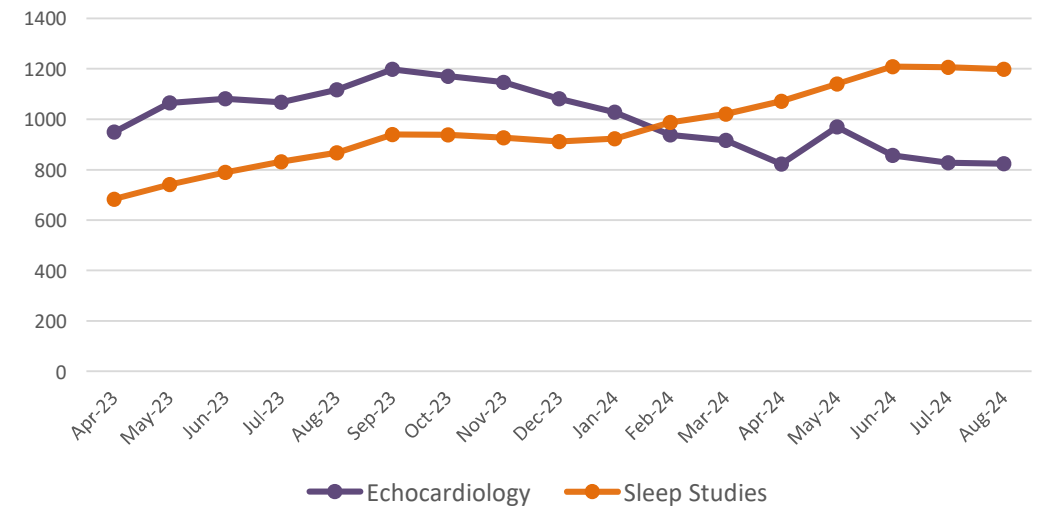
Total Waiting List Size
24hr ECG, Nerve Conduction Tests & Spirometry



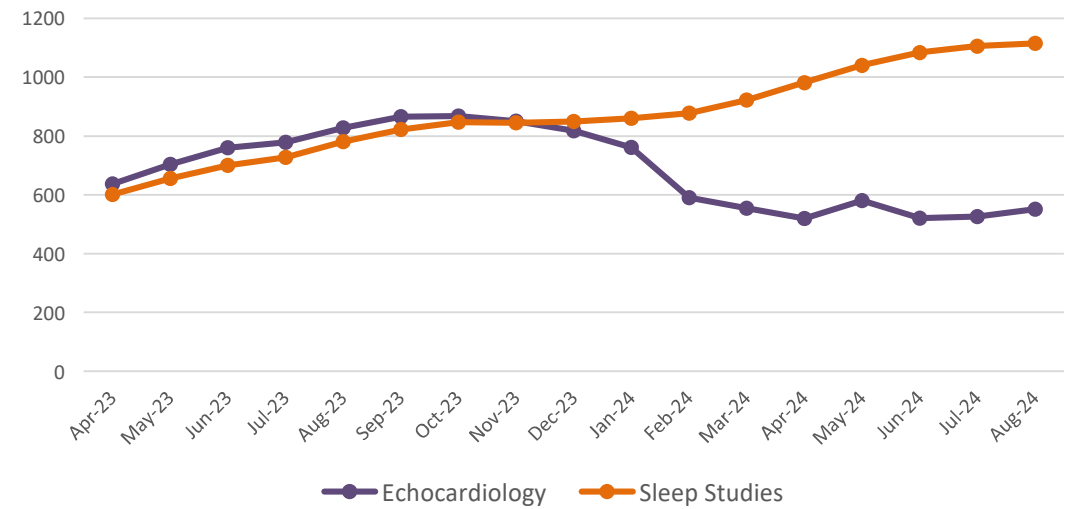
Patients Waiting >6 Weeks
24hr ECG, Nerve Conduction Tests & Spirometry



Total Waiting List Size
Echocardiology & Sleep Studies



Patients Waiting >6 Weeks
Echocardiology & Sleep Studies



Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

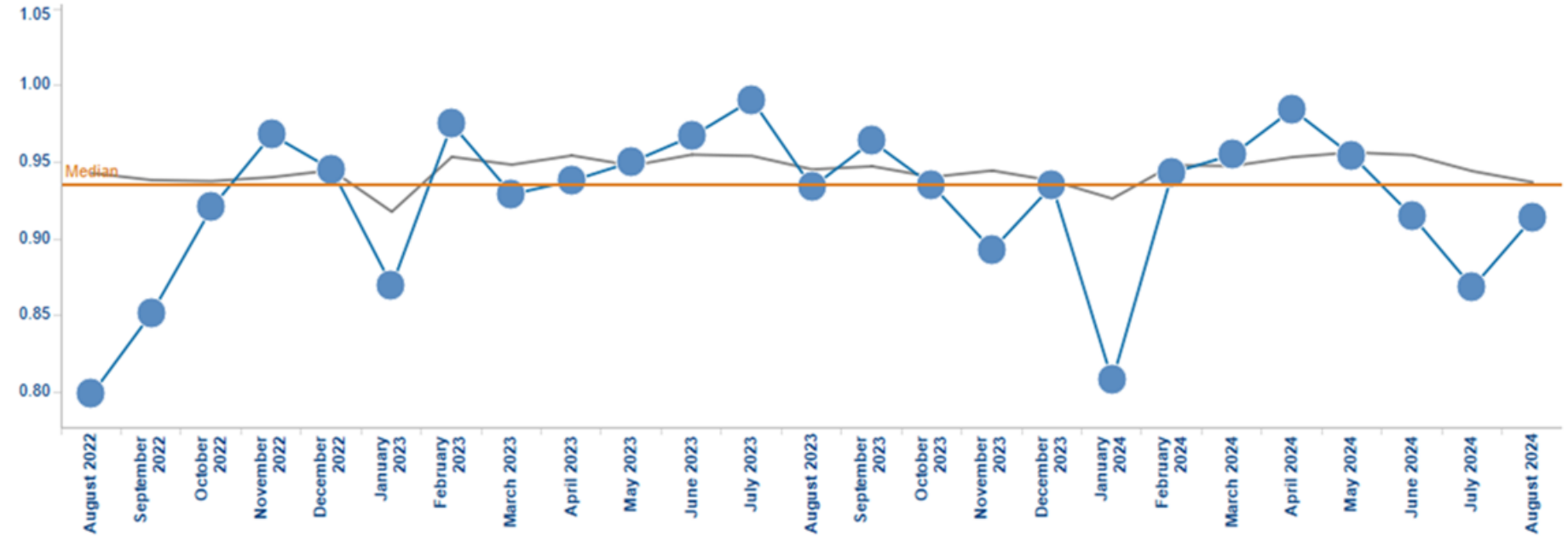
31 Day Cancer Waiting Times

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Implement the local actions identified to meet the Framework for Effective Cancer management	Mar 25	Increasing demand and lack of workforce to manage / deliver **oncology** services. Performance most recently improved but deteriorated in this quarter & month due to lack of capacity for Bladder & Renal Operating and for Breast Radioisotope supply and Radiology resulting in reduced performance	Breach analysis of every patient to learn lessons, on-going. 1. Additional Operating availability for Urology and 2. Mutual aid for Breast assessment & treatment w/c 28 Oct from FV 3. CRC Oncology Mutual Aid from 15/12
Implement review of Breach Analysis areas e.g. Breast, Renal, Bladder & Colorectal to understand issues re 31/62 day targets	Mar 25		

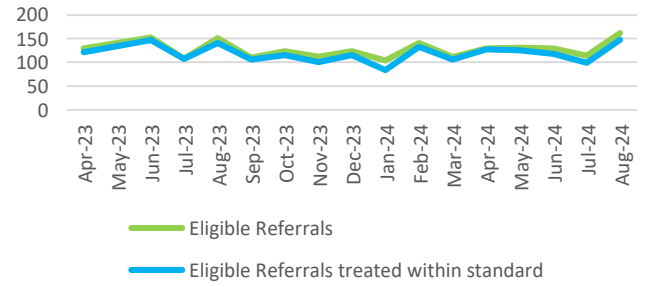
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Variable
Latest Performance	91.4%
National Benchmarking	93.7% Scotland average
National Target Achievement	Last met in May 2024
Position	14th out of 15 Boards

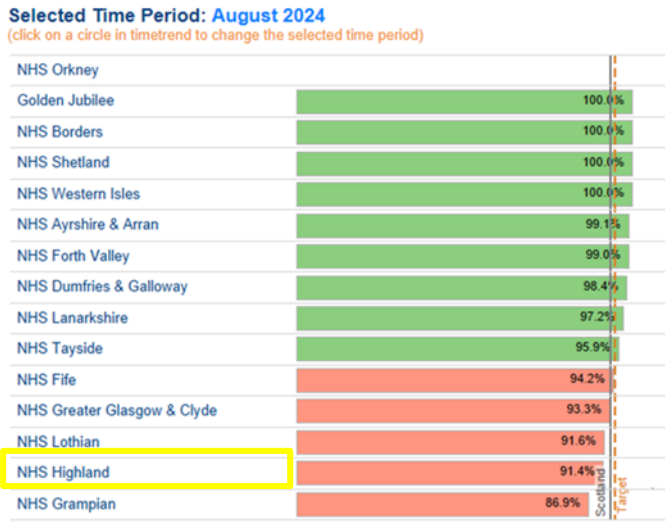
31 Day Cancer Waiting Times



Patients Seen on 31 Day Pathway



31 Day Benchmarking with Other Boards



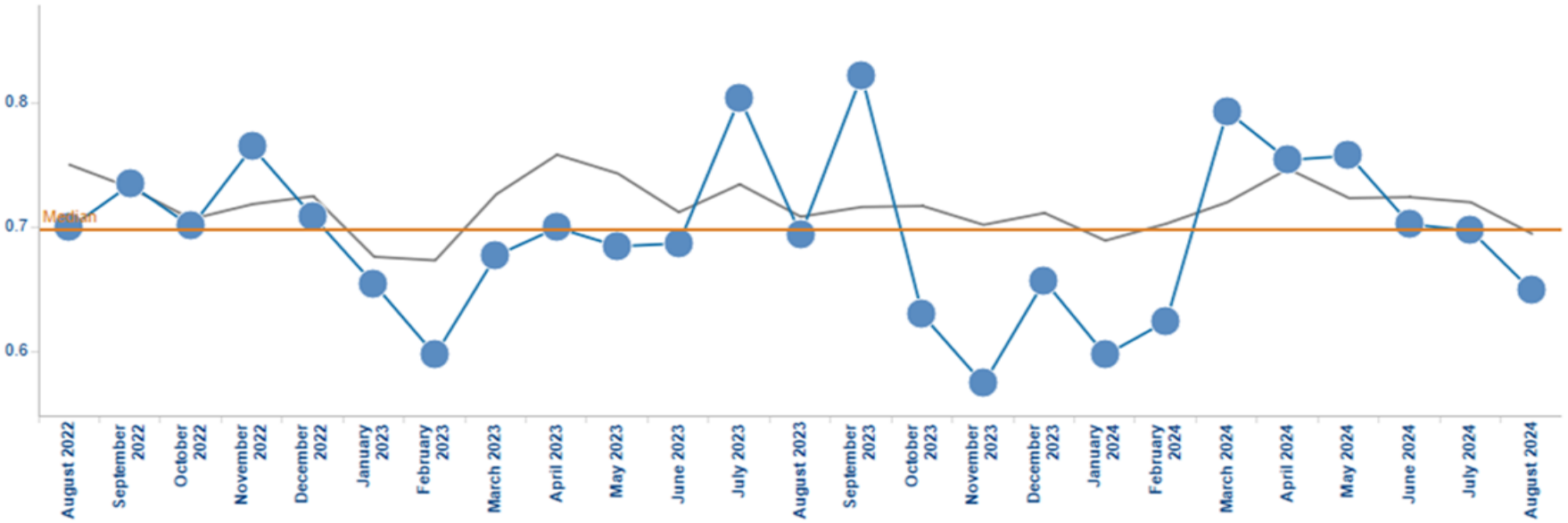
Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

62 Day Cancer Waiting Times

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Consider capacity and demand for cancer surveillance	Sept 24	The total number of patients receiving treatment increased but consequently performance decreased in August 2024. Nationally, there are long-standing challenges with meeting the 62-day standard due to the number of referrals for urgent cancer investigation.	Development of national oncology target operating model. Finance and workforce gap analysis underway to realise national working. Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation. Overlapping Plans with 31 Day Standard in order to improve performance
Engage with Maggie's Highland and other programmes of work focussing on the prehabilitation-rehabilitation continuum.	Mar 25		
Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.	Mar 25		

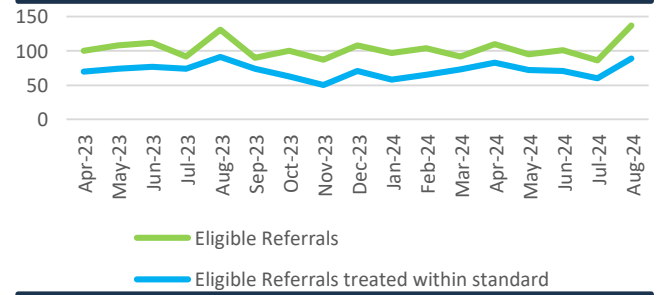
62 Day Cancer Waiting Times



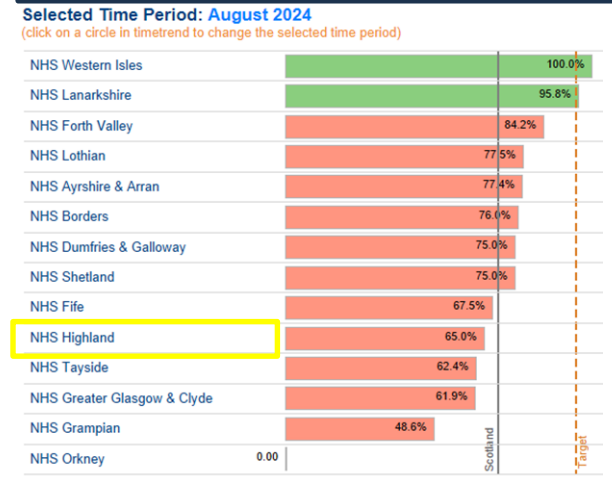
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Decreasing
Latest Performance	65%
National Benchmarking	70% Scotland average
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	10th out of 15 Boards

Patients Seen on 62 Day Pathway



62 Day Benchmarking with Other Boards



Together We Care
with you, for you

Exec Lead
Katherine Sutton
Chief Officer, Acute

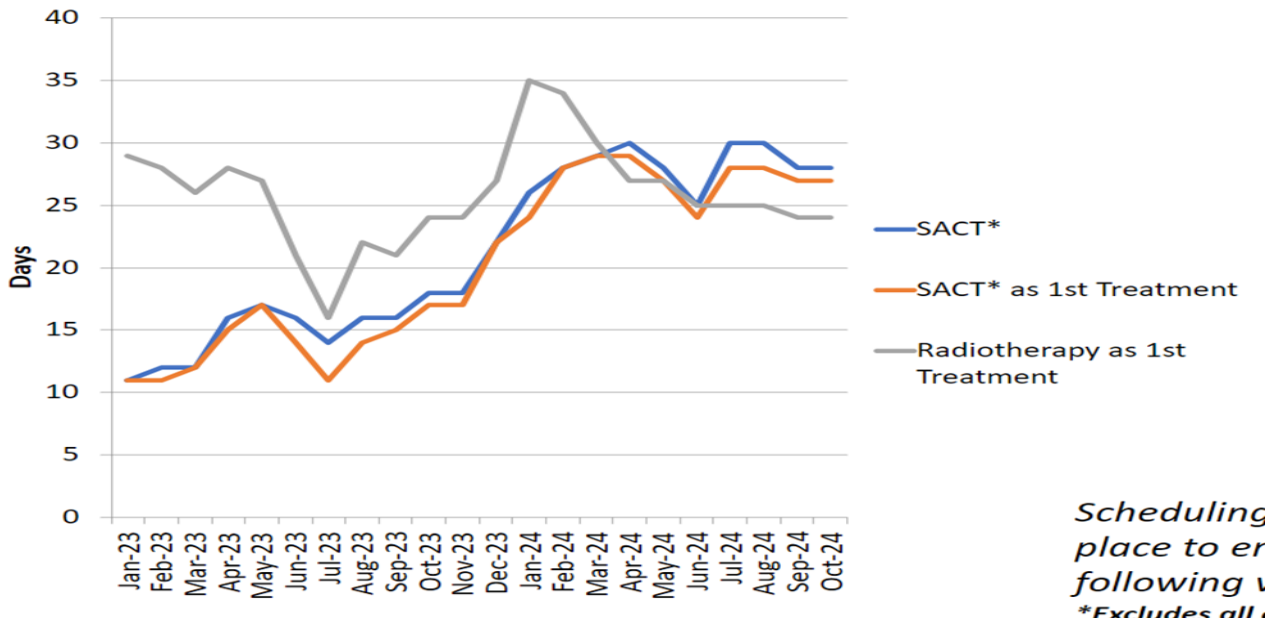
SACT Access and Benchmarking

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Moving towards networked delivery of Oncology & SACT services aligned to developing national strategy	Mar 25	Waiting times to start SACT and Radiotherapy treatment remain stable in 2024 following a sharp increase in recent years. The service is very much dependent upon senior clinicians to prescribe and trained nurses to administer. The latter position has improved with 2 additional nurses in post and 1 additional nurse being interviewed This is against a backdrop of increasing number of patients being treated in Highland, mirroring the national trend.	Development of national oncology target operating model to improve Oncologist capacity initially Appointment of 3rd additional SACT trained nurse Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation.
Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks.	Mar 25		
Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment	Mar 25		

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

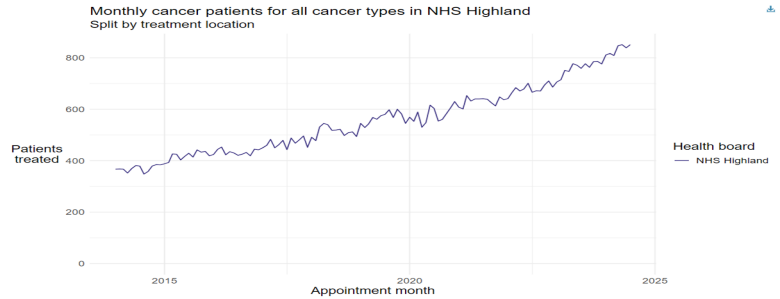
Performance Rating	Stable
Latest Performance	25-30 days to start treatment
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a
Position	NHS Highland activity matches national trends

Systemic Anti Cancer Therapy – Waiting Times

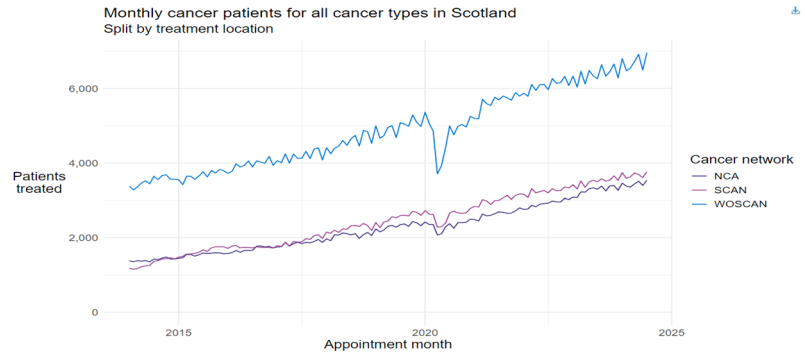


Scheduling
place to er
following
**Excludes all*

Highland Patient Numbers (P)



Scotland Patient Numbers (P)



Together We Care
with you, for you

Exec Lead
Pamela Stott Chief Officer, HHSCP

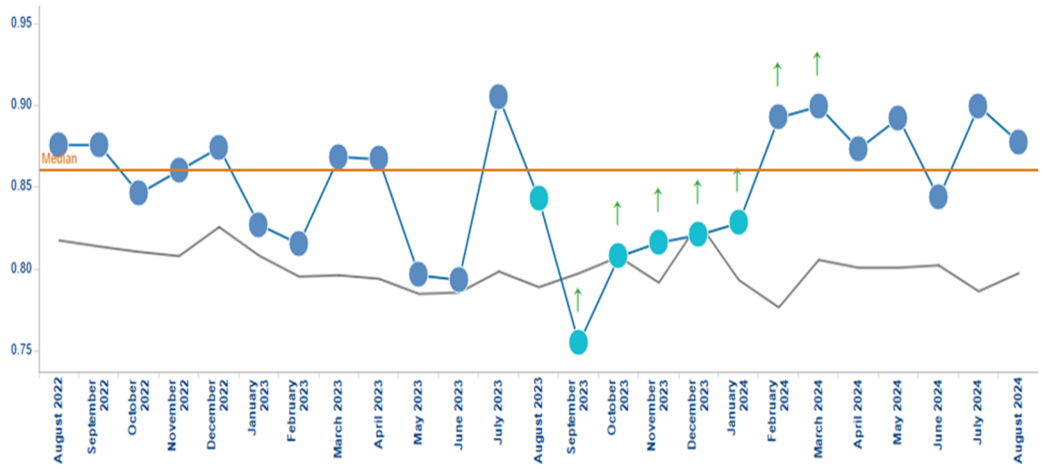
Psychological Therapies Waiting Times

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	Mar 25	Scottish Government response to PT Improvement Plan submission confirmed that NHSH PT no longer require enhanced support from SG due to the recent performance improvement in 2024.	•Recruited x2new Clinical Psychologists in Adult Mental Health Psychology. •The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification •Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government. •The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.

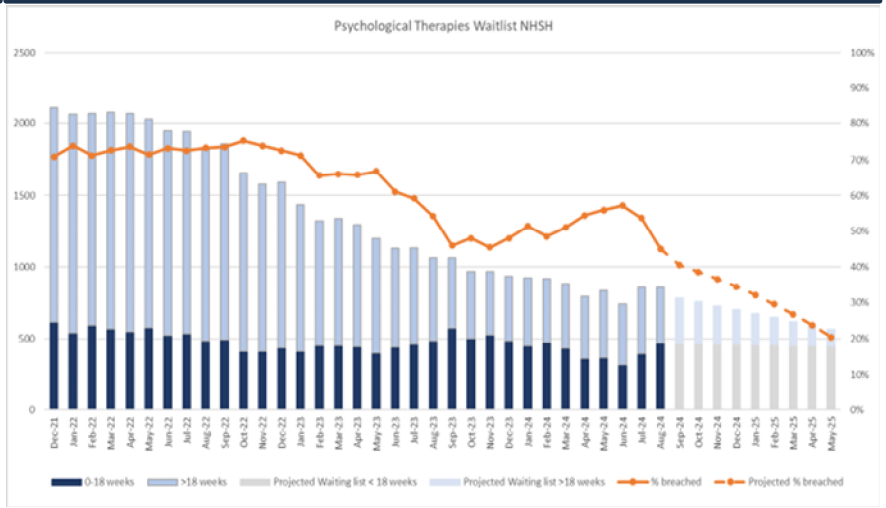
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance improved
Latest Performance	87.8%
National Benchmarking	79.7% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	5th out of 14 Boards 2nd out of Mainland Boards

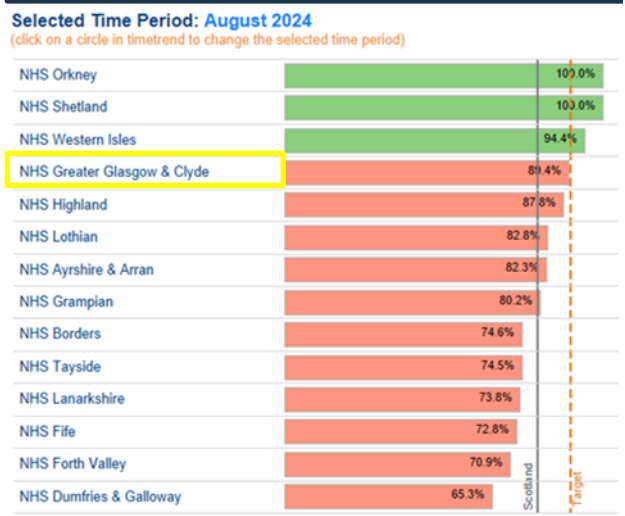
Patient seen < 18 weeks



Waiting List Size



Benchmarking with Other Boards

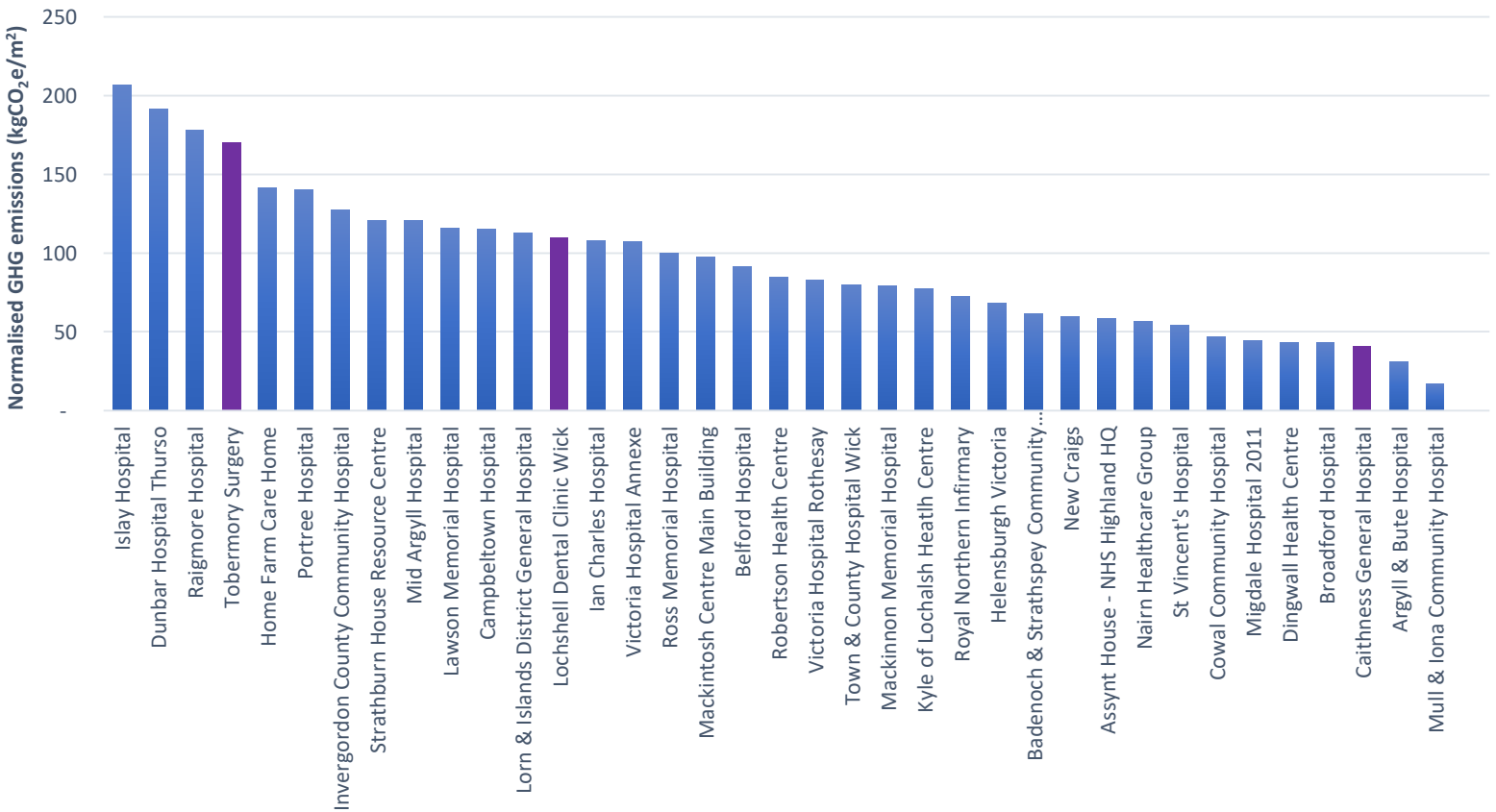


Together We Care
with you, for you

Net Carbon Zero

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Deliver towards Net Carbon Zero national targets within current resource envelope	Mar 25	Ongoing reduction of carbon footprint including zero emissions is being undertaken through the Estates directorate in partnership with services across NHS Highland.	Climate & Sustainability team currently pulling together all the information together for the Public Bodies report which will indicate how we are performing against previous years going back to 2014. With the future development of an EMS system, it is hoped that one of the key functions will be easy access to this data. We are negotiating with third parties around the development of the system.

Richard MacDonald, Director of Estates, Facilities & Capital Planning



PERFORMANCE OVERVIEW Strategic Objective: Progress Well Outcome Area: Net Carbon Zero	
Performance Rating	n/a
Latest Performance	n/a
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a
Position	n/a

Together We Care
with you, for you

Exec Lead
Boyd Peters

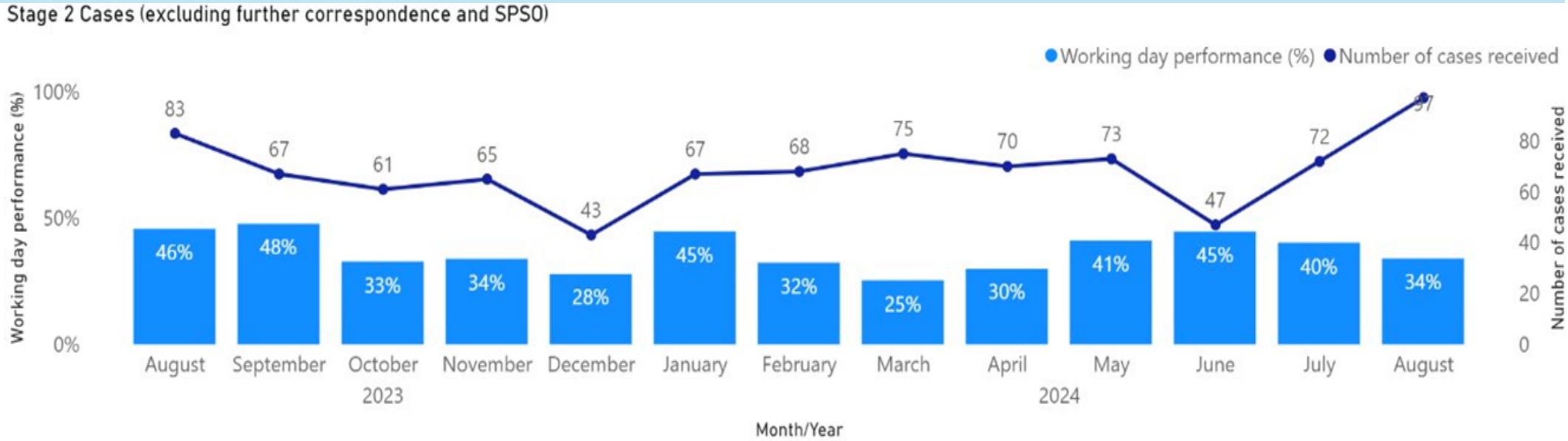
Complaint Activity

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		There has been an increase in the number of stage 2 complaints received. Performance has decreased in the last two months. It has been identified that a significant number of complaints were waiting for final approval.	Both Acute and HHSCP are arranging meeting to review current performance. HHSCP recently held a session to identify areas for improvement and actions were identified. A follow up meeting is scheduled on 6 November Offering complaints in the New Year which will include responsibilities for Investigating Officers and action/improvement planning

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

Performance Rating	
Latest Performance	34% (August)
National Benchmarking	None

COMPLAINT ACTIVITY – August 2023 to August 2024



Top 3 Complaint Issues – last 3 months:

- Care & Treatment - delayed diagnosis, delay in treatment, quality of care
- Communication - poor communication between staff.
- Waiting Times - Delay in CAMHs / NDAS appointments, surgical procedures

Together We Care
with you, for you

Exec Lead
Boyd Peters

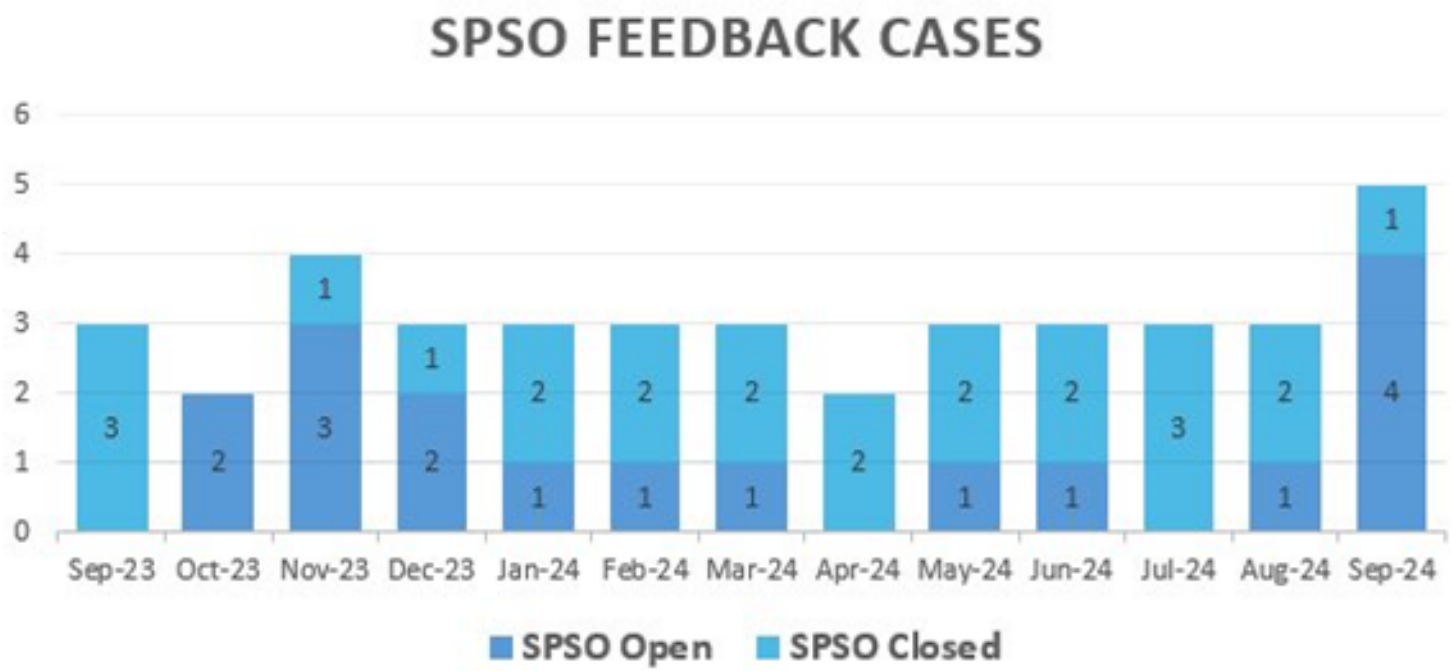
SPSO Activity

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		There has been an increase in the number of enquiries received from the SPSO. Most of the cases are not taken forward following initial review by the SPSO.	SPSO cases continue to be closely monitored. The BND and BMD have oversight of response to decision letters and investigation reports.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

SPSO ACTIVITY – September 2023 to September 2024

The numbers are showing whether the case is open or closed against the date it was opened



SPSO Cases received last 3 months:
9 new enquiries received, 4 Acute, 4 A&B and 1 HHCP

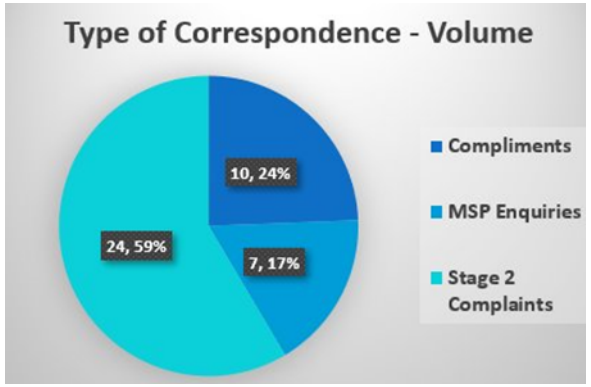
SPSO Cases closed last 3 months:
10 closed SPSO Enquiries. 6 Not Taken Forward, 2 Not Upheld and 2 Fully Upheld

Upheld complaints regarding (1) misdiagnosis / care and treatment and (2) delay in diagnosis / care and treatment / poor communication.
Apology letters sent and actions completed

Together We Care
with you, for you

Listening & Responding to our Patients
– Maternity/Midwifery and Neonatal

Exec Lead
Boyd Peters



- **In the last year there were 10 compliments registered for Midwifery. The patient praised:**
  - ❑ Warmth, kindness, understanding and empathy
  - ❑ Excellent care and support

- **Within the 12-month period a total of 24 complaints were received relating to Maternity / Midwifery and Neonatal.**

- **Within the 12-month period there has been a total volume of 282 incidents raised relating to Midwifery.**

The Patient Said...
There was a lack of breastfeeding support for while they were a patient in Ward 9A.

What We Did..
Apologised and spoke with staff to give them an opportunity to reflect and consider a refresh of the identified training in relation to breastfeeding support and advice.

The Patient Said..
They were disappointed their partner could not stay overnight to provide support following the birth of their baby.

What We Did..
Reassured the patient that we are currently refurbishing the area and are mindful to modify the environment to accommodate open visiting and partners staying overnight when appropriate.

The Patient Said..
Bereaved Mother and her partner unable to be cared for way from other mums and crying babies.

What We Did..
Continue to explore ways that we can improve the environment when looking after bereaved parents within W&C Directorate.

The Patient Said..
That midwifery staff in Ward 10 made her feel inadequate when contacting them out of hours. Doctor was very rude .

What We Did.
Reminder issued to all staff on the daily safety briefs, regarding professionalism, kindness, care and compassion to women, families and each other.

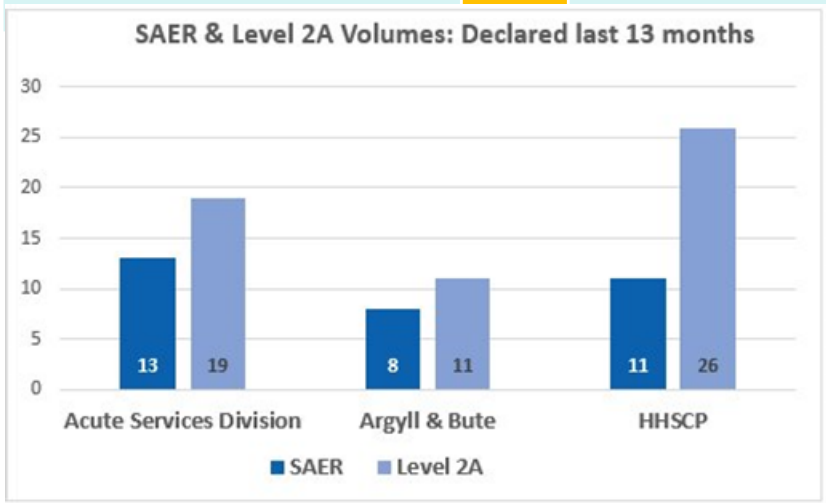
Together We Care
with you, for you

Exec Lead
Boyd Peters

Adverse Events – Level 1 & Level 2A incidents

ADP Deliverables Progress as at End of Q2 2024/25	Insights to Current Performance	Plans and Mitigations
N/A	Concerns have been raised about the number of outstanding actions from SAERs.	This was discussed at the Lead Professionals meeting on 25 October 2024 and agreed that these would be reviewed by 31 December 2024. New national frameworks for adverse events is due to be published in 2025. NHS Highland is testing the new SAER report which includes actions

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	



All incidents reported in Datix are reviewed through the Quality Patient Safety review structure.

In the 13-month period a total of 17,179 incidents have been raised across NHS Highland. A total of 32 SAERs have been declared, giving a conversion rate of 0.19%.

Current Status :

- 60 Major and Extreme cases awaiting decision
- 24 Active level 1 cases
- 42 Active Level 2 cases

OUTSTANDING ACTIONS	LEVEL 1 / SAER	LEVEL 2A
Acute	26	12
HHSCP	15	0
Argyll	20	11
Corporate	0	3
NHS Highland	61	26

Acute SAER Actions: 6 Actions due before 2023, 2 due in 2023, 10 overdue this year, 6 due by end of October 2024, 2 Actions with no date allocated.
Acute Level 2A Actions: 3 actions due before 2023, 1 due in 2023, 6 overdue this year, 2 due in the next month.

HHSCP SAER Actions: 5 Actions due before 2023, 7 overdue this year, 1 due by end of October 2024, 2 Actions with no date allocated.
HHSCP Level 2A Actions: there are no Level 2A Actions for HHSCP.

A&B SAER Actions: 4 Actions due before 2023, 4 due in 2023, 10 overdue this year, 2 due this month.
A&B Level 2A Actions: 2 Actions due before 2023, 3 due in 2023, 6 overdue this year.

Corporate Level 2A Actions: 2 Actions overdue from 2023 and 1 from 2024.

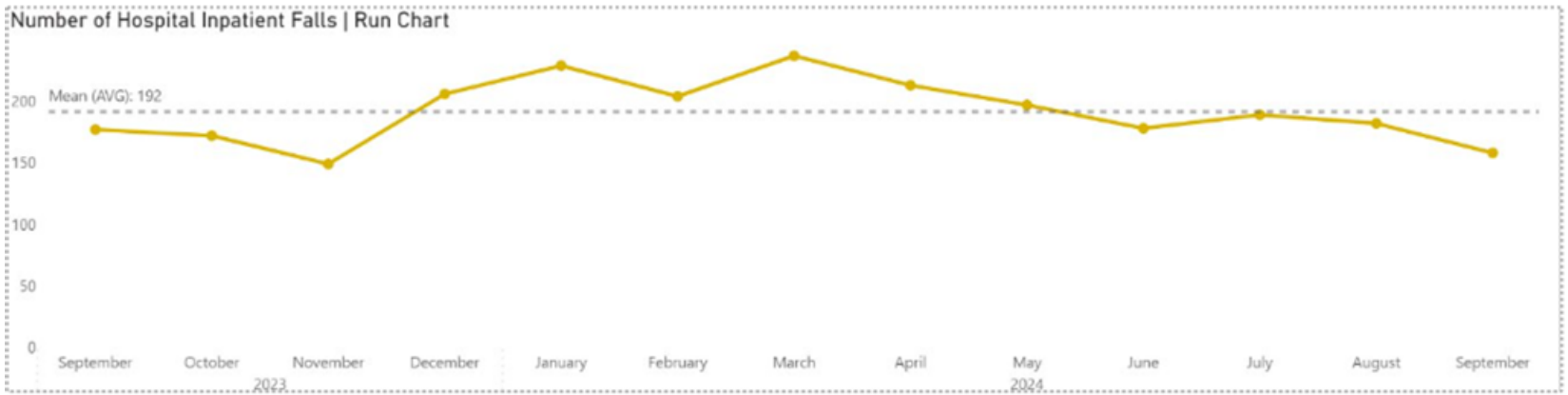
Together We Care
with you, for you

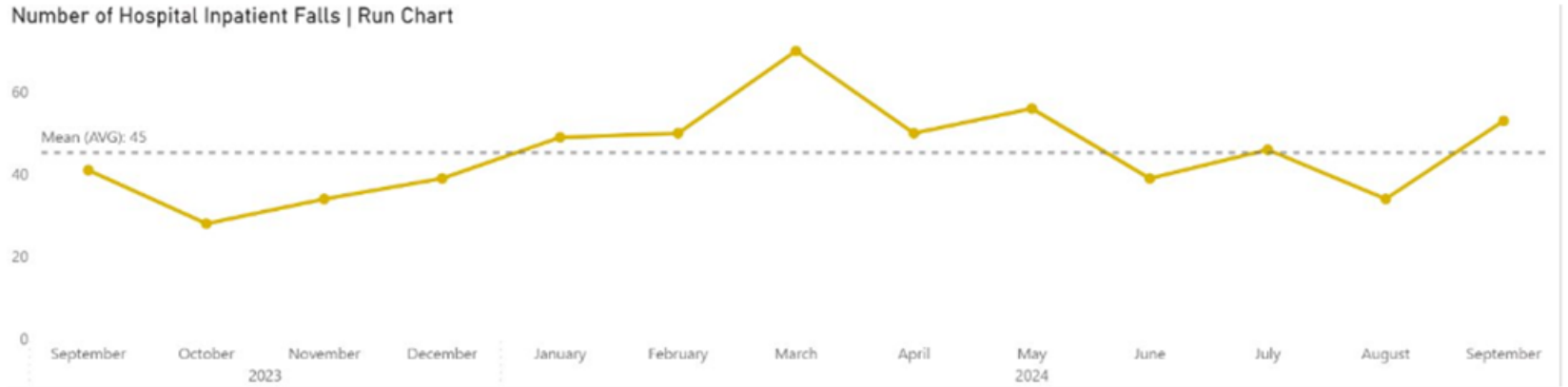
Exec Lead
Louise Bussell

Hospital Inpatient Falls

ADP Deliverables Progress as at End of Q2 2024/25	Insights to Current Performance	Plans and Mitigations
	Falls are below the mean for the last 4 months despite additional beds being opened across the Board.	Continue to focus on areas with highest falls rate through use of audit tool. Revised post falls review documentation being rolled out across these areas to try to minimise repeat falls.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	





Together We Care
with you, for you

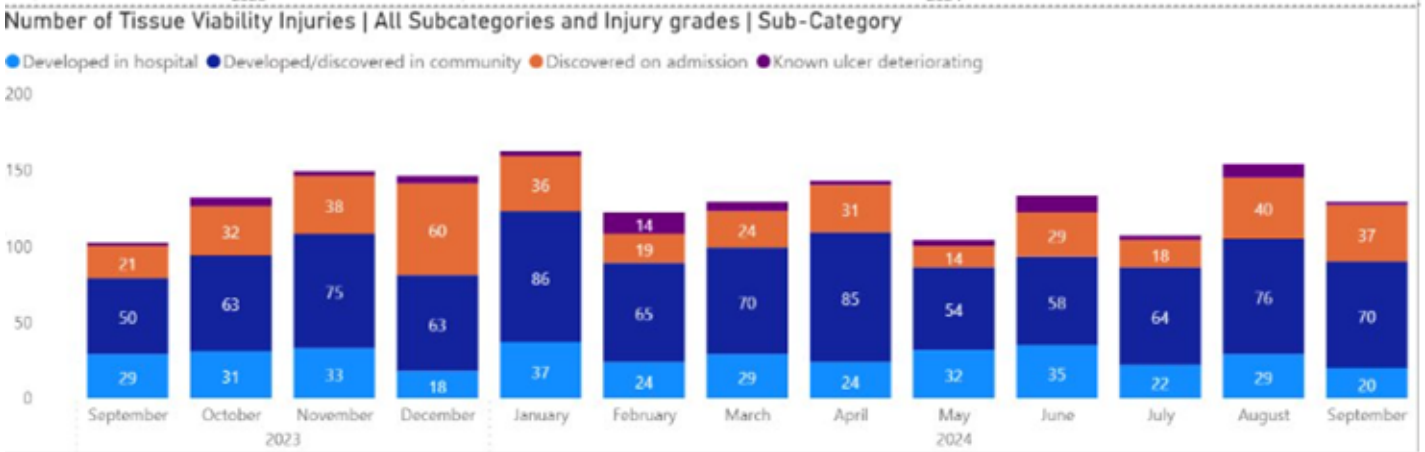
Exec Lead
Louise Bussell

Tissue Viability

ADP Deliverables Progress as at End of Q2 2024/25	Insights to Current Performance	Plans and Mitigations
	Consistent concerns around grade 2 pressure ulcers, which are much higher than other grades across the Board.	Targeting key high, risk areas. Seeking to increase the uptake of Tissue Viability training across the Board. Continuing to audit compliance.

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

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	



Previous 3 Month Period (Apr 2024 - Jun 2024)

3%

Increase in injuries

Previous 13 Month Period (Sep 2022 - Sep 2023)

7%

Increase in injurires

Number of Tissue Viability Injuries | Injury Grade

Injury	Count
Pressure ulcer Grade 2	745
Pressure ulcer Grade 1	372
Pressure Ulcer - ungradable	202
Pressure Ulcer - deep tissue injury	144
Pressure ulcer Grade 3	132
Pressure ulcer Grade 4	41
Mucosal Pressure Damage	32
Pressure ulcer (grade not specified)	24
Pressure Ulcer - combination lesions	20
Total	**1712**

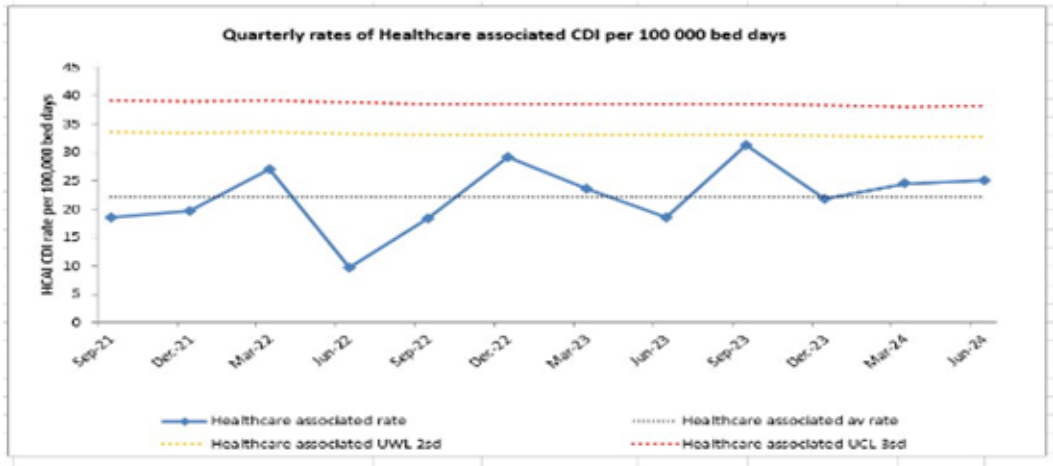
Together We Care
with you, for you

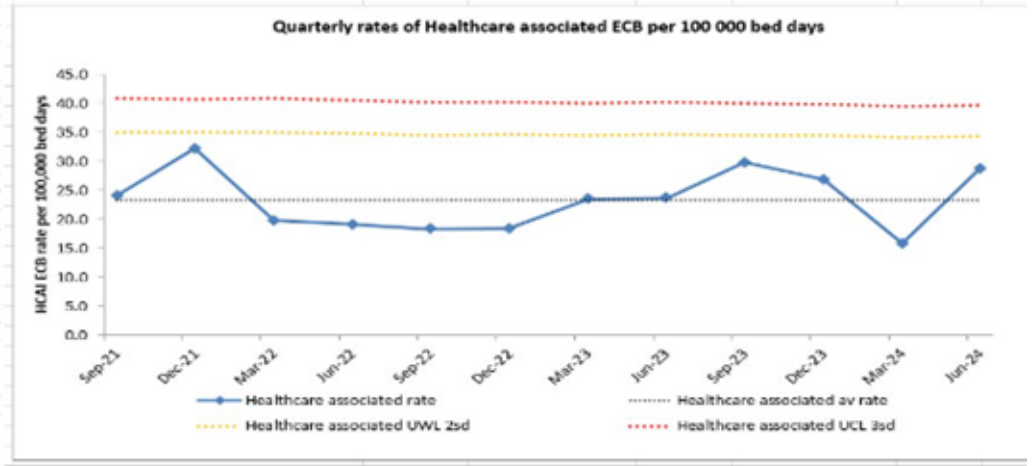
Exec Lead
Louise Bussell

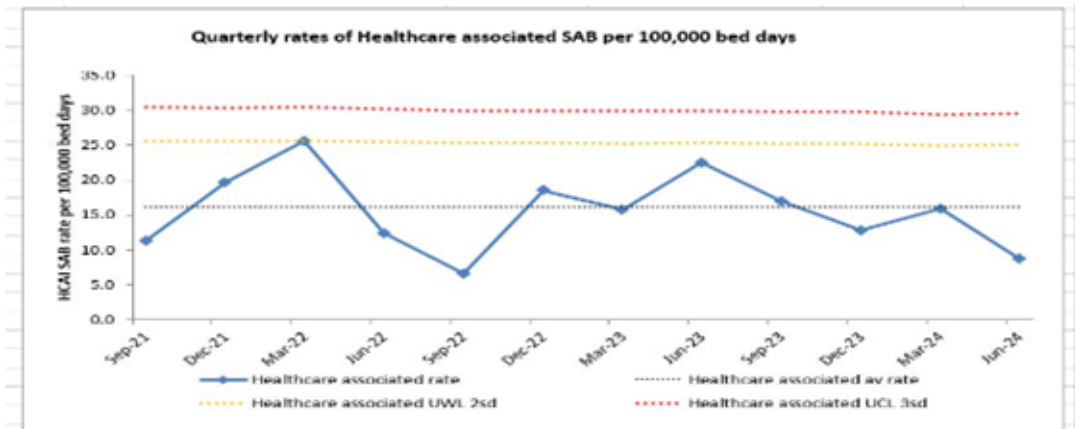
Infection Control - SAB, CDI and ECOLI

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Clostridioides *difficile* healthcare associated infections rate 25 (20 cases)		Concern over higher-than-expected case numbers of Clostridioides difficile over recent months. Although not reporting as an exceedance with ARHAI Scotland.	Continue to review individual cases for learning. Targeted work with antimicrobial prescribing. Meeting with ARHAI Scotland to discuss local Board data
***Staphylococcus aureus* bacteraemia** healthcare associated infections rate 9 (7 cases)			
Escherichia Coli Bacteraemia healthcare associated infections rate 28 (23 cases)			

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

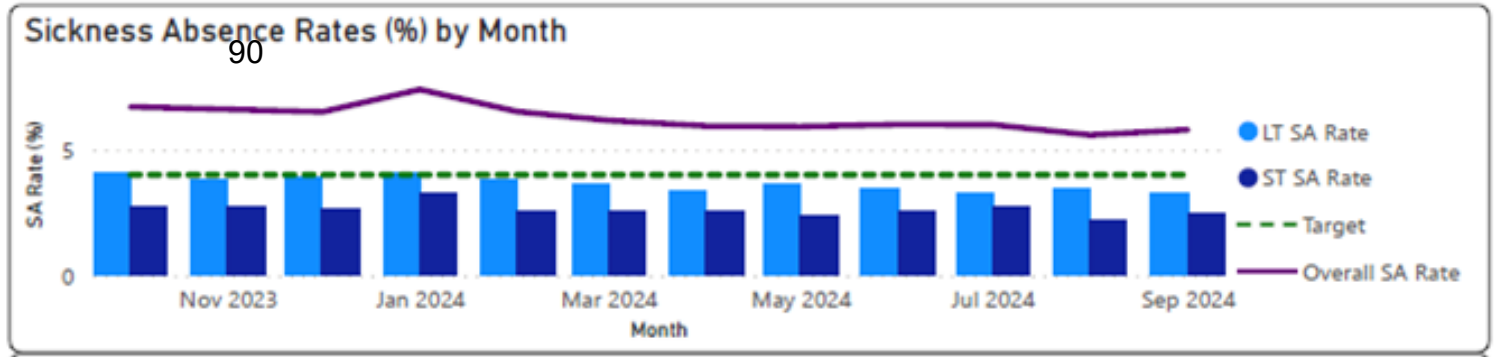


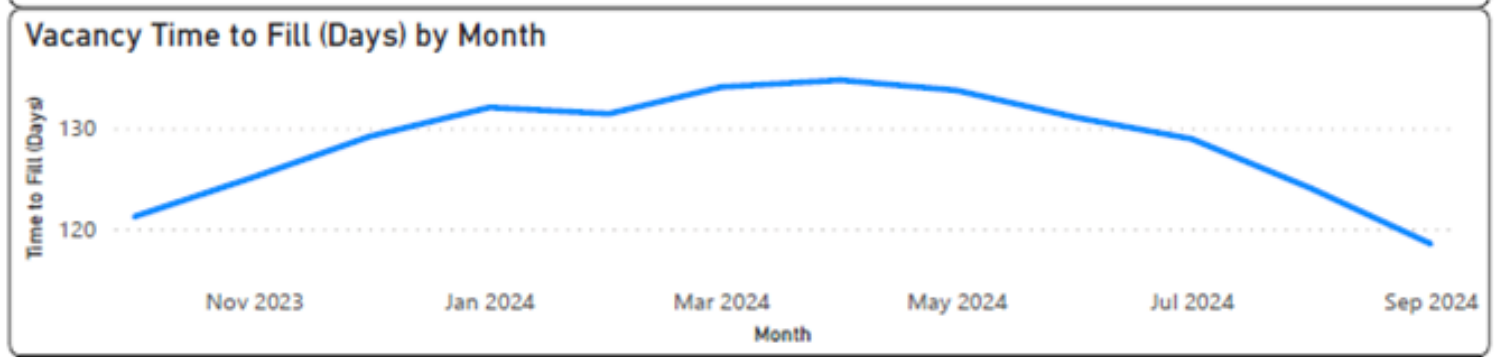


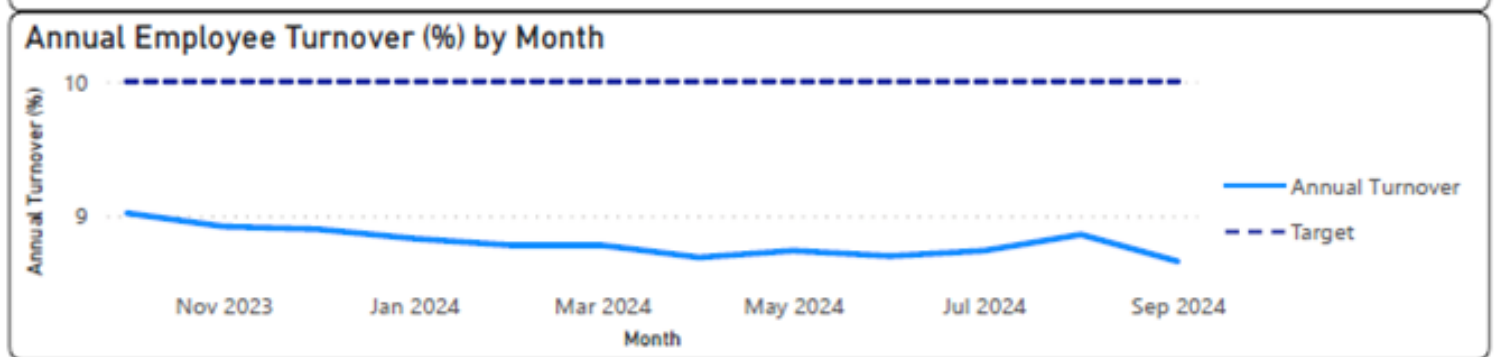


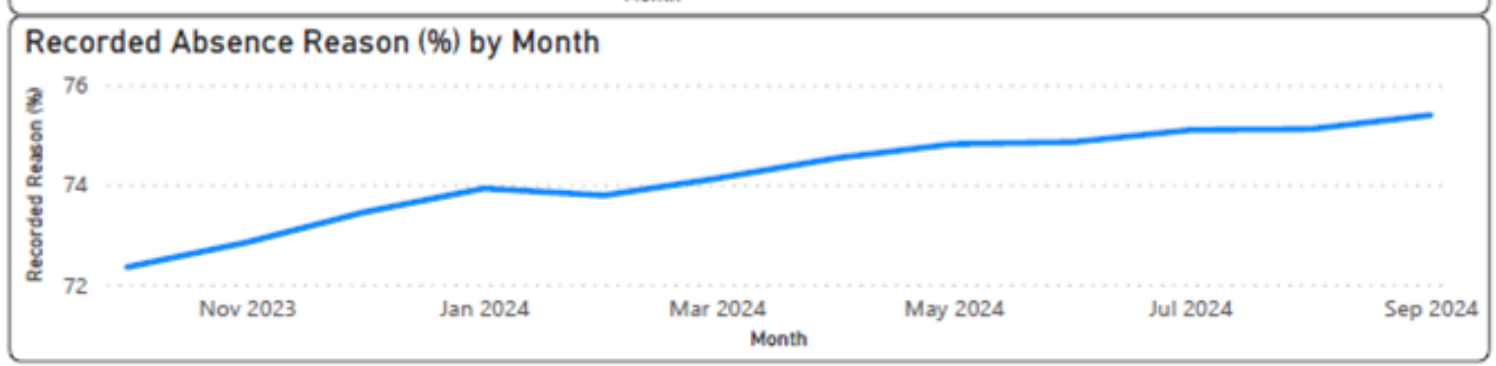
Organisational Metrics Sep 2024

Sickness Absence Rate (%)	5.79
Long Term SA Rate (%)	3.27
Short Term SA Rate (%)	2.50
Recorded Absence Reason (%)	75.40
Vacancy Time to Fill (Days)	118.51
Annual Employee Turnover (%)	8.66









Training Metrics Sep 2024

Mandatory eLearning Completion (%)

69.0

Note that from Jul 2024 V&A e-Learning module has been reintroduced to Mandatory Training compliance figures as a new course was launched in June for all Job Families. V&A Practical figures have dropped due to a new template report which is mirroring the new V&A training pathway requirements.

V&A Practical Training Completion Rate (%)

12.9

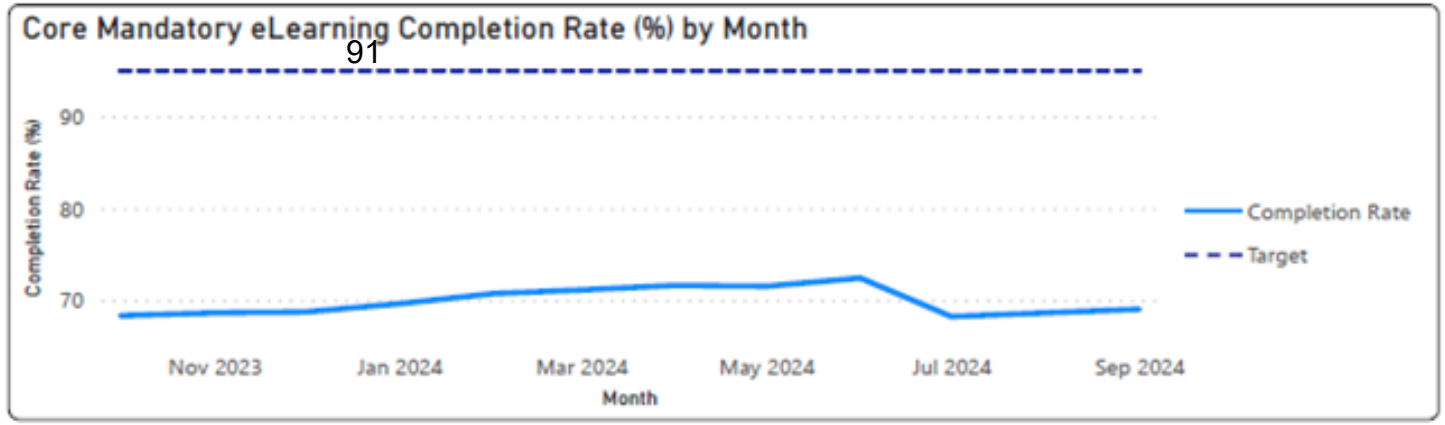
M&H Practical Training Completion Rate (%)

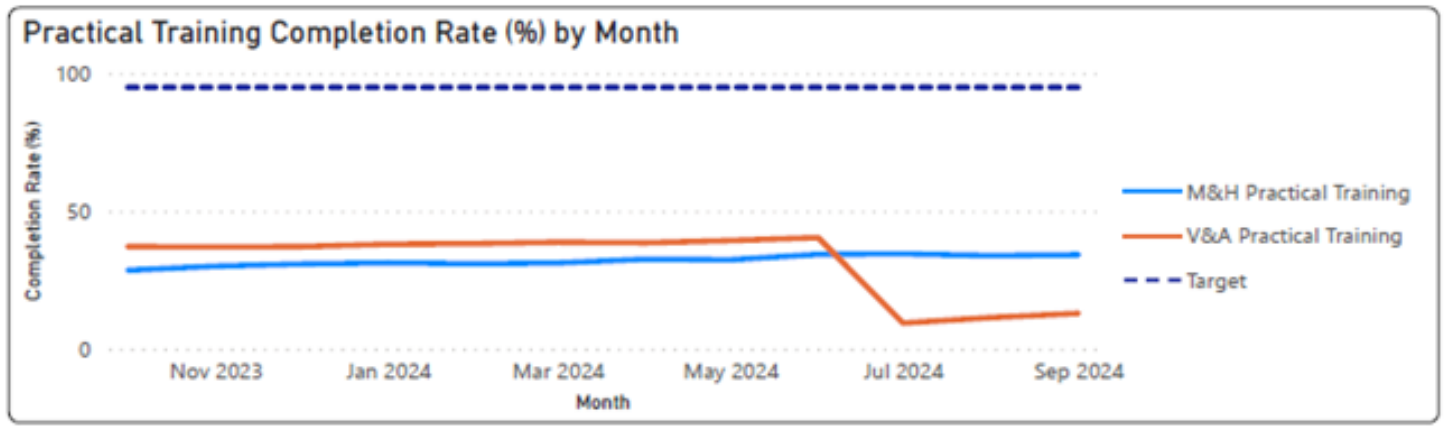
34.2

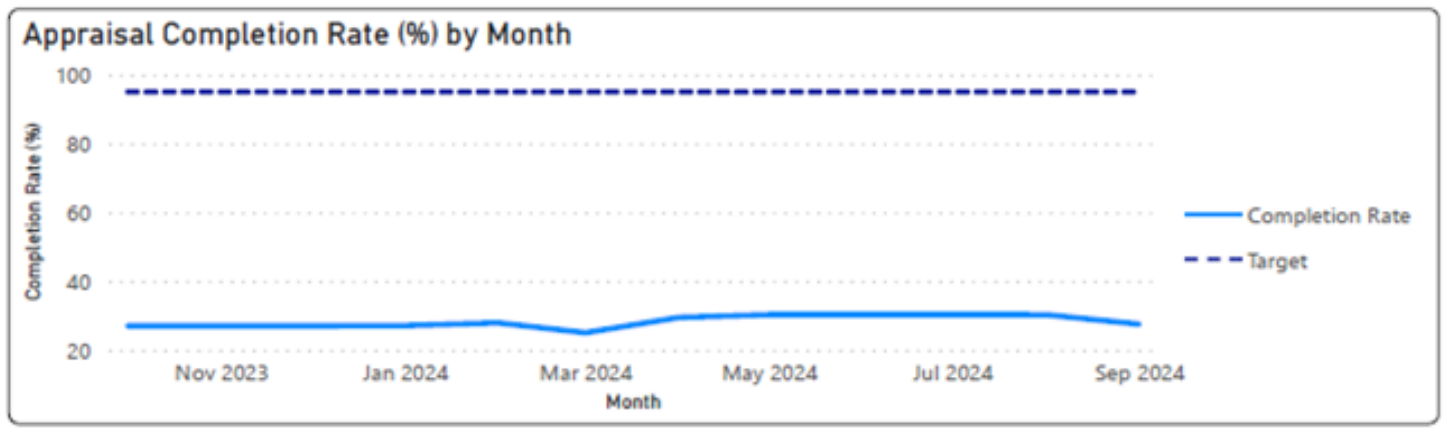
Appraisal Completion Rate (%)

27.5

Note that from Sep 2024, new starts are no longer excluded from Appraisal figures.







- NHS Highland absence remains above the national 4% target and has remained at around 5.8% for July, August and September 2024 . The absence rate has decreased since a peak of 7.39% in January this year. 23% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (21% of short-term absences) remain high as well as gastro-intestinal problems (13.7% of short-term absences).
- Absences with an unknown cause/not specified remaining high (accounting for around 26.65% of all absence). Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Manger attendance remains low on Once for Scotland courses Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.
- Attendance Management audit concluded with number of actions to progress to support managers
- The NHS Highland Health and Wellbeing Strategy is in final draft and being presented to the appropriate Governance Committees prior to launch. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long-term actions is being progressed by the Health & Wellbeing Group.
- The average time to fill vacancies remains above the NHS Scotland KPI of 116 days. Its has however improved markedly since its peak in April, and is now only 2.5 days above the national average at 118.5 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 8.66% for September 2024. In July 2024 we continued to see high levels of leavers related to voluntary resignation (25%) and retirement (16.42%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 48% of our leavers. Further encouragement is required to capture leaving reasons.
- An improvement plan for Appraisals is being progressed with refreshed awareness sessions for managers and staff. Compliance reports are distributed on a monthly basis to Senior Managers. All direct reports of a Director level post and the tier below them have to be completed by Oct 2024.
- Detailed Statutory and Mandatory training compliance reports continue to be shared with the senior managers across the organisation to support planning and discussions with teams

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
4	18 Weeks CAMHS Services Treatment	Monthly	November 2024	January 2025
4	CAMHS Waitlist HHSCP	Monthly	November 2024	January 2025
5	NDAS Total Awaiting 1st App (incl unvetted)	Monthly	November 2024	January 2025
5	New + Unvetted Patients Awaiting First Appointment	Monthly	November 2024	January 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	November 2024	January 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	November 2024	January 2025
7	Children's Vaccination Uptake	Quarterly	November 2024	January 2025
8	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	November 2024	January 2025
8	ABI Trajectory & Delivery	Quarterly	November 2024	January 2025
8	Setting Contribution 2024/25	Annual	November 2024	January 2025
9	A&E – 4 Hour Target	Monthly	November 2024	January 2025
9	Weekly ED Patients Waiting 12-Hour Plus	Monthly	November 2024	January 2025
9	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	November 2024	January 2025
10	Delayed Discharges at Monthly Census Point	Monthly	November 2024	January 2025
10	Delayed Discharge Benchmarking with Other Boards/Local Authorities	Monthly	November 2024	January 2025
10	HHSCP Delayed Discharge – Patients Added VS Discharged	Monthly	November 2024	January 2025
11	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	November 2024	January 2025
11	Outpatient Conversion Rates to TTG	Monthly	November 2024	January 2025
11	Return Outpatients Wait List	Monthly	November 2024	January 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
12	New Outpatients Referrals, Patients seen and Trajectories	Monthly	November 2024	January 2025
12	New Outpatient Total Waiting List & Projection	Monthly	November 2024	January 2025
12	OP Patients Waiting Over 52 Weeks	Monthly	November 2024	January 2025
12	Outpatient Follow Up Ratio	Monthly	November 2024	January 2025
13	Inpatient or Day Case 12 Week Waiting Times (Completed)	Monthly	November 2024	January 2025
14	Planned Care Additions, Patients Seen and Trajectories	Monthly	November 2024	January 2025
14	Total TTG Waits & Projection	Monthly	November 2024	January 2025
14	TTG Patients waiting over 78/104 weeks	Monthly	November 2024	January 2025
15	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	November 2024	January 2025
15	Board Comparison % met Waiting time standard	Monthly	November 2024	January 2025
15	CT Patients Seen & Trajectories	Monthly	November 2024	January 2025
15	Non-Obstetric Patients Seen & Trajectories	Monthly	November 2024	January 2025
15	MRI Patients Seen & Trajectories	Monthly	November 2024	January 2025
16	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	November 2024	January 2025
16	Board Comparison % met Waiting time standard	Monthly	November 2024	January 2025
16	Colonoscopy & Cystoscopy: Patients Seen & Trajectories	Monthly	November 2024	January 2025
16	Flexi Sig Upper GI: Patients Seen & Trajectories	Monthly	November 2024	January 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
17	Diagnostic Waiting List: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	November 2024	January 2025
17	Diagnostic Patients Waiting > 6 Weeks: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	November 2024	January 2025
17	Diagnostic Waiting List: Echocardiology & Sleep Studies	Monthly	November 2024	January 2025
17	Diagnostic Patients Waiting > 6 Weeks: Echocardiology & Sleep Studies	Monthly	November 2024	January 2025
18	Cancer 31 Day Waiting Times	Monthly	November 2024	January 2025
18	Board Comparison % Met waiting time standard	Monthly	November 2024	January 2025
18	Patients Seen on 31 Day Pathway	Monthly	November 2024	January 2025
19	Cancer 62 Day Waiting Times	Monthly	November 2024	January 2025
19	Board Comparison % Met waiting time standard	Monthly	November 2024	January 2025
19	Patients Seen on 62 Day Pathway	Monthly	November 2024	January 2025
20	Systemic Anti Cancer Therapy – Waiting Times	Monthly	November 2024	January 2025
20	Monthly Cancer Patient Numbers Highland	Monthly	November 2024	January 2025
20	Monthly Cancer Patient Numbers Scotland	Monthly	November 2024	January 2025
21	18 Weeks All Ages Psychological Therapy Treatment	Monthly	November 2024	January 2025
21	Board Comparison % Met waiting time standard	Monthly	November 2024	January 2025
21	Psychological Therapies Waitlist HHSCP	Monthly	November 2024	January 2025
22	Estates Normalised GHG Emissions	To Be Confirmed	November 2024	January 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
23	Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved	Monthly	November 2024	January 2025
24	SPSO Feedback Cases	Monthly	November 2024	January 2025
25	Type of Correspondence in Relation to Maternity/Midwifery & Neonatal Complaints/Compliments	Monthly	November 2024	January 2025
26	SAER & Level 2A Volumes: Declared Last 13 Months	Monthly	November 2024	January 2025
27	Number of Hospital Inpatient Falls 2023/24	Monthly	November 2024	January 2025
27	Number of Hospital Inpatient Falls 2023/24	Monthly	November 2024	January 2025
28	Number of Tissue Viability Injuries | All Subcategories and Injury Grades	Monthly	November 2024	January 2025
28	Number of Tissue Viability Injuries | All Subcategories and Injury Grades | Sub-Category	Monthly	November 2024	January 2025
29	Quarterly Rate of Healthcare Associated CDI per 100,000 Bed Days	Quarterly	November 2024	January 2025
29	Quarterly Rate of Healthcare Associated ECB per 100,000 Bed Days	Quarterly	November 2024	January 2025
29	Quarterly Rate of Healthcare Associated SAB per 100,000 Bed Days	Quarterly	November 2024	January 2025
30	Organisational Workforce Metrics	Bi-monthly	November 2024	January 2025
31	Workforce Training Metrics	Bi-monthly	November 2024	January 2025
32	Workforce IPQR Narrative	Bi-monthly	November 2024	January 2025

Agenda Item 5

NHS Highland

Meeting: NHS Highland Board

Meeting date: 26 November 2024

Title: Finance Report – Month 6 2024/2025

Responsible Executive/Non-Executive: Heledd Cooper, Director of Finance

Report Author: Elaine Ward, Deputy Director of Finance

1 Purpose

This is presented to the NHS Highland Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

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

Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 6 (September) 2024/2025.

2.2 Background

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

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

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

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

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

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

2.3 Assessment

For the period to end September 2024 (Month 6) an overspend of £42.418m is reported with this forecast to increase to £51.980m by the end of the financial year. The current forecast assumes that those cost reductions/ improvements identified through value and efficiency workstreams will be achieved and that further action will be taken to deliver a breakeven ASC position. This forecast is £23.580m worse than the brokerage limit set by Scottish Government.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	**X**	None	

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

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

There is a risk associated with the delivery of the Value & Efficiency programme. The Board are developing further plans to generate cost reductions/ improvements. There is an emerging risk associated with allocations – this has been reflected in the forecast year end position.

3.5 Equality and Diversity, including health inequalities

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

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

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

- Executive Directors Group – via monthly updates and exception reporting
- Efficiency Transformation Group
- Monthly financial reporting to Scottish Government

3.8 Route to the Meeting

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

- EDG
- FRPC

4 Recommendation

Discussion – Examine and consider the implications of the matter.

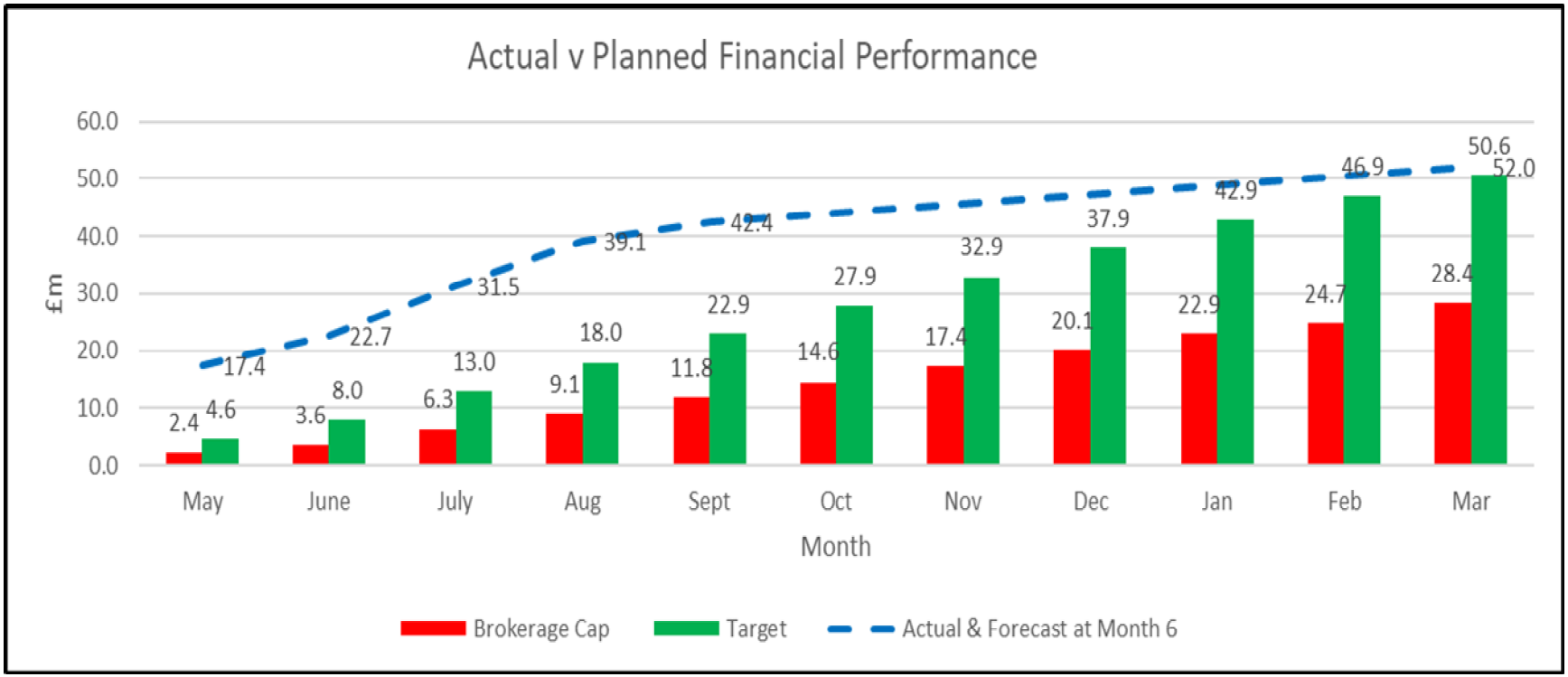
4.1 List of appendices

The following appendices are included with this report:

No appendices accompany this report

Finance Report –Month 6 (September) 2024/2025

MONTH 6 2024/2025 – SEPTEMBER 2024

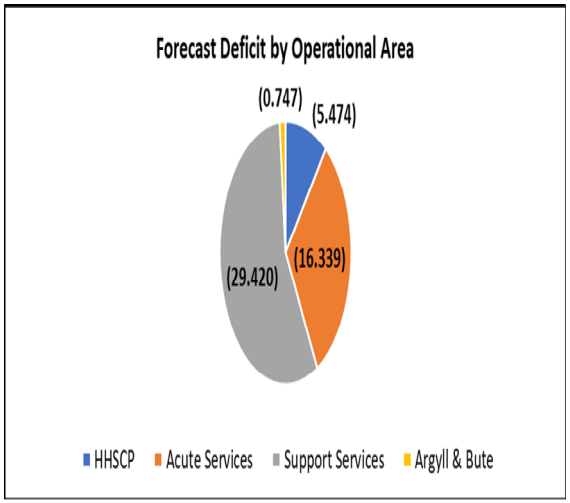


Target	YTD £m	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	42.4	52.0
Delivery against Brokerage Cap DEFICIT/ SURPLUS	30.6	23.6
Deliver against Target agreed with Board YTD DEFICIT/ SURPLUS	19.5	1.4

- Forecast year end deficit £52.0m – assuming additional action is taken to deliver breakeven ASC position
- £23.6m adrift from brokerage limit
- £1.4m adrift from target agreed with Board May 2024

MONTH 6 2024/2025 – SEPTEMBER 2024

Current Plan £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m	Forecast Outturn £m	Forecast Variance £m
1,195.747	**Total Funding**	559.951	559.951	-	1,195.747	-
	Expenditure					
461.859	HHSCP	227.830	242.622	(14.792)	482.657	(20.798)
	ASC Position to breakeven				(15.325)	15.325
	Revised HHSCP				467.333	(5.474)
307.292	Acute Services	153.261	161.065	(7.804)	323.631	(16.339)
156.976	Support Services	49.848	69.275	(19.427)	186.396	(29.420)
926.126	**Sub Total**	**430.939**	**472.962**	**(42.023)**	**977.359**	**(51.233)**
269.621	Argyll & Bute	**129.012**	**129.408**	(0.396)	270.368	(0.747)
1,195.747	**Total Expenditure**	**559.951**	**602.369**	**(42.418)**	**1,247.727**	**(51.980)**



MONTH 6 2024/2025 SUMMARY

- Overspend of £42.418m reported at end of Month 6
- Overspend forecast to increase to £51.980m by the end of the financial year – assuming further action will deliver a breakeven ASC position
- The forecast has deteriorated by £2.283m from Month 5 due to notification of a reduced allocation in respect of multidisciplinary teams – discussions are ongoing with SG in relation to this
- At this point it is forecast that only those cost reductions/ improvements identified through value and efficiency workstreams will be achieved
- Forecast is £23.580m worse than the brokerage limit set by Scottish Government and £1.376m worse than the target agreed with the Board in May 2024

MONTH 6 2024/2025 – SEPTEMBER 2024

NHS Highland

KEY RISKS

- ASC– no plan in place to deliver breakeven
- Supplementary staffing – potential that spend could increase over winter period
- Prescribing & drugs costs – increases in both volume and cost
- Increasing ASC pressures – suppliers continuing to face sustainability challenges
- Health & Care staffing
- Ability to delivery Value & Efficiency Cost Reduction/ Improvement Targets
- AfC non pay impact – funding package may not cover all costs
- Availability of capital funding for backlog maintenance
- SLA Uplift
- Allocations less than anticipated

MITIGATIONS

- Adult Social Care funding from SG confirmed as higher than anticipated
- Development of robust governance structures around agency nursing utilisation
- Additional New Medicines funding
- Financial flexibility / balance sheet adjustments

MONTH 6 2024/2025 – SEPTEMBER 2024

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	854.419
Baseline Funding GMS	5.291
FHS GMS Allocation	73.949
Supplemental Allocations	45.159
Non Core Funding	-
Total Confirmed SGHSCD Funding	**978.818**
Anticipated funding	
Non Core allocations	77.914
Core allocations	12.297
Total Anticipated Allocations	90.211
Total SGHSCD RRL Funding	**1,069.029**
Integrated Care Funding	
Adult Services Quantum from THC	137.701
Childrens Services Quantum to THC	(10.983)
Total Integrated care	126.718
Total NHS Highland Funding	**1,195.747**

FUNDING

- Overall funding has increased by £4.509m in Month 6
- No funding received for pay award at this time – allocation expected in October

MONTH 6 2024/2025 – SEPTEMBER 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
264.714	NH Communities	131.982	136.492	(4.510)	274.082	(9.368)
55.197	Mental Health Services	28.061	28.352	(0.291)	56.537	(1.339)
157.220	Primary Care	78.552	80.107	(1.555)	160.655	(3.435)
(15.273)	ASC Other includes ASC Income	(10.765)	(2.329)	(8.436)	(8.617)	(6.656)
461.859	**Total HHSCP**	**227.830**	**242.622**	**(14.792)**	**482.657**	**(20.798)**
	HHSCP					
287.750	Health	143.450	146.656	(3.206)	293.311	(5.560)
174.108	Social Care	84.380	95.965	(11.586)	189.346	(15.238)
461.859	**Total HHSCP**	**227.830**	**242.622**	**(14.792)**	**482.657**	**(20.798)**
	Delivering ASC to Breakeven				**(15.325)**	**15.325**
461.859	**Revised Total HHSCP**	**227.830**	**242.622**	**(14.792)**	**467.333**	**(5.474)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	510	3,135
Agency (Nursing)	268	1,568
Bank	667	4,871
Agency (exclu Med & Nurs)	165	854
Total	**1,611**	**10,428**

HHSCP

- Year to date overspend of £14.792m reported
- Forecast that this will decrease to £5.474m by FYE based on the assumption that further action will enable delivery of a breakeven ASC position
- Prescribing & Drugs continuing to be a pressure with £3.096m overspend built into forecast.
- Assuming delivery of £2.319m of ASC V&E cost reductions/ improvements in forecast – high risk
- Supplementary staffing costs continue to drive an overspend position – £2.749m pressure within the forecast
- £1.500m has been built into the forecast in respect of out of area placements

MONTH 6 2024/2025 – ADULT SOCIAL CARE

Services Category (HHSCP - less ASC Estates)	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Outturn £000's	YE Variance £000's
Total Older People - Residential/Non Reside	58,517	29,617	28,422	1,195	54,079	4,438
Total Older People - Care at Home	37,208	18,499	20,188	(1,690)	40,120	(2,911)
Total People with a Learning Disability	49,926	25,019	27,052	(2,033)	55,737	(5,811)
Total People with a Mental Illness	10,340	5,175	4,787	389	9,587	754
Total People with a Physical Disability	9,331	4,677	5,020	(343)	10,328	(997)
Total Other Community Care	12,690	6,351	6,701	(350)	12,387	302
Total Support Services	(3,904)	(4,958)	2,949	(7,907)	6,040	(9,944)
Care Home Support/Sustainability Payments	-	-	846	(846)	1,068	(1,068)
Total Adult Social Care Services	174,108	84,380	95,965	(11,586)	189,346	(15,238)

ADULT SOCIAL CARE

- A forecast overspend of £15.238m is reported. At this stage it is assumed that additional activity will enable delivery of a breakeven position at FYE. £15.325m of additional cost reductions/ improvements will be required when ASC related property costs are included
- Assuming delivery £2.319m of cost reductions/ improvements against the target of £5.710m
- £1.941m of supplementary staffing costs within in-house care homes are included within the year to date position

NHSH Care Homes Supplementary Staffing

Care Home	Month 6 Bank £000's	Month 6 Agency £000's	Total YTD £000's
Ach an Eas	13	-	**97**
An Acarsaid	6	-	**54**
Bayview House	16	-	**103**
Caladh Sona	-	-	**8**
Dail Mhor House			**1**
Grant House	19	3	**107**
Home Farm	11	106	**616**
Invernevis	9		**66**
Lochbroom	17		**106**
Mackintosh Centre			**2**
Mains House	2	52	**330**
Melvich	6		**33**
Pulteney	29		**152**
Seaforth	23		**137**
Strathburn			**69**
Telford	1		**11**
Wade Centre	6		**48**
Total	**158**	**161**	**1,941**

MONTH 6 2024/2025 – ADULT SOCIAL CARE

ASC Funding Movements	£m		£m
Initial ASC Gap	23.252	V&E Target	5.710
		Balance	17.542
Additional Funding	6.472		
Revised ASC Gap	16.780	V&E Target	5.710
		Balance	11.070

- Additional funding of £6.472m identified to reduce gap to £16.780m
- Revised forecast for delivery against V&E target of £2.319 – reduction due to ongoing system pressures and a push to increase the number of available Care Home beds and reduce delayed hospital discharges
- Deterioration in operational spend of £0.864m
- Further action required to deliver ASC breakeven position at FYE

Reconciliation to Month 6 ASC Position	£m
Identified Funding Gap	16.780
Forecast delivery against V&E Target	2.319
Revised Funding Gap	14.461
Deterioration in ASC operational spend	0.864
Cost Reductions/ Cost Improvements/ Additional Funding required to deliver a breakend ASC position	**15.325**

MONTH 6 2024/2025 – SEPTEMBER 2024

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
83.556	Medical Division	41.635	47.160	(5.524)	93.625	(10.068)
22.419	Cancer Services	11.227	11.722	(0.495)	23.722	(1.303)
68.801	Surgical Specialties	35.282	36.858	(1.576)	73.043	(4.243)
38.047	Woman and Child	19.253	18.749	0.504	37.740	0.307
44.805	Clinical Support Division	22.277	22.406	(0.129)	44.716	0.089
(6.509)	Raigmore Senior Mgt & Central Cost	(4.127)	(3.817)	(0.310)	(5.925)	(0.585)
25.665	NTC Highland	12.425	11.779	0.646	24.542	1.123
276.784	**Sub Total - Raigmore**	**137.973**	**144.857**	**(6.884)**	**291.463**	**(14.680)**
14.616	Belford	7.350	7.692	(0.342)	15.245	(0.628)
15.891	CGH	7.939	8.516	(0.577)	16.923	(1.031)
307.292	**Total for Acute**	**153.261**	**161.065**	**(7.804)**	**323.631**	**(16.339)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	871	5,554
Agency (Nursing)	340	1,928
Bank	714	4,004
Agency (exclu Med & Nurs)	76	708
Total	**2,001**	**12,194**

ACUTE

- £7.804m ytd overspend reported with this forecast to increase to £16.339m by the end of the financial year
- Main drivers for overspend continue to be supplementary staffing and drug costs
- Non compliant junior doctor rotas estimated to costs £0.786m through to year end
- The cost of patients within the wrong care setting is estimated at £7.144m by FYE
- £4.593m of pressure within the forecast in respect of unfunded services/ costs. £0.991m of this pressure relates to the 24 hour cath lab – longer term this will be funded from reduction of an existing SLA

MONTH 6 2024/2025 – SEPTEMBER 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
(34.430)	Central Services	(20.079)	(0.159)	(19.920)	(8.575)	(25.856)
45.478	Central Reserves	-	-	-	47.873	(2.395)
47.695	Corporate Services	23.142	21.358	1.784	46.643	1.052
54.676	Estates Facilities & Capital Planning	25.234	25.368	(0.134)	55.134	(0.458)
15.887	eHealth	7.717	7.779	(0.062)	16.269	(0.382)
27.670	Tertiary	13.835	14.930	(1.095)	29.052	(1.382)
156.976	**Total**	**49.848**	**69.275**	**(19.427)**	**186.396**	**(29.420)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	11	28
Agency (Nursing)	-	4
Bank	292	1,203
Agency (exclu Med & Nurs)	30	212
Total	**333**	**1,447**

SUPPORT SERVICES

- YTD overspend of £19.427m reported with this forecast to increase to £29.420m by the end of the financial year – this area carries the risk associated with not achieving the cost reduction/ improvement target.
- Continuing vacancies within a number of teams within Corporate Services are driving both the year to date and forecast position. Underspends associated with these vacancies are masking pressure in respect of international recruitment with specific funding no longer available in 2024/2025.
- Estates are seeing pressures within soft FM pay related costs and building lease costs. The most significant pressure is within provisions (£0.675m) with increases significantly in excess of inflation playing through. Increasing postage costs are also impacting on the position with this identified as an area for review as part of value and efficiency work. These pressures are being mitigated by vacancies within linen and decontamination services
- Previously identified pressures relating to the SLA uplift and specific issues relating to forensic psychiatry, TAVI and rheumatology drugs continue to account for the overspend within Tertiary

MONTH 6 2024/2025 – SEPTEMBER 2024

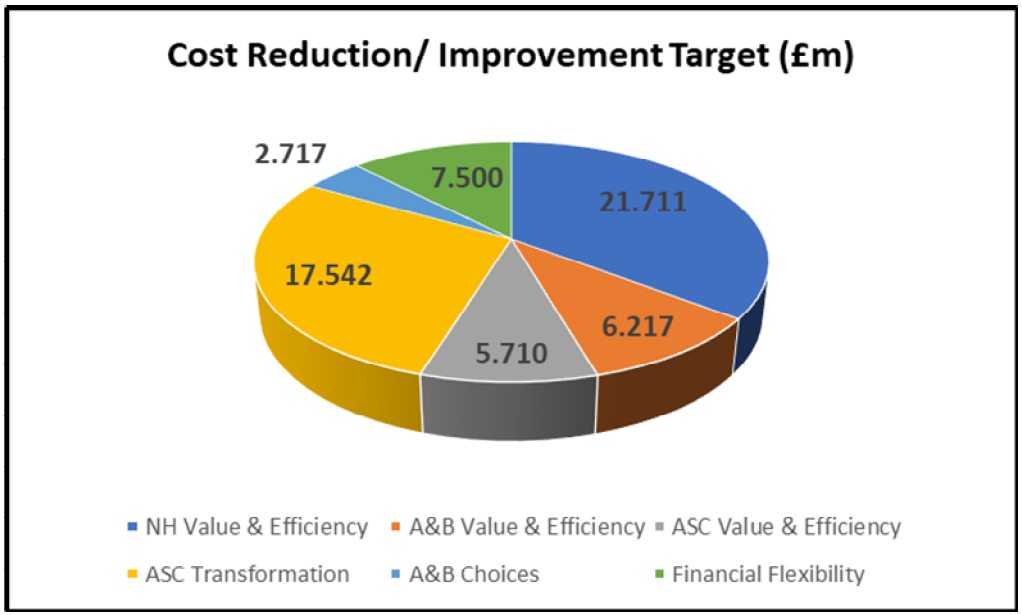
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
126.474	Hospital & Community Services	63.439	63.584	(0.145)	126.787	(0.313)
39.601	Acute & Complex Care	19.977	21.074	(1.097)	41.685	(2.084)
10.175	Children & Families	5.108	5.134	(0.026)	10.175	-
40.403	Primary Care inc NCL	19.762	19.594	0.168	40.519	(0.116)
24.728	Prescribing	12.266	12.426	(0.160)	25.000	(0.272)
11.137	Estates	5.425	5.530	(0.105)	11.287	(0.150)
5.725	Management Services	2.301	2.219	0.082	5.632	0.093
11.380	Central/Public health	0.733	(0.153)	0.886	9.285	2.095
269.621	**Total Argyll & Bute**	**129.012**	**129.408**	**(0.396)**	**270.368**	**(0.747)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	474	3,258
Agency (Nursing)	129	1,250
Bank	282	1,511
Agency (exclu Med & Nurs)	52	396
Total	**937**	**6,416**

ARGYLL & BUTE

- YTD overspend of £0.396m reported
- An overspend of £0.747m – a deterioration of £0.147m from the M5 position
- The use of supplementary staffing continues to adversely impact on the financial position
- Significant vacancies and slippage within reserves are mitigating existing cost pressures
- The YTD position is masking slippage on cost reductions/ improvements of £0.467m

MONTH 6 2024/2025 – SEPTEMBER 2024



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

COST REDUCTON/ IMPROVEMENT

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

MONTH 6 2024/2025 – SEPTEMBER 2024

NHS Highland

Planned Value of 24-25 Efficiency of **£20.583m** (03/10/2024 £17.200m), is the value of the schemes currently listed on the Savings Tracker and is part of the total savings goal for the NH and A&B of **£51.180m**

	17/10/2024	03/10/2024
Target:	**£51.180m**	£51,180m
Currently achieved:	£10.485m	(£8.252m)
Forecast still to be delivered:	£10.097m	(£7,734m)
GAP (incl forecast):	**£30.597m**	(£35.194m)

Movement: £4.5m

Reduction Programmes	V&E Plan			Next Year
	2024-25 Original Target (£'000)	Total Achieved & Forecasted	GAP	2025-26 Plan Achieved (£'000)
Value & Efficiency - North Highland	21,711	6,416	-15,295	3,416
Value & Efficiency - Argyll & Bute	6,217	5,535	-682	0
Total Value & Efficiency	27,928	11,951	-15,977	3,416
Value & Efficiency - ASC	23,252	8,631	-14,621	150
Total Value & Efficiency incl ASC	51,180	20,583	-30,597	3,566

Position at 17/10/2024

MONTH 6 2024/2025 – SEPTEMBER 2024

	PLAN		POSITION AT M6	
	£m	£m	£m	£m
Financial Gap		112.000		112.000
Maximum Brokerage		28.400		28.400
COST REDUCTIONS/ IMPROVEMENTS TO BE IDENTIFIED		**83.600**		**83.600**
Delivered through:				
Value & Efficiency 3%	21.711		6.416	
A&B Savings - identified	8.934		5.535	
ASC	23.252		23.252	
Financial Flexibility	7.500		7.500	
Gap from brokerage cap agreed with NHS Highland Board (May 2024)	22.204		22.204	
		83.600		**64.907**
Slippage		-		**18.693**
Actions to mitigate slippage				
Balance Sheet Actions				7.261
Allocation Slippage				5.800
Argyll & Bute actions to deliver breakeven				3.399
Improvement in operational forecasts/ additional delivery against V&E target				2.233
				18.693

MITIGATING SLIPPAGE ON V&E TARGET

- Recovery plan developed to mitigate against V&E target slippage
- Review of balance sheet for potential technical accounting adjustments
- Ongoing review of slippage on allocations
- Additional actions in A&B to deliver balance at FYE
- Anticipating improvement in operational forecasts
- Potential increase in delivery against V&E targets

MONTH 6 2024/2025 – SEPTEMBER 2024

NHS Highland

2024-25 Efficiency Plan vs In Delivery & Forecast					
Cost Improvement Programme	Original Financial Plan 2024-25	Value of Efficiency in Delivery	Forecasted Value Still to be Delivered	In Delivery + Forecast	GAP
Accommodation staff/Agency	300	0	0	0	-300
Bed Capacity Planning	0	0	0	0	0
Corporate Teams Consolidation	100	166	49	215	115
Delayed Discharge and Length of Stay	0	0	0	0	0
Diagnostics	0	0	0	0	0
District Redesign	100	0	0	0	-100
External Room Hire	300	0	0	0	-300
Income Generation	1,500	67	0	67	-1,433
Integrated Service Planning	0	0	0	0	0
Leases & Agile Working	200	55	0	55	-145
Morse & TEC	0	0	0	0	0
On Call Rotas and Jnr Dr Compliance	600	0	0	0	-600
OOH	1,000	0	0	0	-1,000
Operational Digitisation Project	0	0	0	0	0
Oxygen Service	0	0	0	0	0
Patient Hub	0	0	0	0	0
Pelvic Health Pathway	0	0	0	0	0
People Review	0	0	0	0	0
Police Custody and SARC	200	0	0	0	-200
Prescribing	6,500	1,751	291	2,042	-4,458
Printing Devices	0	0	0	0	0
Procurement Consolidation and Efficiency	100	507	0	507	407
Rates Review Rebates (Historic)	0	620	0	620	620
Remote Outpatients & Virtual Capacity	0	25	0	25	25
Service Level Agreements	310	0	0	0	-310
Shared Services	0	0	0	0	0
Stock Management Review	0	0	0	0	0
Stores, Logistics and Fleet	0	0	0	0	0
Supplementary Staffing	8,500	1,861	1,024	2,885	-5,615
Telephony	0	0	0	0	0
Theatre Optimisation & PLCV	0	0	0	0	0
Transformation and Resilience of Admin	1,000	0	0	0	-1,000
Travel	1,000	0	0	0	-1,000
Vacancy Panel	0	0	0	0	0
Vaccination Service	0	0	0	0	0
Waste Management / Infection Prevention & Control	0	0	0	0	0
Total North Highland	**21,710**	**5,052**	**1,364**	**6,416**	**-15,294**
Argyll & Bute Schemes	6,218	5,283	252	5,535	-683
Total North Highland & Argyll & Bute	**27,928**	**10,335**	**1,616**	**11,951**	**-15,977**
Adult Social Care Schemes	23,252	150	8,481	8,631	-14,621
Total North Highland, Argyll & Bute & ASC	**51,180**	**10,485**	**10,097**	**20,583**	**-30,597**

Position at 17/10/2024

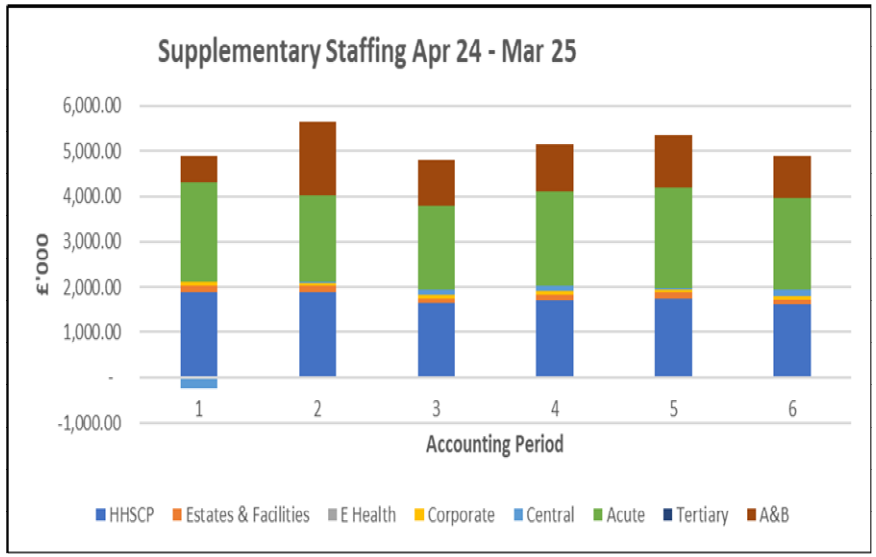
MONTH 6 2024/2025 – SEPTEMBER 2024

	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	10,428	12,171	(1,744)
Estates & Facilities	845	837	9
E Health	7	7.71	(1)
Corporate	411	548	(137)
Central	183	(5)	188
Acute	12,194	14,750	(2,556)
Tertiary	0	1	-
Argyll & Bute	6,415	6,322	93
TOTAL	**30,484**	**34,632**	**(4,147)**

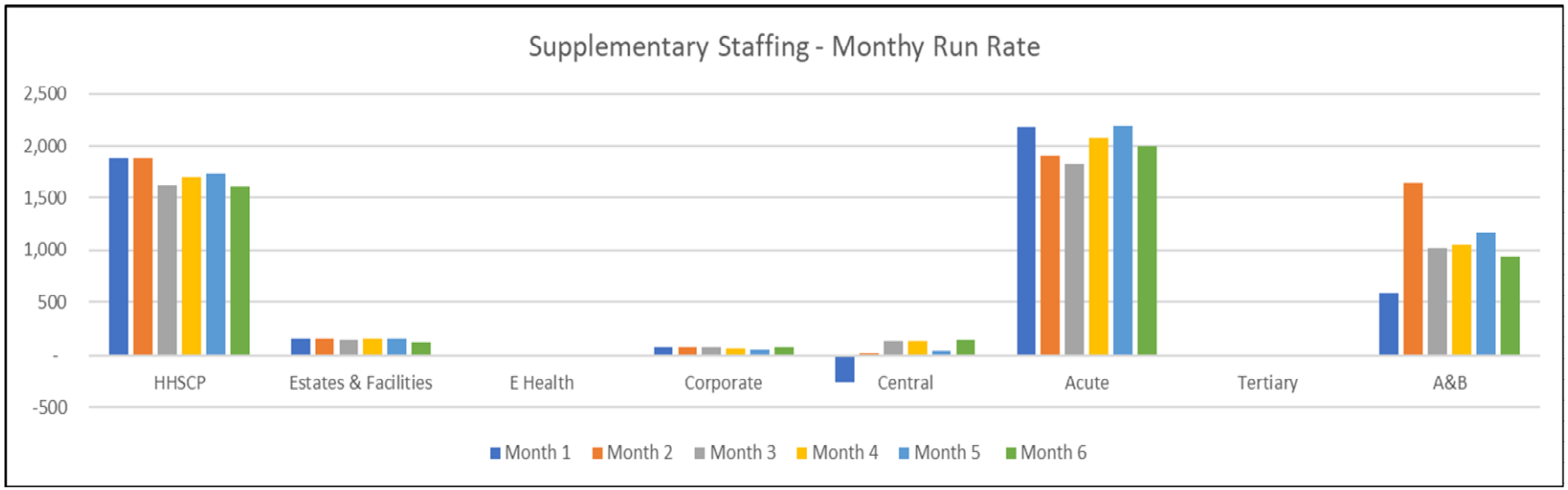
SUPPLEMENTARY STAFFING

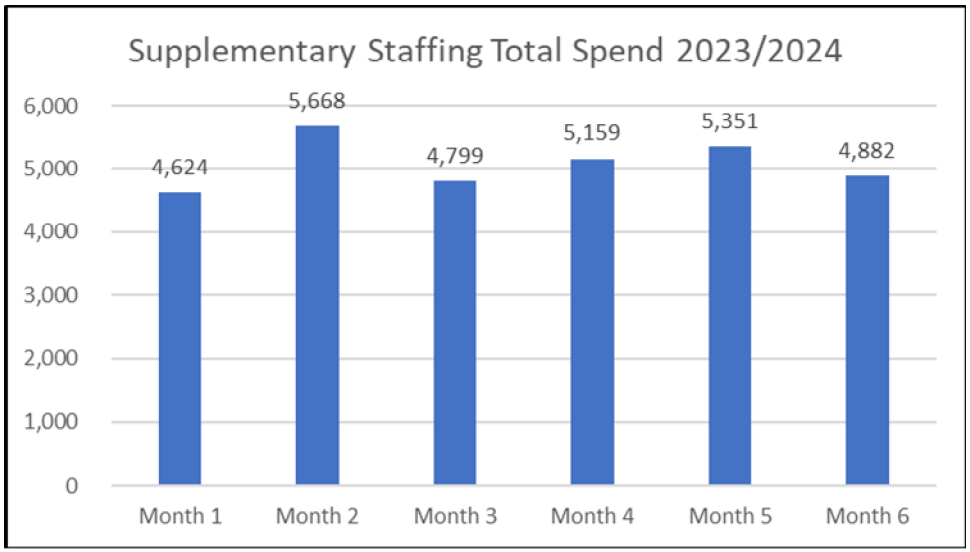
- Total spend on Supplementary Staffing at end of Month 6 is £4.147m lower than at the same point in 2023/2024.
- There is an overspend of £3.067m on pay related costs at the end of Month 6

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
119.844	Medical & Dental	58.601	63.816	(5.214)
6.637	Medical & Dental Support	3.322	4.195	(0.873)
207.028	Nursing & Midwifery	99.551	100.886	(1.335)
40.254	Allied Health Professionals	20.024	18.863	1.161
16.637	Healthcare Sciences	7.978	8.165	(0.187)
22.405	Other Therapeutic	10.738	10.826	(0.088)
45.233	Support Services	22.482	22.011	0.471
82.759	Admin & Clerical	40.717	39.849	0.868
3.270	Senior Managers	1.646	1.437	0.208
58.198	Social Care	28.773	27.297	1.476
11.233	Vacancy factor/pay savings	(0.287)	(0.731)	0.445
613.497	Total Pay	293.547	296.614	(3.067)



MONTH 6 2024/2025 – SEPTEMBER 2024





- Month 6 spend is £0.469m lower than month 5
- Reductions across most areas

MONTH 6 2024/2025 – SEPTEMBER 2024

NHS Highland

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
613.497	Pay	293.547	296.614	(3.067)
129.974	Drugs and prescribing	65.020	66.569	(1.550)
62.331	Property Costs	29.298	29.944	(0.646)
42.273	General Non Pay	20.630	21.937	(1.307)
52.806	Clinical Non pay	25.949	30.471	(4.522)
141.204	Health care - SLA and out of area	72.834	75.371	(2.537)
134.020	Social Care ISC	67.342	72.530	(5.188)
112.616	FHS	57.476	55.762	1.714

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Drugs and prescribing			
51.255	**Hospital drugs**	**25.919**	**25.741**	**0.177**
78.719	**Prescribing**	**39.101**	**40.828**	**(1.727)**
129.974	**Total**	**65.020**	**66.569**	**(1.550)**

SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories
- Supplementary staffing costs are driving the overspend within Pay
- Drugs and prescribing expenditure is currently overspent by £1.550m

MONTH 6 2024/2025 – SEPTEMBER 2024

BUDGET	SCHEME	ACTUALS	BALANCE TO SPEND
	FORMULARY ALLOCATION		
-	HISTORIC COSTS	624	624
1,819	EPAG	279	1,540
1,207	eHEALTH	102	1,105
2,504	ESTATES	143	2,361
417	CONTINGENCY	61	356
500	ERPCC LIFE CYCLE ADDITIONS	163	337
500	MID ARGYLL PFI	203	297
-	OTHER	-	-
6,947	**FORMULA TOTAL**	**1,574**	**5,373**
	PROJECT SPECIFIC FUNDING		
TBC	ACT ACCOMMODATION PROJECT	-	-
500	GRANTOWN HEALTH CENTRE REFURB	47	547
777	EV CHARGERS	193	584
80	BELFORD DISTRIBUTION BOARDS REPLACEMENT	-	80
100	SSD STERILISER REPLACEMENT	-	100
1,457	**PROJECT TOTAL**	**146**	**1,311**
8,404	**Total**	**1,720**	**6,685**

CAPITAL

- Funding of £6.947m confirmed for this financial year
- Allocations anticipated in respect of ongoing PFI costs & funding confirmed for the Belford distribution board and the SSD steriliser replacement
- Spend continues to remain low and is being monitored via Capital Asset Management Group

TIMETABLE FOR 2025/2026 – 2027/2028 FINANCIAL PLAN SUBMISSION

Event	Week commencing
Draft Template to Tester Boards	28/10/2024
Financial Planning Commission issued	25/11/2024
2025-26 Scottish Budget announced	04/12/2024
Confirmation of financial assumptions	5/12/2024
Planning Support Workshops	Early January 2025
Draft Plans Submission Deadline	27/01/2025
Final Plans Submission Deadline	17/03/2025

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 November 2024**
Title:	**Annual Delivery Plan 2024-25 Quarter 2 Update**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Bryan McKellar, Whole System Transformation Manager**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):
Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

As part of the Scottish Government's annual delivery planning process, we are required to submit quarterly reports on progress against the agreed deliverables in our Annual Delivery Plan (ADP).

This report provides NHS Highland Board with assurance on the progress of the Q1 and Q2 2024/25 ADP deliverables to 30 September 2024.

NHS Highland provides quarterly updates to Scottish Government, the Q2 update was provided to the Finance Resources and Performance Committee on 1 November and submitted to Scottish Government thereafter.

2.2 Background

NHS Highland's ADP 2024/25 was approved by Scottish Government in June 2024 and ratified through NHS Highland Board in July 2024.

The ADP captures the high-level deliverables in each "Well" theme of our Together We Care strategy. The Argyll & Bute Joint Strategic Plan uses the IPMF to measure performance and is incorporated into the NHS Highland ADP 2024-25 tracker.

The ADP planning cycle is an evolving process to move NHS Scotland towards an integrated strategic planning model, to incorporate delivery, workforce and financial planning, ensuring a whole system approach and specifying how we will meet service and policy needs within our capacity and resource limits.

We are required to submit our ADP 2024/25 update to include RAG status at each quarter, milestones, risks and controls. This is a light touch response with information taken from programme and performance teams and what is reporting through internal governance structures.

The Q1 update was submitted to Scottish Government in September 2024, with general verbal feedback received on the progress of deliverables.

The Q2 update was submitted to Scottish Government in November 2024. Feedback is anticipated in the coming weeks.

2.3 Assessment

Process

Throughout the first 6 months of ADP 2024/25, Strategy and Transformation programme managers have worked with deliverable leads, Senior Leadership Teams (SLTs) and Senior Responsible Officers (SROs) to collate the progress on these deliverables.

The quarterly update process uses information from programme delivery plans and assurance reports to draft the relevant response for each deliverable in the

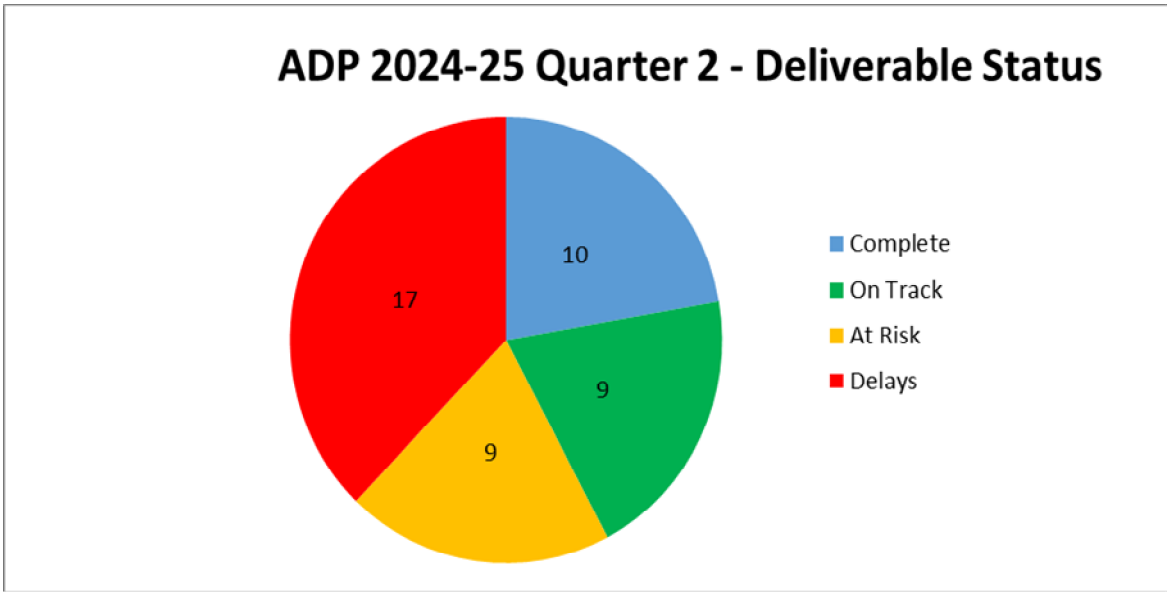
template. This has involved discussion with SROs, deliverable leads and relevant support colleagues.

It is recognised the ADP 2024/25 was written at a point in time, and reviewing and rationalisation of deliverables is ongoing, to reflect any changes e.g. as a result of new Government directives or updates in committed deliverables. An example of this is the existence of the 90-day Urgent & Unscheduled Care recovery mission which was instigated in August 2024, and subsumes many of the ADP deliverables of Respond Well.

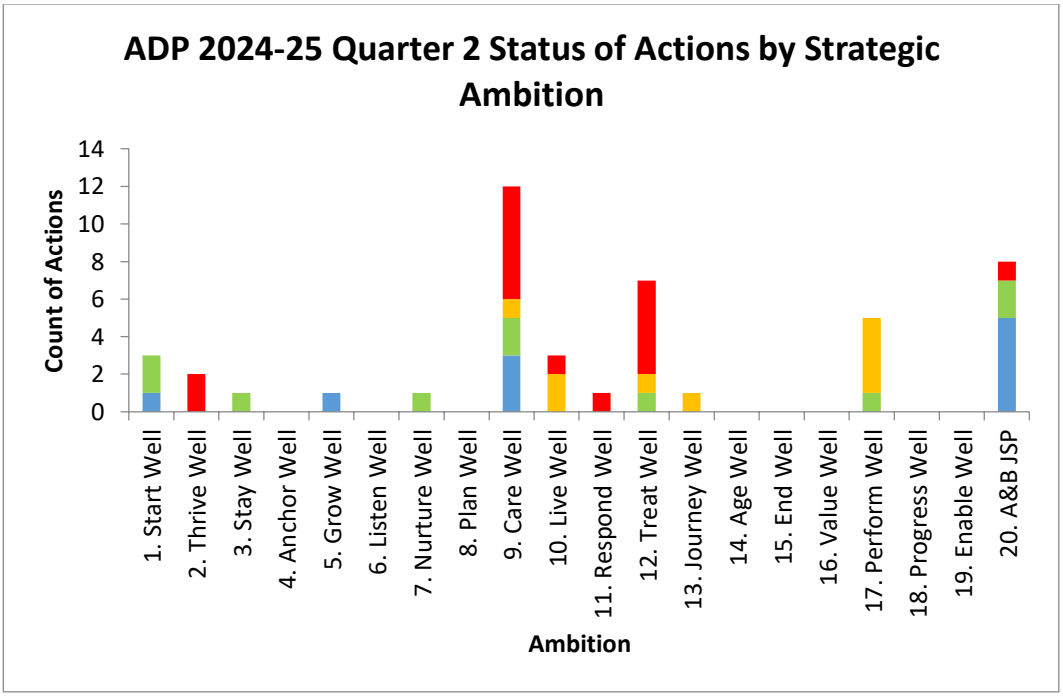
Q1 and Q2 ADP Deliverables update

When NHS Highland's ADP was agreed in June 2024, there were 258 current actions or deliverables, representing our transformational objectives across the ADP and medium term plans (MTP). There are 143 ADP deliverables and 115 MTP deliverables. 45 deliverables had a delivery target date by the end of Q1&Q2. An overview of the current actions in the ADP due by the end of Q2 are shown in the table and chart below. This excludes projects not started or where the deliverable is not due until Q3 or Q4.

Complete	10	22%
On Track	9	20%
At Risk	9	20%
Delays	17	38%
Total	45	100%



20% of the deliverables or actions where on track (green) and just over 22% were completed by Quarter 2. 20% were at risk (amber) and just under 40% of the actions were delayed (red), generally due to capacity or resourcing issues.



By Strategic Ambition, the status at Quarter 2 (for those deliverables due by 30 September 2024) is shown below, using the same legend as the chart. Where risks are identified, mitigation plans are in place or under development. Green and amber deliverables are expected to conclude in Q3.

A summary of all these actions is provided in Appendix A.

Included within the 10 completed actions includes:

- Implementation of NHS Highland's Vulnerable Pregnancy Pathway
- Refresh of NHS Highland's Leadership Programme
- Enabling the use of intelligence-based flow at district levels
- Development of a strategic commissioning capacity plan
- Review Care Home provision in the Highland HSCP area
- A number of actions in Argyll & Bute, including the development of an Island Health and Social Care Provision Strategy

In terms of the Q2 deliverables that remain outstanding as Red risks, below is a summary of the explanation.

Strategic Outcome	Outstanding deliverables	Explanation
Care Well	Reprioritisation of deliverables in Care Well was undertaken as part of phase one of the 90-day Urgent & Unscheduled Care mission. Any red deliverables have been reprioritised for later stages of delivery.	
Live Well	Benchmarking MH&LD models of care to other Scotland boards Resilience of statutory responsibilities in current delivery models	Outstanding Q2 deliverables to be progressed as part of STAG MH&LD models of care programme.
Respond Well	Delivery of whole system OPEL	System Capacity Group developing proposals for whole system OPEL aligned to performance management framework; delivery commenced in Q3.
Treat Well	Supplementary Staffing and reducing beds Increase in virtual Appointments Procedures of Low Clinical Value	V&E workstreams progressing, but remain some risk areas Requires agreed trajectory, current high comparable use of remote and near-me appointments Awaiting publication from SG.
Thrive Well	NDAS – waiting times to assessment	NDAS Programme Board established and moving forward with improvement plan into Q3
A&B JSP	Reducing LOS in Community Hospitals	IPMF currently going through internal structures for reporting of Q2 deliverables

ADP deliverables have been incorporated alongside performance reporting in relevant sections of the Performance IPQR since September. This is to support the links between performance and our ADP deliverables.

Risks and Challenges

ADP deliverables continues to be tracked and managed. There is a risk on our Level 1 Strategic Risk Register that notes the risks against delivery of the ADP 24/25 and provides plans and mitigations in place.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

NHS Highland Board is to be assured that the ADP 24-25 Q2 update has been submitted to Scottish Government as required having undertaken an assessment of the status of current deliverables.

For deliverables not currently achieved, there are mitigations and actions in place to move these forward in Q3, and for those deliverables delayed (risk), explanation is provided to provide FRP with assurance on these reasons.

3 Impact Analysis

3.1 Quality / Patient Care

KPIs on quality of care and waiting times continue to be developed in the ADP. These include how we introduce the measurement of the impact of value based health care incorporating realistic medicine.

3.2 Workforce

Impact on staff including resources, staff health and wellbeing are described at a high level in the ADP, as we move to more integrated planning.

3.3 Financial

Financial impact and risk is described at a high level in the developing ADP as we move towards a more detailed and integrated plan.

3.4 Risk Assessment/Management

Risks are identified in relevant deliverables with controls and mitigations developed, as part of the continuous reporting process

3.5 Data Protection

This does not involve personally identifiable information

3.6 Equality and Diversity, including health inequalities

We are seeking to reduce inequalities as part of the strategic intent, although an overall impact assessment has not been completed. EQIAs for each programme / ambition to be established and / or reviewed.

3.7 Other impacts

Assurance process to be delivered as part of the Strategic Planning Stages process (See above diagram)

3.8 Communication, involvement, engagement and consultation

Involvement and consultation continue to be carried out through the performance framework process via Programme Boards, SLTs, assurance and delivery groups and individual discussions

3.9 Route to the Meeting

This has been compiled through discussion with the facilitation of Strategy and Transformation team and with programme boards, intention leads and senior responsible officers involved with delivery of our strategy and development of the ADP 2024-25 and MTP 2026-27. The Q2 update was presented for Approval at EDG 28 October 2024 and assurance at the Finance Resources and Performance Committee on 1 November.

4 Recommendation

Action being requested:

Assurance – NHS Highland Board is to be assured that progress against theADP 24-25 deliverables is being tracked and quarterly updates submitted to Scottish Government.

4.1 List of appendices

The following appendices are included with this report:

- Appendix A– Summary of Strategic Outcome deliverables by BRAG status by 2024-25 Quarter 2 (see next page)

START WELL	THRIVE WELL	STAY WELL	ANCHOR WELL	GROW WELL	LISTEN WELL	NURTURE WELL	PLAN WELL	CARE WELL	LIVE WELL
Vulnerable Pregnancy Pathway	NDAS Waiting List Validation	Screening Inequalities Plan 2023-2025	No deliverables due	Refreshed leadership programme	No deliverables due (merged with H&W Strategy)	Health & Wellbeing Strategy and Action Plan	No deliverables due (merged with H&W Strategy)	Intelligence-based flow at district levels	Baseline MH&LD integrated service planning
UNICEF Gold Standard	Comprehensive NDAS Assessment							Strategic commissioning capacity plan	MH&LD service benchmarking
NICU Impact Assessment								Review Care Home provision	Resilience to deliver statutory responsibilities
								Enhanced access for Care Homes to FNC / OOH	
								Cost/benefit analysis of TEC	
								Workforce plan for Home is Best plan	
								Generic assessment for care	
								Allocation of C@H at district level using data	

								Care pause, stop, re-start, reallocate for inpatients	
								Discharge to Assess model – facilitate social care home assessment	
								Implement findings – 2:1 Care at Home B&S pilot	
								Develop improvement plan using review of LoS for those not in delay	

(Continued)

RESPOND WELL	TREAT WELL	JOURNEY WELL	AGE WELL	END WELL	VALUE WELL	PERFORM WELL	PROGRESS WELL	ENABLE WELL	A&B JSP
Whole System OPEL across acute and community	Outpatients performance improvement plan	Capacity plan aligned to Rapid Cancer Diagnostic Services	No deliverables due	No deliverables due	No deliverables due	Align transformation programmes with measures of success (KPIs)	No deliverables due	No deliverables due	Island health and social care provision strategy
	Improvement plans for fragile acute services in place					Resilience and Risk – aligned Level 2 and 3 risk registers			INR services through CTACs
	Reduce procedures of low clinical value`					Resilience and Risk – review overall Corporate Risk Register			Integrated phlebotomy service
	Increase in virtual appointments					TARA: reduction in fixed-term contracts in acute through appropriate policy			Review of sexual health services
	Review of acute beds to reduce in line with Care Well					TARA: reduce all excess hours and overtime within Acute setting			Set-up review of governance of SDS

	Reduce supplementary staffing across acute								Establish safe and cost-effective OOHs
	Reduce agency nurse staffing across Acute by 95%								Develop community assets approach
									Extend the Community Hospital services into communities

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**26 November 2024**
Title:	**Highland Child Poverty Action Report**
Responsible Executive/Non-Executive:	**Dr Tim Allison; Director of Public Health**
Report Author:	**Lynda Thomson, Senior Health Improvement Specialist**

1 Purpose

This is presented to the Board for:

- Approval

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		**All** Well Themes			

2 Report summary

2.1 Situation

The Scottish Government require annual updates on progress of joint Local Authority and NHS Board published Child Poverty Action Plan Reports (CPAPR).

An earlier report was taken to the NHSH Board in May 24 and covered the period April 2022 to March 2023. Board members requested an update on the work undertaken from April 2023 to March 2024 for the November 2024 Board meeting. This paper and the attached Highland Child Poverty Action Plan

Report provides the requested update. The report covers the Highland area only.
Note that the Argyll and Bute Child Poverty Action Plan Report (2023-2024) has been to the Integrated Joint Board and Argyll and Bute Council for sign off in October 24 and has been submitted to Public Health Scotland and the Improvement Service. The link for this plan is:
https://www.argyll-bute.gov.uk/social-care-and-health/health-and-social-care-partnership

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 to Board members on:

- Data gathered from the Health Intelligence Team in Public Health to support development of the report and priorities for action.
- Progress made and outcomes achieved in tackling child poverty in 2023/24
- Agreed actions to be taken in 2024/25 in line with the key themes identified within the Highland's Integrated Children's Service Plan.

The key drivers that influence the experience of child poverty include income from employment, costs of living and income from social security and benefits in kind.
Whilst many children's services remain under the provision of Highland Council, NHS Boards have been asked to 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
- procurement and income maximisation.

The Highland CPAPR incorporates actions that will support NHS Highland to meet the four identified priority areas outlined above and delivery of NHS Highlands Anchor Strategic Plan.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance.

The attached update report has taken the level of assurance to Moderate. To meet Substantial levels of Assurance greater scrutiny and reporting of progress

needs to be in place through the Integrated Children's Service Board from the Poverty Reduction Group that leads on the delivery of the plan on behalf of the Highland Community Planning Partnership Board.

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. Prioritised and sustained delivery on the identified actions can mitigate some of the worst effects of poverty and reduce the gap in health inequalities 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 and can therefore provide increased 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. Work is currently underway to develop an employability strategy to widen access that will be inclusive of people living in poverty.

3.3 Financial

Many of the actions detailed in the plan rely on doing things differently or in partnership rather than requiring specific financial resources. Some actions may require additional 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 risks in relation to poorer health outcomes for children living in poverty. There are reputational risks if NHS Highland does not deliver on the priority actions identified in the report.

3.5 Data Protection

There are no identified Data Protection issues in 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. A completed Equality Impact Assessment is attached.

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 has been considered and supported by the Highland's Integrated Children's Service Planning Board which provides partnership oversight to delivery of the plan.

4 Recommendation

- **NHS Highland Board is asked to approve the report for submission to the Scottish Government.**

4.1 List of appendices

The following appendices are included with this report:

Appendix one – Highland Local Child Poverty Action Update Report April 2023 – March 2024.

Appendix two – Equality Impact Assessment and UNCR Impact Assessment

Highland

Local Child Poverty Action Update Report

April 2023 - March 2024

November 2024

Contents

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

1.1 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[1]. 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.

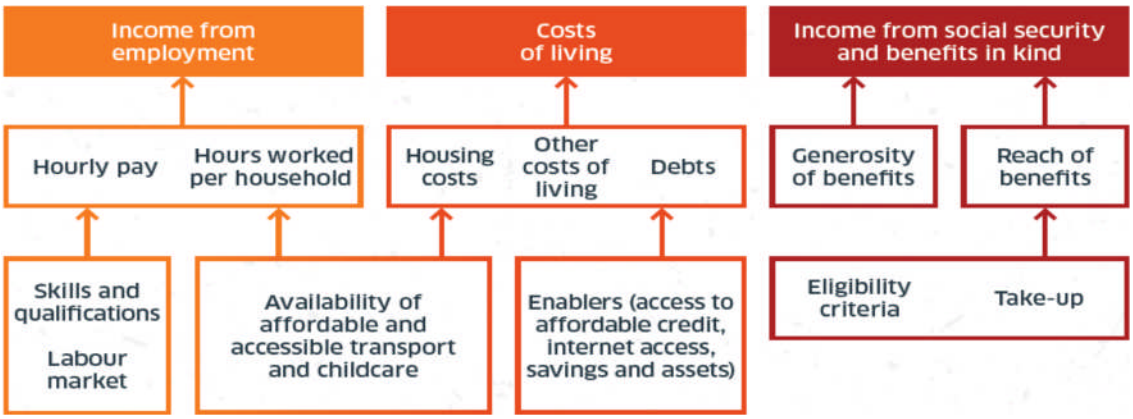
The legislation requires:

- 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, https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/ 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.

[1] 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.

1.2 Poverty in Highland

1.2.1 Child Poverty[2]

In 2022/23, 13,034 children in NHS Highland (Highland and Argyll and Bute) live in poverty after housing costs. 9,776 of these children live in Highland. This means that they live in a household 60% below the UK median income after deducting housing costs.

The average primary school class of 25 pupils in NHS Highland now has around five children living in low-income families. In some of the most deprived areas, this figure is around 12.

Children are much more likely to be exposed to poverty if they live with a lone parent or if they have two or more siblings. Having someone with long-term illness in the household increases the risk due to barriers to employment and caring demands. Ethnic minorities also have higher child poverty rates.

In the past, childhood poverty was related to unemployment. Increasingly, more poor children live with at least one working parent. The current cost of living crisis is pushing more families into poverty. There is a large body of evidence that poverty harms children's health, wellbeing and educational opportunities, impacting the life course.

Rural and island life characteristics are recognised as potential compounders of the main drivers of child poverty. Income from work and earnings can be seasonal and unpredictable, and living costs can be higher with high levels of fuel poverty, higher prices for goods, and unaffordable housing. Lower take-up of welfare support can be an issue in more rural and remote areas.

Scottish policy measures include support through the benefits system, increased childcare provision, school clothing grants, and free school meals and as part of the Workforce 2030 Vision, transforming the role of school nursing specifically to address the impact of inequalities and child poverty. The Scottish Child Payment was introduced in February 2021. The level has risen to £26.70 a week and was extended to children up to 16 years of age in families receiving means-tested benefits. Families can access means-tested support through Best Start Grants.

Currently, 11,975 children in Highland living in low-income families already receiving qualifying benefits receive the Scottish Child Payment.

[2] Information extracted from a report produced by the Health intelligence team: NHS Highland. "Child Poverty: Children and young people's health and wellbeing profiles: supplementary report" Publication date: 22nd July 2024. Public Health Intelligence, NHS Highland nhsh.publichealthintelligence@nhs.scot

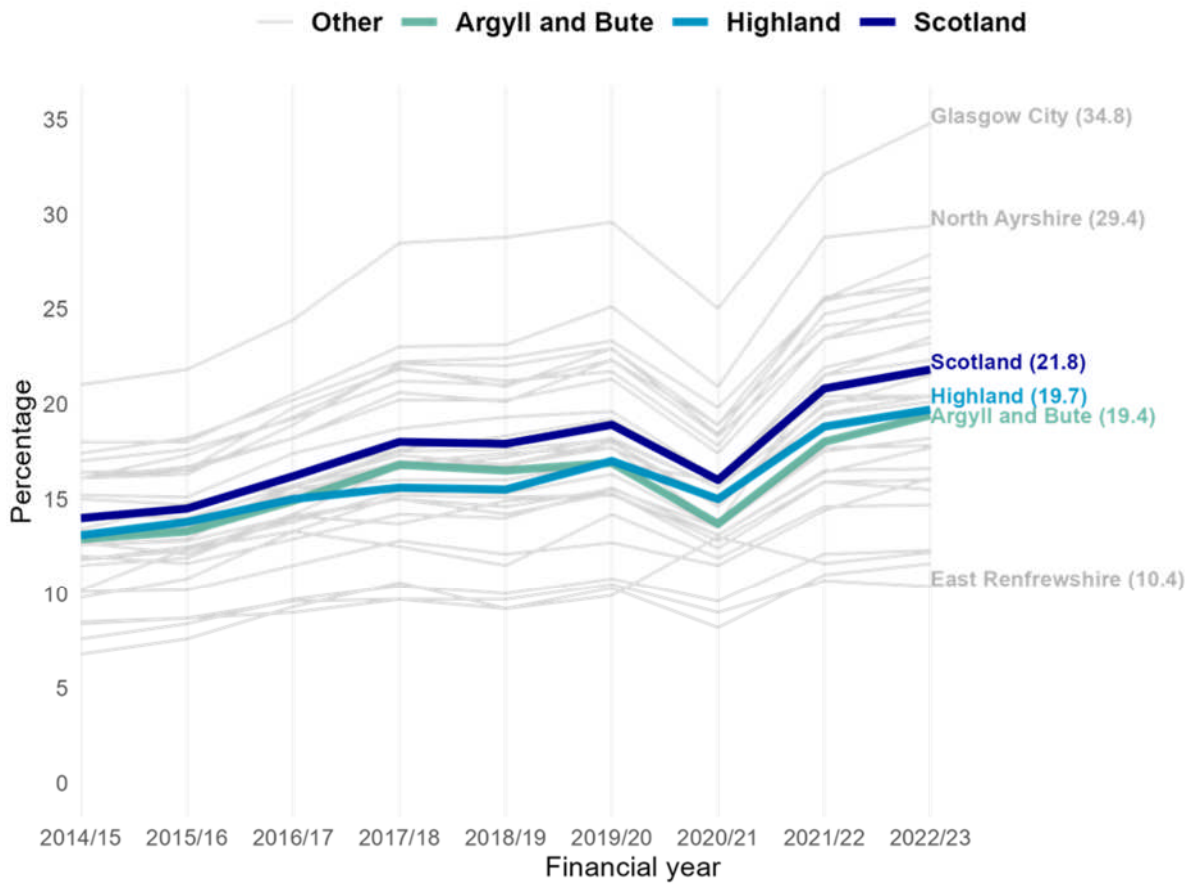
1.2.2 Local measures of child poverty

Children in low-income families

The terms low income refers to being below the poverty threshold.

The chart shows the percentage of children under 16 living in families either receiving out-of-work (mean-tested) benefits or tax credits, where their reported income is less than 60 percent of the contemporary UK median income. The Scottish Government recommends this measure of relative poverty to monitor child poverty locally.

Figure 2: Percentage of children in low-income families in Local Authority areas

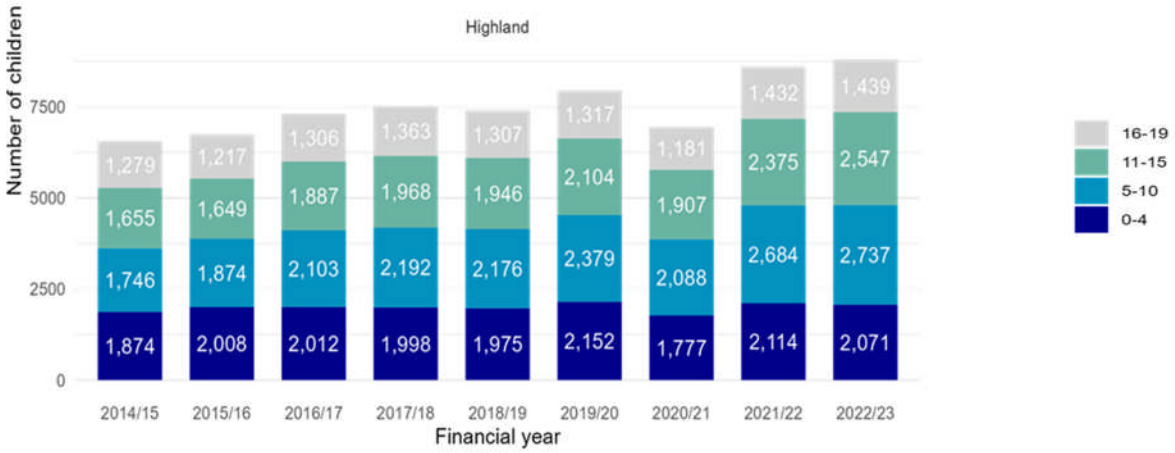


Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs).

Whilst the proportion of children in low-income families fell in 2020/21 this was largely due to the additional £20 a week payment added to social security benefits for a six-month period during the pandemic. This uplift stopped in October 2021. Subsequently, rates have risen again in Highland and Scotland. Slow economic recovery from COVID-19 and the cost-of-living crisis have resulted in rapid and sustained price increases that disproportionately impact low-income families already at risk from food, fuel and transport costs.

In 2022/23, 7,355 children under 16 lived in low-income families below the poverty line in Highland.

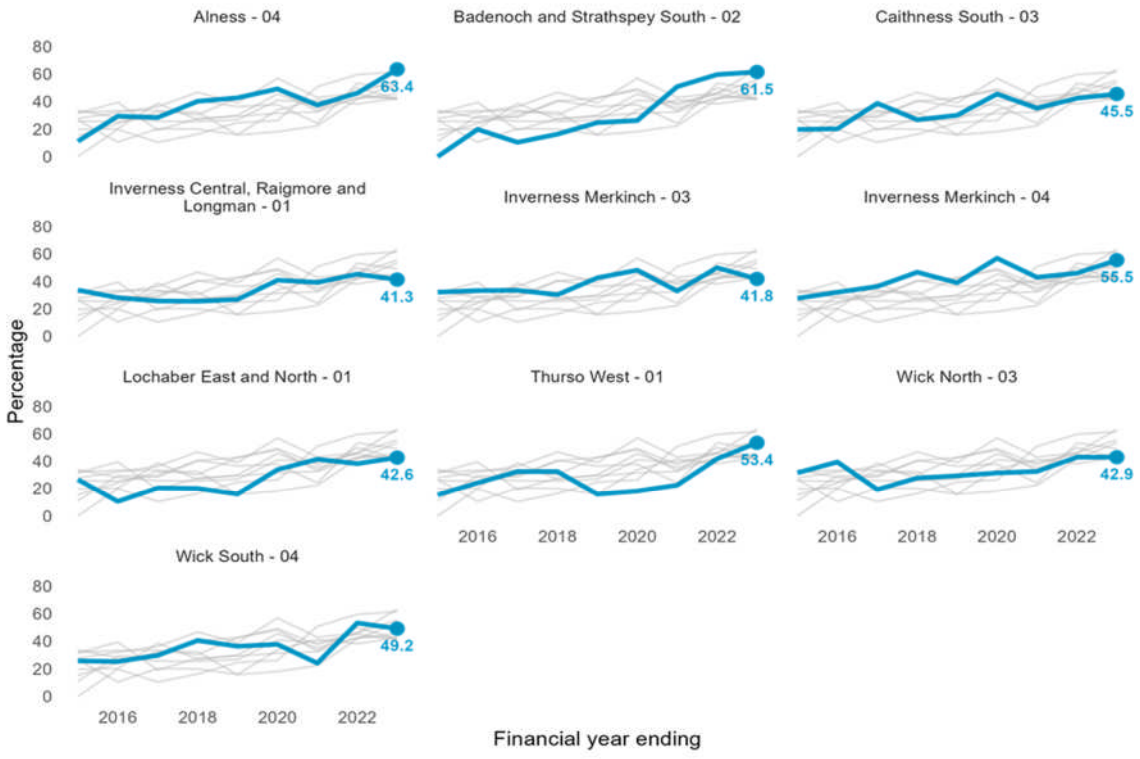
Figure 3: Number of children in low-income families in Highland



Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs)

Figure 4 highlights areas within Highland with high concentrations of children in low-income households. Some caution should be observed when interpreting the data. The focus should be on the overall trend rather than year-on-year change, which is prone to fluctuations in small populations.

Figure 4: Ten small areas in Highland with the highest percentage of children under 16 in low-income households in 2023.



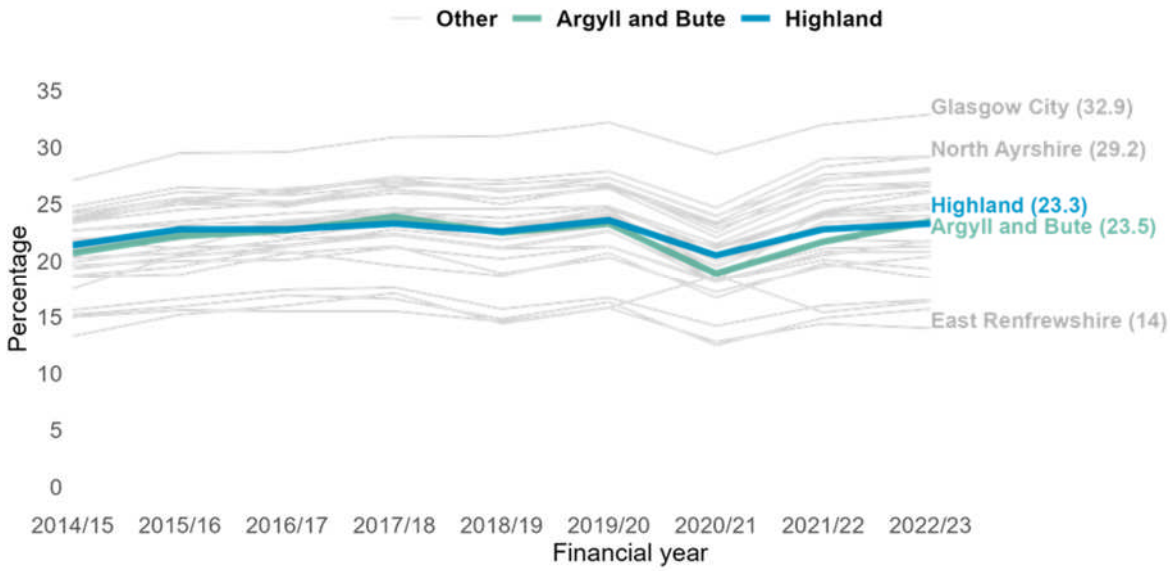
Source: Scottish Index of Multiple Deprivation 2020v2 and National Records of Scotland Small Area Population Estimates 2021

Child poverty estimates after housing costs

Child poverty after housing costs are reported using data from the Centre for Research in Social Policy at Loughborough University. The data extends the children in low-income families data published by the Dept of Work and Pensions by including modelling for housing costs for Local Authority areas and parliamentary constituencies. Housing is the biggest outgoing for most families. Consequently, the availability of affordable accommodation can have a big impact on poverty numbers.

In 2022/23, 9,776 children in Highland live in poverty after housing costs.

Figure 5: Percentage of children living in poverty after housing costs by Local Authority area in Scotland



Source: End Child Poverty Coalition estimates of child poverty rates after housing costs (2024)
1 A child is defined as aged under 15, or aged 16-19 and in full-time education.

Working households

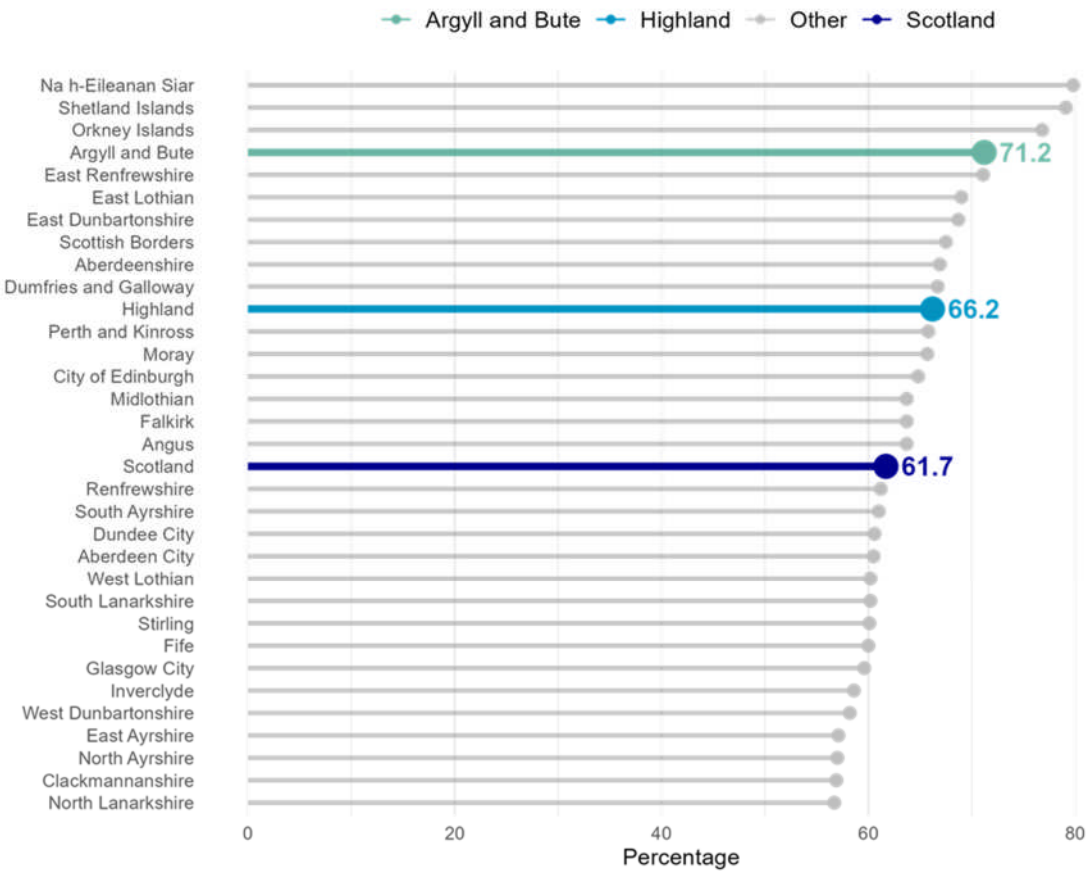
The Department of Work and Pensions data on children in low-income indicates how in-work poverty contributes to overall child poverty in local areas.

Figure 6 shows the percentage of children under 16 in low-income families in a household with at least one adult in work in 2022/23 for the Local Authorities in Scotland. In-work poverty remains more common than out-of-work poverty in all areas.

Six in ten children in poverty live in households where someone is working, and increasingly, only having two parents at work protects against the risk of poverty.

Nearly three-quarters of people experiencing in-work poverty have someone in their family who works in five high-priority industries: hospitality, health and social care, retail, administrative support and manufacturing. Many of these industries are large employers in Highland with a high proportion of part-time workers and seasonal variation in demand.

Figure 6: Percentage of children in poverty before housing costs who are in a household with at least one adult in work by Local Authority area in Scotland in 2022/23.



Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs)

Priority Groups – poverty and protected characteristics

Six groups of priority families are identified as a focus for interventions:

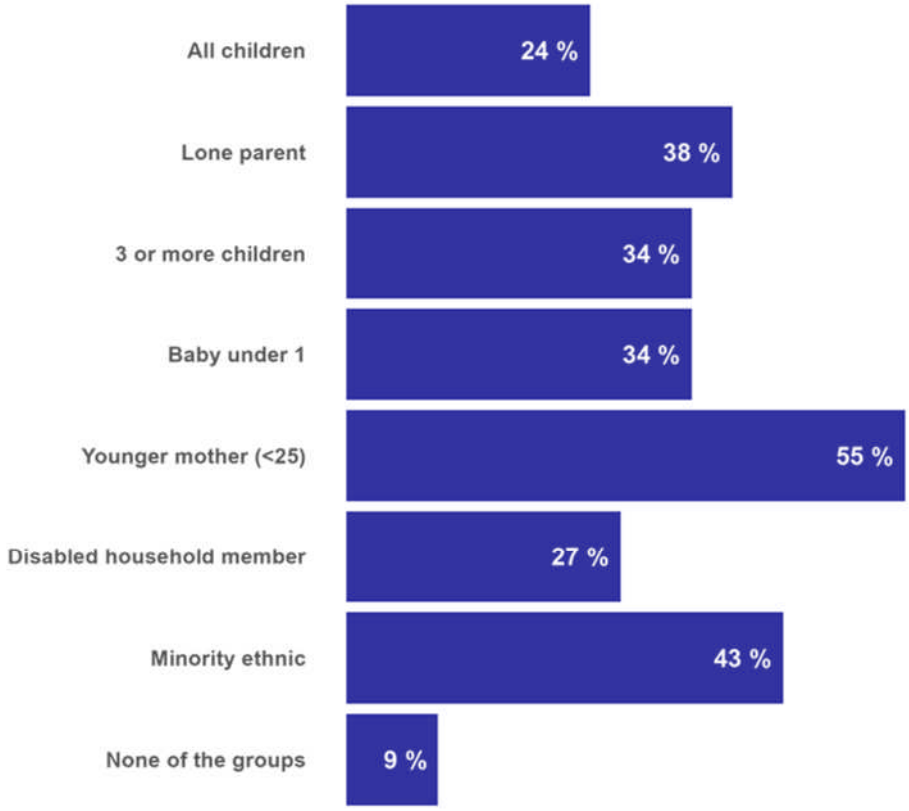
- Lone parent families (majority headed by women)
- Families with a child or adult with a disability
- Larger families with three or more children
- Minority Ethnic families
- Families with a child under one year of age
- Families where the mother is less than 25 years old.

These groupings do not cover all the family types at higher risk of poverty, with nearly one in ten children in poverty living in households with none of these

characteristics. There will also be children living in families where these circumstances apply who do not experience poverty.

Figure 7 summarises the estimated proportion of children who live in poverty in these categories in Scotland. Equivalent data for Local Authorities is not available.

Figure 7: Proportion of children in priority groups who are in relative poverty in Scotland



Source: Poverty and Income Inequality Scotland National Statistics Report 2024

1 Estimates are based on data from the DWP Family Resources Survey and use three-year averages*

2 All figures are for the period 2020/23, with the exceptions of those reported for younger mothers (2015/18) and families with a baby under one (2017/20)

*** Data collection was disrupted during the first year of the pandemic, and the year 2020/21 is excluded from the Scottish Government analysis**

Limited data at the local level about the priority groups at risk of experiencing child poverty is routinely produced. Figure 8 summarises numbers who may be at risk from available data, but not all in the categories will be living in poverty.

Figure 8: Priority family groups in Argyll and Bute and Highland

Measure	Argyll and Bute	Highland	Scotland
Households with dependent children[1]	6,900	16,300	582,300
Families with children receiving support from Universal Credit[2]	2,563	7,331	199,583
Lone Parent houseolds[3]	1,839	5,347	149,029
Large families[4]	524	1,425	37,767
Households with dependant children where someone has a disability[5]	708	2,134	58,103
Children under 1[6]	579	1,909	46,959
Mothers under 25[6]	64	284	6,624
Ethnic minorities population under 25[7]	773	2,521	171,509

[1] Source: Nomis official census and labour market statistics, Annual population survey 2022.

[2] Source: Stat-Xplore, Households with dependent children receiving support from Universal Credit, Febuaray 2024.

[3] Source: Stat-Xplore, Lone parent households with dependent children receiving support from Universal Credit, Febuaray 2024.

[4] Source: Stat-Xplore, Households with 3 or more dependent children receiving support from Universal Credit, Febuaray 2024.

[5] Source: Stat-Xplore, Households with dependent children receiving support from Universal Credit with Disabled Child Entitlement and/or Limited Capability for Work Entitlement, Febuaray 2024.

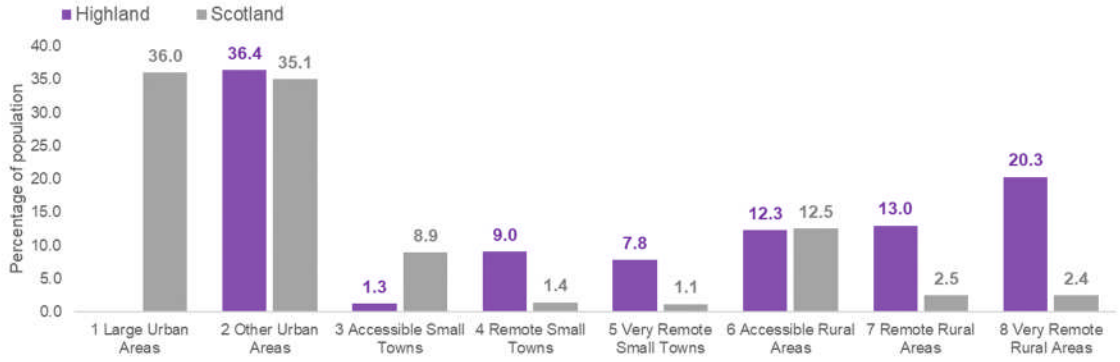
[6] Source: National Records of Scotland, Births 2022.

[7] Source: Ethnic group by age, Scotland's Census 2022. Ethnic minorities including:White: Gypsy/ Traveller, Mixed or multiple ethnic group, Asian, Asian Scottish or Asian British: Total, African: Total, Caribbean or Black: Total, Other ethnic groups: Total.

1.2.3 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 9: Percentage of the population aged under 18 years of age living in urban and rural areas in Highland and Scotland in 2021



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

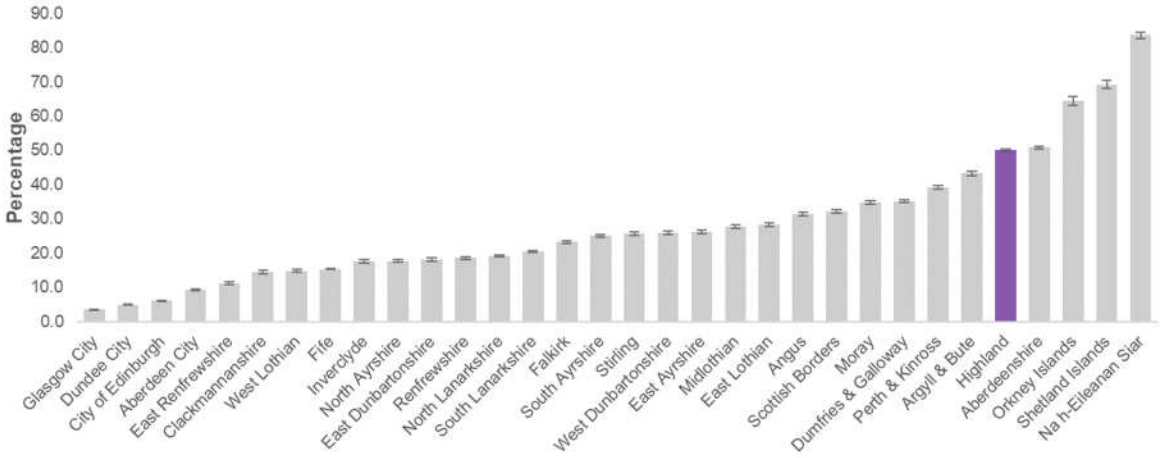
people are exacerbated by additional costs. This includes more expensive food and clothing, more expensive household goods, increased home energy costs and the costs of transport as shown in work on the Minimum Income Standard for Remote Rural Scotland.[3] This highlights that for people living in rural 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%)[4]
- Reduced opportunities to earn adequate income
- Higher cost of living impacted by prices to 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.

Figure 10: 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

[3] *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

[4] https://www.gov.scot/publications/scottish-islands-data-overview-2023/pages/9/

In 2022, the Scottish Government and the Scottish Rural College published *Improving our understanding of child poverty in rural and island Scotland*.[5] 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.

---

[5] 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 2023/24

The following summarises the key actions identified in the partnership's 2023/24 Child Poverty Action Report against each of the core themes. Progress against each of these actions are detailed.

Theme 1: Getting Started Pre-birth – 5 years	
Improvement Priority: We will reduce the financial barriers in order to increase participation, raise aspirations and address the impacts of poverty	
Action 1.1 Develop flexible models of childcare in rural areas	
Progress	**Evidence**
Childcare New models piloted. A more sustainable delivery model in place, including a shift in the balance of ELC delivery between LA and PVI providers. • Successful ADAP funding bid focused on new models of delivering rural childcare • Used part of ADAP funding to engage rural consultant to support CALA in development of the integrated Single Care Model (SCM) pathway pilot and working group has met and continues to develop model • Looking to launch early 2025. • Partners include CALA, HIE, Highland Council, NHS Highland, Care Inspectorate and 3rd/private providers. • Challenges of rural delivery of childcare been highlighted to Minister for CYP as well as MSPs • CALA working with HIE meeting shortly with Ministers Ms Don and Ms Todd to ask for their support to allow flexibility in models. • Close working with Highland Council and CALA on new models for childminding • Highland Council looking at commissioning models for ELC • National work looking at school aged childcare/need for proportionate regulations to provide greater flex and more services	• Evidence of focus on need for rural flexibility from Scottish Govt policies and narratives. • HIE has childcare in its delivery plan as does Highland Council • Green Freeport citing childcare as key driver for success • Rural health care workforce strategy now includes childcare • Care Inspectorate has internal group looking at flex in regulation in rural areas • Eventually more services will be developed that better meet the needs of children and families rurally

Exploring joint work with employability service on parental employability courses including providing childcare to reduce barriers to participation. A Rural childcare policy or approach is gathering momentum and will provide greater flexibility to ensure all areas have better access to childcare including childminding to support parental employment as well as benefits for child. Having childcare acknowledged as vital infrastructure to provide economic sustainability in rural areas has been key Highland Employability Service worked with Scottish Child-Minding Association (SCMA) to support people in areas of Highland with no or limited provision to become childminders, supporting training and initial set up costs.	Resulted in 9 new childminders coming on stream by end March 2024.
Action 1.2: Implement the Whole Family Approach to mitigate the impacts of poverty	
Progress	**Evidence**
Whole Family Wellbeing Programme Funding Strategy 24/25 – Tackling Poverty Inequalities Funding On 19th June 2024 the Integrated Children's Services Planning Board agreed the Highland Whole Family Wellbeing Programme Funding Strategy 24/25. This strategy outlines the approach to commence funding and self-assessment processes across family support services in Highland. Element 1 Locality Community Based Activity Small Grant Fund will open on 02.09.24 and closed on 30.09.24. This fund, open to locality placed Third Sector organisations, supports local community-based activities, addressing family wellbeing activities based on locality need. It prioritises tackling Poverty based inequality and focuses on the six family types outlined in the Best Start Bright Futures tackling Child Poverty Delivery Plan 2022 – 2026, which are: • Families where the mother is under 25 • Lone parent families • Families which include children or adults with disability • Larger families (3+ children) • Minority ethnic families • Families with a child under 1. The Whole Family Wellbeing Programme within Highland will implement holistic whole family support across the system, in line with our Locality and Data/Needs led model.	

A Programme Strategic Needs Assessment has commenced outlining current data around Poverty Inequalities and the six identified family types. A Quality Improvement approach is being undertaken for all projects funded by the Whole Family Wellbeing Fund in Highland. Through our Quality Improvement Journey we will implement Holistic Whole Family Support within our whole system, as defined by the Route-map and the National Principles of Holistic Whole Family Support.  This will enable the Programme to articulate exactly what needs to improve and to define what 'better' looks like. This provides the conditions for us to identify clear improvement aims and creates the environment for us to develop meaningful theories and ideas for changes which can then be tested.	
Home –School Link This Test of Concept is currently in the design phase and workforce will commence engaging with families and schools within the Associated School Group once that has been agreed. Three Third Sector Holistic Whole Family Support Workers are now recruited and undergoing their induction.	Outcome Measurements will be monitored in line with the National CYPF Outcomes Framework and core Wellbeing indicators.

Whole Family Wellbeing Programme Data Gathering - Practitioner Participation Sessions

In respect to stakeholder views, specifically in relation to our workforce, Practitioner Participation Sessions, providing the voice of practitioners within Statutory and Third Sector organisations in Highland, who deliver support services to families, was undertaken during November/December 2023 and January 2024.

During these sessions we utilised the Three Horizons Improvement Model, to ask participants in terms of how we support families in Highland, to consider:

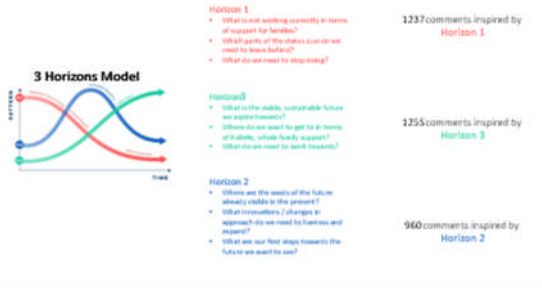
- Horizon 1 - What is not working and what we need to stop doing
- Horizon 3 – What do we want to see happen in the future
- Horizon 2 - What are the seeds of change that are required to get us from Horizon 1 to Horizon 3.

At each session the Horizon 2 themes were then prioritised by each group, into their top three priorities.

In order to truly align to the locality model, the Practitioner Participation Sessions were held in the following localities across Highland. These were also supported by five on-line sessions.

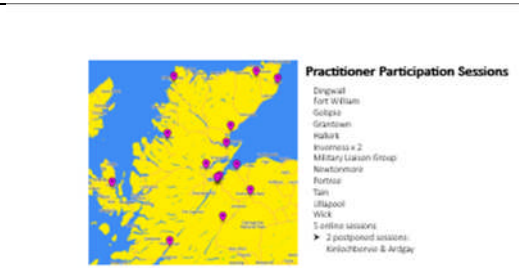
The overall approach and data capture from across these sessions is broken down here:

Total practitioner comments against each Horizon:



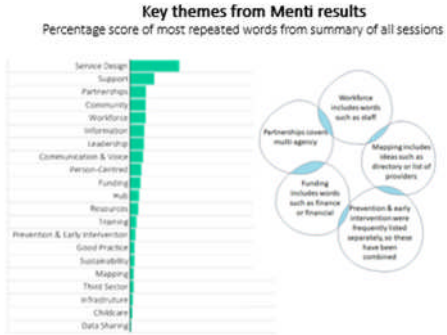
A total of 3,452 comments were captured, here we see how those are aligned to the four pillars:

Mentimeter software was utilised to capture data from across Horizon 2 – *'What are the seeds of future already in the present?', 'What innovations / changes in approach do we need to harness and expand?', 'What are our first steps towards the future we want to see?',* this provided the following themes:

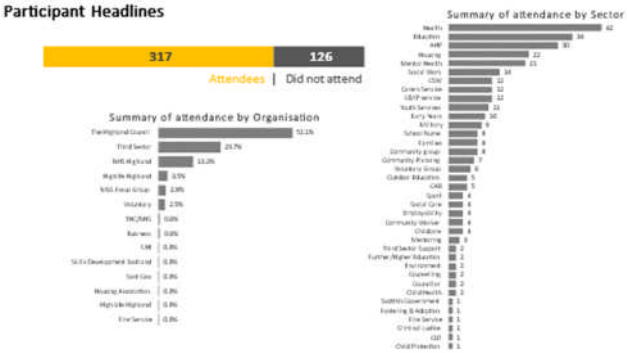
<table>
<tr>
<td>


This data set, along with the Programme Strategic Needs Assessment (Poverty Inequalities) will form the basis for strategic leadership development sessions and further development of our Programme change ideas.

The gathering and analysis of our data set will provide the themes on which prioritised need will be identified for each locality. This will support the prioritisation of improvement activity and funding allocation for each locality as outlined in our Funding Strategy. By prioritising the themes and change ideas, we will be able to produce further iterations of the Funding Strategy in the next Financial Year to allocate funding to address further identified need.

This activity aligns to Pillar 3 whilst providing linkage to the respective Delivery Plans within the Integrated Children's Services Plan 2023 – 2026 to enable required transformational change.
</td>
<td>


The below information outlines the summary of attendance by organisation and by sector:



The 3,452 comments have now been fully thematically themed.
</td>
</tr>
<tr>
<td>
Highland Employability Service
The service helps address child poverty by supporting parents to progress on their journey into employment or supporting parents with in-work progression opportunities
</td>
<td>
In 2023/24 supported 188 parents to progress on their journey towards employment, 143 of whom were new or re-engaged clients. 165 of these clients were unemployed with 23 supported with in-
</td>
</tr>
</table>

	work progression opportunities. 46 parents were able to gain new or improved employment.
Multiply The Multiply Programme aims to improve adult functional numeracy skills and is part of the UK Government Shared Prosperity Fund (UKSPF). Highland Multiply runs to Dec 24 and is delivered through 12 providers across the region with 7 different intervention priorities, one of which focuses specifically on parents. This provides opportunities for parents to enhance their numeracy skills and also earn a maths qualification, not only benefiting daily life but also providing a stepping stone towards entering the workforce. Providers often adopt a whole-family approach, integrating numeracy into household budgeting, homework support and digital skills. 2024 has seen further delivery of projects across the Highlands and sessions to boost numeracy confidence in everyday life ranging from outdoor family fun days to weekly activities within highlife libraries for families to explore everyday numeracy through games, crafts and play. 2024 will also see the introduction of additional evening classes to achieve maths qualifications and the development of digital tools to support learning.	Within this intervention, in 2022-2024, providers delivered 142 adult numeracy courses to 627 participants, with 7 people achieving a maths qualification, up to and including, Level 2 equivalent.
Action 1.3 Develop financial inclusion pathways	
Progress	**Evidence**
Pilot service to person approaches within local areas Work continues in partnership with Employability Team to develop a community-based service to person approach with Lochaber identified as a pilot site and considerations around a mobile solution also.	Ongoing – indicators to be identified to measure impact as pilot progress in development.
Welfare Advice & Health Partnership The Welfare Advice & Health Partnership (WAHP) is a joint programme between NHS Highland and the Highland Council funded by Improvement Services until March 2025. It was set up at the end of 2022 and went live in January 2023. The programme is to provide access to money and welfare rights advice in primary care settings. This is achieved by embedding welfare advice specialists in healthcare settings through partnership working between local authorities, health boards and GP practices.	

The WAHP 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.	
GP Financial Inclusion Pathway A referral pathway is operating to enable GP practices to refer to Highland 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.	For 23/24, there were 29 GP referrals via the Welfare & Advice Partnership – the project started in July 2023 and takes time to work and embed.
The Midwifery and Health Visitor Financial inclusion pathways are now embedded in the services following completion of a year-long pilot project in 2023 The *Highland Information Trail* 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.	
Midwifery Financial Inclusion Pathway	

Resources allocated through the Badgernet phone app and/or given to all pregnant women: At booking (8-12 weeks) • Worrying About Money leaflet and details about the phone app • Best Start Foods At 22-25 weeks • Find help to balance your budget • Scotland's Baby Box – this is completed by the midwife and posted. Delivery of the baby box is around 34 – 36 weeks. At 34 weeks – if there is pre-birth contact from the Health Visitor • Worrying About money leaflet and details about the phone app Post-birth and prior to discharge from hospital/home birth • Child benefit form	Unfortunately, with Badgernet it is currently not possible to audit how many women have accessed specific resources. Problematically, Badgernet will show that resources are unread if the whole document has not been downloaded/read. As a result, a random audit of women's notes will highlight poor access. It is therefore challenging to directly evidence impact of provision of information and any differences made at this stage.
Health Visitor Financial Inclusion Pathway • Health Visitors follow the FI Pathway. They routinely enquire after money worries as part of the Health Visitor Universal Pathway. If the family disclose a need, they offer referral to the Welfare Team – this is working well. Health Visitors share the Worrying About Money leaflet with all families. • More training and resources are available to health staff for example, Asking Families About Money Worries – Guidance for Health visitors, Midwives and Family Nurse Partnerships booklet. This was developed by Public Health Scotland and has been added to the Highland Information trail. Child Poverty e-learning hub Course: Child Poverty Learning Hub | PHS Learning www.publichealthscotland.scot The Whole Family Wellbeing Programme is currently assessing the scope of work to be undertaken to embed FI pathways across the wider system.	Health surveillance data indicates that around 1,600 families receive a home visit from a Health Visitor at least once every quarter. As part of the Universal Health Visiting Pathway, during the home visit, the HV is expected to routinely enquire after money worries and signpost the family to the WAM leaflet and app, if disclosed the HV will offer a referral to the welfare team. Data from Welfare Team indicates 96 referrals in total for 23/24 from the Health visiting teams. There were also the following referrals: • The Family Nurse Partnership (HC) 40 referrals

	• Children's services 8 referrals • Child Health & Disability 10 referrals.
Key Issues/ mitigating actions The temporary reduction of the delivery of the Universal Health Visiting Pathway in some areas due to staffing pressure. This can impact the frequency of money worries conversations. Staffing is improving following successful recruitment and HV training programme, in turn the coverage of the health visiting contacts is expected to improve.	

Theme 2: Growing Up Primary Years	
Improvement Priority: Mitigate the impact of the cost-of-living crisis.	
Action 2.1 Increase the uptake of sanitary products in schools.	
Progress	**Evidence**
Ongoing promotion amongst schools, GP practices and other outlets has continued. Lead Officer for Period Products has attended various events across the summer in conjunction with the Welfare Support Team. Events attended included Belladrum Music Festival, Inverness Highland Games, Pop up shops in Eastgate Centre, Vision 26 at Eden Court. Positive opportunity to provide products to the public and promote the scheme. Links have been made with Head Teachers to discuss how uptake can be improved, identify and break down barriers within schools to encourage children to access products in these locations.	Since the project passed to the Service Delivery Team to administer we have placed: • 40,788 boxes of tampons into the 32 High Schools • 40,992 boxes of pads into the 32 High Schools • 1,253 first period packs into primary schools • 2,544 boxes of Tampons into primary schools • 5,688 boxes of pads into 71 primary schools • 2,378 boxes of products have been handed out by the welfare support team to vulnerable clients or distributed at events. • A total of 2,097 sanitary pads and 2,780 tampons were distributed to a total of 41 different medical practices from Aug 23 to Aug 24

Action 2.2 Develop system for weekend food support	
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. • Work continued to promote the availability of the Highland Food Activity Map across Highland communities. The map includes: • food banks • local food producers • community fridges and larders • community cafés	The map is available at www.highlandtsi.org.uk/map
Food support Case Study – Inverness Foodstuff Inverness Foodstuff has been providing two-course lunches on Wednesdays and Fridays in Hilton Community Centre since 1 September 2023. One of the key aims of the Inverness Foodstuff@Hilton project is to address social isolation and loneliness. Participants attending Inverness Foodstuff@Hilton on 10 and 12 April 2024 were invited to complete a short questionnaire seeking their feedback about the service provided to date.	• A total of 39 participants chose to complete the questionnaire, approximately 60% response rate. 2,777 lunches produced for the period 1 September 2023 to 29 March 2024 • 85% of participants said they had made new friends. • 66% said they felt less lonely since coming to Inverness • 97% felt welcomed and part of a community. • 72% felt their mental health and wellbeing had improved since coming to Inverness Foodstuff@Hilton. • 100% of survey respondents said they looked forward to coming to Inverness Foodstuff@Hilton and enjoyed the lunch. Overall, the survey results indicate that the participants who come along to Inverness Foodstuff@Hilton have an overwhelmingly positive experience. Participants' feedback and many comments highlight the friendly, welcoming

	atmosphere as well as the great food and excellent service provided by staff/volunteers. Given the main project aim is to address social isolation and loneliness Inverness Foodstuff (IF) appear to be meeting that aim as the majority of participants, 74%, when asked why they came to Inverness Foodstuff@Hilton said they came for the company/to meet new people
Food support Case Study – Kyle of Sutherland Kyle of Sutherland Development Trust use of Vouchers rather than providing food, so people can buy what they need /want. These are made available through local shops which makes it easier for people and also supports the local community. (Only restrictions are No tobacco products, no alcohol & no gambling.) The number of vouchers available are dependent on how much money KoSDT raises /donations are received. KoSDT also managed to raise some vouchers for school clothes / shoes etc.	
Food Support Case Study – Dingwall Community Trust Testimony from service user: Dingwall Community Fridge… "made a significant difference to our lives. Never more so than during COVID and then through the financial crisis. We are managing a bit better now and we only occasionally use the fridge, but I have now become a volunteer and help to collect food and set up the fridge. It's great to give back and be part of a fantastic group of people. They are so committed and dedicated. For me and my family, they ensured that when I was in need I didn't suffer from any stigma, was never made to feel less than anyone else. I recently came across another family, a single mum with 5 kids. The mum and some of the children have severe food allergies. I mentioned them to the Dingwall Community Fridge and they quickly we were able to put together 3 large shopping bags of food to meet their specific needs. I was I so proud of them, so happy we were able to respond so quickly and help another family in need. This is such a great service that helps so many local people".	

Action 2.3 Roll out Cost of the School Day Toolkit	
During school session 23-24, 7 schools from Highland signed up to be part of the CoSD Voice Network. The CoSD Voice Participation Officer worked with a group of learners from each school and a member of staff. This took the form of a face-to-face workshop where learners had the opportunity to talk about issues related to costs associated with the school day. The workshop included a rights-based approach with UNCRC rights also being discussed in this context. Initial discussions were introduced using a fictional character who was facing barriers with costs. The Attainment Advisor provided professional online learning sessions on CoSD for; HTs, Middle Leaders, Supply Teachers, NQTs, student teachers and the learning for sustainability network. A face-to-face workshop on CoSD was provided for ELC managers and practitioners re cost of the ELC/Nursery Day. Effective practice was shared via HT meetings. Attainment Advisor provided information and links re CoSD in the termly newsletter issues by the PLL Academy. AA had provided a newsletter for all schools.	The schools involved were; Dalneigh, Bishop Eden's, Lochcarron, Bridgend, South Lodge, Merkinch and Inverness High School. The Attainment Advisor and COSD Officer plan to bring these schools together to share effective practice with a view to sharing wider across the Local Authority.

Theme 3: Moving On: Secondary and Young Adulthood	
Improvement Priority: We will raise attainment and close the poverty related attainment gap	
Action 3.1 Raise awareness of the impact of poverty amongst children and young people	
Action	**Evidence**
Baseline – Lifestyle Survey The Highland Lifestyle Survey is a biannual survey completed by pupils in P7, S2 and S4. Pupils participate anonymously and the information gathered informs health and wellbeing improvement actions for Children's Services. Data from this survey are also used as an ongoing measure of the progress made in schools to support the wellbeing of children and young people in Highland.	The 2023 survey had 3,608 responses and includes the following child poverty related findings: • 10% of CYP report having a disability • 19% of CYP report having a Child's plan • 21% of CYP have a parent or grandparent born outside UK; a further 11% answered "don't know" • 5% reported having a family member in the Armed Forces • 3% of CYP identify as coming from a Gypsy/Traveller family • 15% children reported having either no lunch or only a drink on their most recent day at school • 15% of CYP reported not having had a dental check up in the past 12 months • 9% of CYP report having a caring responsibility at home (inc. someone with a disability, a medical condition, a long-term illness, a drug or alcohol problem, a mental health issue)
Planet Youth Highland is piloting the Planet Youth model in partnership with Winning Scotland. Highland is one Local Authority in the Scottish pilot, and currently there are five Highland secondary schools involved: Thurso High School, Wick High School, Golspie High School, Dornoch Academy and Tain Royal Academy. The Planet Youth,	In 2024 348 S4 pupils from 5 Highland High schools completed the survey. The survey results included the following child poverty related data:

Icelandic Prevention Model, originated in Iceland. In the 1990s, Iceland had the highest rates of teen smoking and drug use across Europe. Now they have the lowest. To address the situation, they looked at the risk and protective factors for alcohol, tobacco and other drug use in young people, across four areas of young peoples' lives: family, peers, school and leisure time. They used local, anonymous, survey information from young people to increase protective factors, and reduce risk factors.	Ethnicity • 5% were represented by non-White Scottish/ British ethnicities such as white European, Asian/ Asian Scottish/ Asian British Living arrangements • 12% live with one parent • 10% live equally with separated parents School absenteeism in past 30days: • 14% because they were caring for someone Access to and participation in organised recreational and extracurricular activities: • 17% cannot participate due to lack of transport • 7% cannot participate because their parents or carers cannot afford it
Action 3.2 Roll out the Family First Approach	
Home to Highland Programme Home to Highland's vision aligns with the Human Economic Cost Model where Highland has reinvested its money differently. The programme aims to return care experienced young people to the Highlands from Out Of Authority (OOA) residential placements, whilst also developing services in-area to avoid needing specialist OAA provisions and to allow children to remain in their communities. The programme evidences a reduction of children coming into the care system as well as reducing how many children are being moved out of Highland	• The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements) • This data is reported quarterly as part of the data collection for the Home to Highland programme. • The numbers of placements out with Highland are the lowest level recorded since the programme began in 2018. Less than 9 children.
Families First Children's Services strategic vision of Families 1st is to safely keep children within their families and communities. The Families 1st strategy is achieving	

impact with less children coming into the statutory social work system. This is evidenced through our 'Looked After Children' statistics over 4-year trend. (Children Looked After Social Work Statistics Scotland 2023). Over 90 individuals who provide support and / or early intervention to children, young people and families in Highland were interviewed. The aim of the work was to understand the varying roles colleagues were carrying out, identify service gaps and to understand from those working in these roles what was working well and what needed to improve. This work contributes to and aligns with Highland's ambition to strengthen family support across the whole system, from early support right through to intensive support services.	• From 2020 to 2023 there has been an 18-20% reduction in Looked After Children from 495 (2020), 469 (2021), 402 (2022) and 405 (2023). • Highland's rate of children per 1,000 (population 0-17) that are Looked After is 9.3, which is less than comparator averages of 13.2 and less that the Scottish average which is 12.3 • Number of Children placed in Kinship Care has increased. • Care Inspection findings getting stronger with Good, Very Good and Excellent! • Reduction of 12 beds + 4 3rd Sector with resources shifting to the community. • Lowest numbers in Residential. • Lowest numbers in high-cost external provision • Lowest numbers in Secure Care • Lowest numbers of Looked After Children
Early Prevention – Whole Family Wellbeing Programme Highland The Whole Family Wellbeing Programme in Highland is a change and innovation programme driven by several wide-ranging national policies and strategies. The programme is a Community Planning Partnership programme overseen by the Highland integrated Children's Services Planning Board which reports to the Community Planning Partnership Board. The programme is outlined in the Integrated Children's services 2023 -26 plan which can be found at https://bit.ly/ICSplan2023-26. The programme supports a whole family approach, that is family and person centred, with a strong emphasis on reducing inequalities. These national drivers and strategies include: • Scottish Government Route-map and National Principles of Holistic Whole Family Support • The Promise Plan 2021 – 2024	The Whole Family Wellbeing Programme within Highland will implement holistic whole family support across the system, in line with our Locality and Data/Needs led model as outlined above. A Programme Strategic Needs Assessment has commenced outlining current data around Poverty Inequalities and the six identified family types. A Quality Improvement approach is being undertaken for all projects funded by the Whole Family Wellbeing Fund in Highland. Through our Quality Improvement Journey we will implement Holistic Whole Family Support within our

- Best Start Bright Futures – Tackling Child Poverty Delivery Plan 2022 – 2026
- National Trauma Training Framework
- Families Affected by Drug and Alcohol Use in Scotland – A Framework for Holistic Whole Family Approaches and Family Inclusive practice
- UNCRC
- GIRFEC
- COVID Recovery Strategy – For a Fairer Future

As part of COVID recovery, the Scottish Government set up the Coronavirus (COVID-19) Children and Families Collective Leadership Group, who developed a Vision and Blueprint for Holistic Whole Family support in Scotland. Following this a sub-group, the Family Support Delivery Group was formed. This group developed the Scottish Government's Route-map and National Principles of Holistic Whole Family Support, which is the main policy provided by Scottish Government to promote consistent standards of practice across Scotland, to deliver improved outcomes for children, young people and their families.

The Route-map outlines four key pillars for development of Whole Family Wellbeing Support, which are defined as:

- Children and families at the Centre
- Available and Access
- Whole System Approach/Joined Up Support
- Workforce and Culture

The Principles of Holistic Whole Family Support are:

- Timely and Sustainable
- Rights and Needs Based
- Non-Stigmatising and Non-Judgemental
- Strengths Based Support rooted in GIRFEC
- Collaborative and Seamless
- Assets and Community Based
- Promoted

whole system, as defined by the Route-map and the National Principles of Holistic Whole Family Support.

This will enable the Programme to articulate exactly what needs to improve and to define what 'better' looks like. This provides the conditions for us to identify clear improvement aims and creates the environment for us to develop meaningful theories and ideas for changes which can then be tested

With families involved in design and evaluation at both strategic and community level, we will ensure that families are provided with the support that they need, when they need it, and for as long as they need it. To meet the vision of The Promise Scotland, change and design will require a real shift and emphasis towards early prevention and intervention and will promote and enable pro-active, self-driven, self-help for families. A complete cultural shift across all services will be required, to move everyone back from constant crisis intervention and management to effective early and preventative support. Tackling Poverty Inequalities is at the heart of the Programme's approach. The Scottish Government have made a commitment to provide £32 million on an annually recurring basis across Scotland, up to Financial Year 2025/2026. Or £500 million over the lifetime of this Parliament. Nationally agreement was reached with CoSLA, that Local Authorities, as the co-statutory lead agency with duties in respect of Children's Services Planning, were to hold and administer the funding. Highland received £1.42M in Year 1 (2022/2023) and Year 2 (2023/2024) and has been allocated £1.353M for Year 3 (2024/2025) and Year 4 (2025/2026). In Highland the Whole Family Wellbeing Programme is governed by the multi-agency partnership of the Integrated Children's Services Planning Board, ultimately reporting to the Community Planning Partnership Board. The Programme links to the nine Community Planning Partnerships to ensure that delivery is at a local, community level, according to the needs of each locality. Matching the scale of activity, to the scale of the problem, drawing on strengths and identifying gaps. The programme aims to ensure that the transformational change required to reduce the need for crisis intervention shifts investment and activity towards prevention and early intervention, it is vital that that is experienced as integrated by the family.	

The Locality Model agreed for Highland is defined as: • Place-based and responsive to the needs of the local community. • People led and developed from the locality up with the community voice and the voices of children and families at the centre. • An assets-based approach should be taken, building on local • successes and capacity but identifying where gaps may exist. • The model should build on covid learning and resilience approaches developed. • Measuring impact is critical to designing the new approach, being clear about what we want to achieve. • A tiered-intervention approach is adopted with a focus on strengthening supports through universal services. • It is needs led and evidence based. • It tackles inequalities and is trauma informed.	
Action 3.3 Identify way to provide targeted support within universal services	
Worrying About Money?/ Money Counts Highland Community Planning partners including Highland Council and NHS Highland and wider partners including Social Security Scotland, Independent Food Aid Network, Trussell Trust, and Citizens Advice Bureau have collaborated to develop resources aimed at addressing poverty including the Worrying About Money? Leaflet. NHS Highland funded and, in partnership developed a Worrying About Money? app. Both are promoted via fortnightly HC community updates Money Counts training courses have been developed to promote targeted support to universal service users as follows: • Level 1 - is aimed at anyone who is in a position to have a brief conversation with individuals around money worries. The course aims to build the confidence of staff to offer income maximisation help and explains how to ask about money worries and where and how to refer for support. Course length – 45 mins • Level 2 - aims to increase confidence of staff working with people that may benefit from income maximisation help. It aims to increase staff's understanding	In 23/24 NHS Highland ran several Money Counts courses as follows: • Level 1 courses: 15 courses with 101 participants • Level 2 courses: 9 courses with 50 participants Evaluation results received immediately after each course delivered which assessed the difference in confidence and knowledge for participants for attendance at level 1 courses Enhanced evaluation completed for those who attended a level 2 course which explores knowledge against the agreed learning outcomes. A 6 month follow up review was undertaken for those who attended a level 2 course over Oct 22 – March 23

of poverty and the importance of asking about money worries, and what support services are available what they can offer. Course length – 1.5 hrs • A Level 3 course aimed at Managers and supervisors has been developed and is being piloted in 24/25	that helped to inform learning about the impact of the course. In 2023/24 a total of 1941 IFAN leaflets were distributed from HIRS to 28 separate outlets. (Note – this figure would not include any downloads made directly from the IFAN website) In 1 year (23/24) there were 500 hits on the recently developed Worrying About Money app. (WAM app)
Free School Meals Continued development of strategies to increase uptake of free school meals targeted at secondary provision. Availability of free school meals was promoted during 2023/24 via social media and direct through school network channels. 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.	74 direct free school meal only referrals were made by the welfare support team Note: It is not possible to quantify how many free school meal applications are the result of a general welfare support referral as when assisting a customer with a Benefit clam for any benefit then all relevant benefits and entitlements are assessed, but not individually recorded as referrals.
Clothing grants During 2023/24, 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. National negotiations are ongoing on data sharing to enable automatic awards of free school meals and ensure families do not have to apply.	In 2023/24, 4822 pupils were entitled to clothing grants, an increase of 424 (+9.6%) from 2022/23.
Concessionary Leisure Schemes 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 <u>High Life Highland Budget Leisure Card:</u> • Individuals and families in receipt of income related benefits are eligible for the budget scheme where customers:	

o can access leisure centres for fifty pence per visit, or o 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). • 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. • Access to the scheme is promoted through schools.	In relation to concessionary (budget card) HLH holders – 9,667 households (19,252 individuals) across Highland have a registered budget card. Of the 19,252 cardholders, 5,215 are under 18 years old, and 878 are under-five. It should be noted that not all registered cardholders will be regularly accessing services and activities. Those using their cards to access HLH services/activities in the preceding 12-month generally sits around 35-40%
Energy and Fuel Advice During 2023/24 the Highland Council Welfare Support Team identified potential beneficiary households for energy and fuel advice and referred direct to the Energy Advice Project run by CAB Inverness CAB undertake checks and provided advice regarding switching. HC Housing refer tenants to AliEnergy for energy advice	Numbers helped with energy matters in 23/24 were 3290. Inverness CAB undertook checks and provided advice regarding switching to an excess of 3200 households in 23/24. In 23/24 AliEnergy supported 847 HC tenants, 469 of these were referred by HC. The rest were either self-referrals (e.g. signposted by HC staff/ tenant newsletters/ word of mouth etc.) or referred by other agencies AliEnergy also supported 477 households in the Highland region that were not HC tenants,
Benefits Maximise uptake of DWP and Social Security Scotland benefits, including those with childcare costs. Support for families to maximise incomes and ensure households access all entitlements continued to be a focus for partners during 2023/24.	More than 26,500 residents within Highland sought support from Welfare services (Highland Council and CAB) during the financial year 23/24. This generated

<table>
<tr>
<td>Specialist support is available through the Highland Council Welfare Team and CAB Highland network and this was promoted through the wider Partnership and directly signposted to individuals and families who would benefit.</td>
<td>more than 111,300 client contacts seeking advice on a variety of issues including cost of living, welfare, money and housing.

In Highland, financial gains derived for clients during 2023/24, by these welfare services, exceeded £28.8m (+£2.5m compared with 22/23)

Scottish Child Payment – Highland - 195,530 payments made up to 30/06/24, value of payments £28,322,766; for the period 2023-2024 - 86,210 payments made, value of payments £15,521,675

Best Start Grant & Best Start Foods – Highland – Payments made up to 30/06/24, unfortunately payments cannot be broken down into the financial years

<table>
<tr><th>Pregnancy & Baby Payment</th><th>Early Learning Payment</th><th>School Age Payment</th><th>Best Start Foods</th></tr>
<tr><td>£1,398,898</td><td>£1,168,450</td><td>£1,201,166</td><td>£1,844,526</td></tr>
</table>

Child Disability Payment – Highland - 138,620 payments made up to 30/06/24, value of payments £28,551,040</td>
</tr>
<tr>
<td>Developing the Young Workforce – Equity of Opportunity
• Through work of the DYW co-ordinators, focus on raising attainment and develop appropriate ambitious guidance
• Expanding and embedding the My Future My Success programme across Highland.</td>
<td></td>
</tr>
</table>

Highland Employability Service Aim High is a collaboration between the Highland Employability Service, My Future My Success and Third Sector partners to provide a smooth transition between school leavers and the employability service. At the core is the level 4 Employability Award, allowing young people to consider their next steps and receive support to progress towards the goal of fair and sustainable employment.	

Section 3: What are we planning to do to address Child Poverty in 2024/25

The actions to address Child Poverty in 2024/25 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 2024/25 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.

Theme 1: Getting Started Pre-birth – 5 years	
Improvement priority: We will reduce the financial barriers in order to increase participation, raise aspirations and address the impacts of poverty.	
Actions	**Priority Actions for 2024/25**
1.1 Develop flexible models of childcare in rural areas	• Develop and pilot an Integrated Single Care Model (SCM) in one or 2 areas in Highland. • Continue to push for flexibility and a rural childcare approach/policy including childminding • Provide a toolkit of flexible childcare options for rural communities • Develop and deliver the parental employability programme • Plan and develop a pilot for the Caithness area for childcare to support parents who want to undertake work experience. Local employers will be approached to partake in this pilot.
1.2 Implement the Whole Family Approach to mitigate the impacts of poverty	**Whole Family Wellbeing Programme fund**: • Allocate funding to successful applicants following application assessments once the Element 1 fund closed on 30.09.24 **Building Linkages between schools and local food provision**

	• Recruit three third sector Holistic Whole Family Support Workers who will be employed by CALA, Thriving Families and Home-Start East Highland. These providers are forming an alliance to work with families within the Inverness High School ASG, during a test of concept for 18 months **Pilot service to person approaches within Local areas** • This approach has started with a close look at data to ensure that we target the right areas with a pilot. Liaison between Employability and the WFWP Locality Co-ordinator for Lochaber has taken place. The mobile solution is still in the process of being scoped out by WFWP and Employability Team. Delivery of the service to person approaches will be implemented when preparatory work has completed **Employability** • Develop and implement a pilot project aimed at progressing unemployed parents in the Wick area into employment, with the SCQF Level 4/5 Employability Award re-designed for adults at its heart and with input from local employers throughout. Childcare, transport, lunch, and all materials will be provided to enable attendance. If successful, the plan would be to roll out the programme to other towns across Highland. • The Employability and Whole Family Well-being teams are working together to try out a variety of methods to engage hard-to-reach clients through pilot projects in Fort William and via the High Life Highland mobile library service in remote parts of Highland. **Multiply** • Further delivery of projects across the Highlands and sessions to boost numeracy confidence in everyday life ranging from outdoor family fun days to weekly activities within highlife libraries for families to explore everyday numeracy through games, crafts and play. Introduce additional evening classes to achieve maths qualifications and develop digital tools to support learning.
1.3 Develop financial inclusion pathways	• Adapt FI Pathway for families with infants to access emergency formula milk. • Provide Access to emergency funds for families in remote and rural areas and explore cash first approaches.

	• Explore what measures can be put in place to provide assurance on the delivery of the FI Pathway • Cash first approaches are difficult in remote and rural areas. Argyll and Bute have newly developed, an emergency voucher scheme which may be able to be adapted for North Highland and provide a solution. Explore other models of good practice in remote and rural areas to support cash first approaches. • Update The Highland Information Trail . • Provide information on the maternity section of the NHS Highland website. This will enable the information to be reviewed/updated every quarter.

Theme 2: Growing Up – Primary Years	
Improvement priority: Mitigate the impact of the cost-of-living crisis	
Actions	**Priority Actions for 2024/25**
2.1 Increase the uptake of sanitary products in schools and other public sector facilities.	• Ensure free period products are available in Highland to everyone who needs them. • Raise awareness of how to access free period products through community collection, schools or home delivery run by Highland Council or through GP distribution model run by Health Information Service (HIRS) • Increase in product take-up from young people
2.2 Roll out cost of the school day toolkit	• Increase the number of schools using the toolkit

Theme 3: Moving On: Secondary and Young Adulthood	
Improvement priority: We will raise attainment and close the poverty related attainment gap	
Actions	**Priority Actions for 2024/25**
3.1 Raise awareness of the impact of poverty amongst children and young people	• Develop and pilot a Money Counts 3 course designed to support teams and services to become more poverty sensitive • Undertake a 3-6 month post evaluation survey for those attending the course • Improve our shared understanding and use of data • Embed Joint Strategic Needs Assessment and Whole Family Wellbeing Strategic Assessment
3.2 Roll out the Family First approach	• Reduce the numbers of children in external residential provision • Increase the proportion of children in kinship care • Increase the number of foster carers • Increase community services and supports • Implement the Whole Family Wellbeing Programme in Highland.
3.3 Identify way to provided targeted support within universal services.	• Deliver 8 Money Counts courses to 40 people over the course of the year- through NHS Highland Public Health training programme. • Distribute around 1500 IFAN Worrying About Money leaflets in 24/25 to those in need of financial support **Employability** In 2024/25 the aim is to work with 300 parents, either on their journey towards employment or for those already in work and in receipt of Universal Credit, to potentially raise their household income

	Employability Child Poverty Co-ordinator in post and working alongside key partners e.g. Job Centre Plus, Citizens Advice Scotland, community organisations and employers, to identify and support parents that could benefit from our offers. Increase awareness of available supports which include; help with barrier removal, training and skills development, job search and interview skills, volunteering, paid placements in the public and third sectors, self-employment, support for private sector companies to take on employability clients and in-work progression support. Launch the Highland Employability Partnership's new website WorkLifeHighland.co.uk to provide a simple point of entry for potential clients and employers to access the range of services on offer across partners. NHS Highland has developed an Employability Strategy which seeks to reach out to those most in need, including an emphasis on young people and parental employment. These actions are those outlined within our Anchor Strategy. In 24-25 it is hoped to further develop links with Highland Councils employability network in supporting Public Sector Placements and linking with the Councils Child-poverty Co-ordinator.

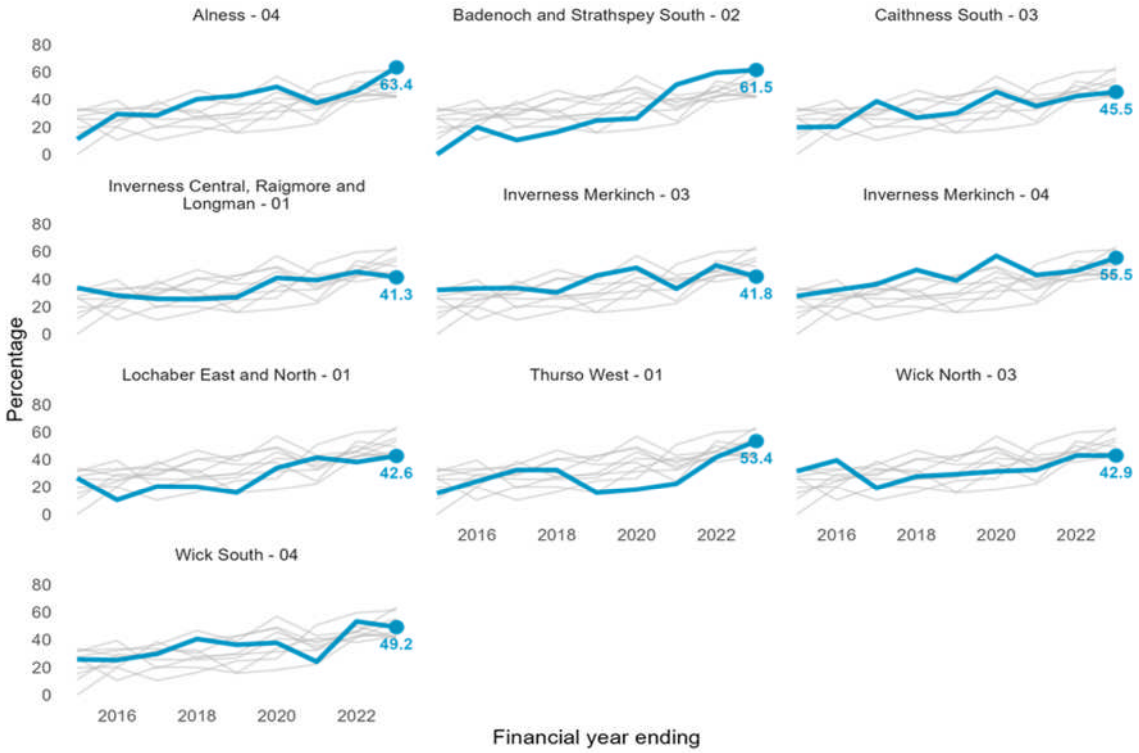
Equality Impact Assessment Template: Please complete alongside the guidance document

Title of work: Highland Local Child Poverty Action Update Report April 2023 – March 2024	**Date of completion:** 6/11/24	**Completed by:** Lynda Thomson Senior Health Improvement Specialist Health Improvement Team
Description of work: The development of The Highland Child Poverty Action Update report is a duty placed on both Highland Council and NHS Highland to jointly develop annual updates which outline the activity that has taken place in the previous year and the actions proposed to be taken in the following year which will address child poverty. The Highland update Plan is set around the agreed themes and life stages of children and young people identified by the Integrated Children's Services Plan 2023 – 2026.		
Outcome of work: To address the key drivers of poverty which include Income from employment, costs of living and income from social security and benefits in kind. The overarching outcomes identified for priority action in 2024/25 include: We will reduce financial barriers in order to increase participation, raise aspirations and address the impacts of poverty Mitigate the impact of the cost-of-living crisis We will raise attainment and close the poverty related attainment gap.		
Who will be impacted? Stakeholders: (who will this work affect?) This work will impact on children and young people and their families; it is specifically aimed at those children living in poverty and those who are most vulnerable. This work will also involve partnership working across public sector, specifically NHS Highland and Highland Council, but will involve actions by third sector and community groups.		

How do you know:

Around 24% of children in Scotland are likely to experience poverty. In Highland this figure is just above 23% after housing costs are included.

Work by the Public Health Health Intelligence team has identified ten small areas in Highland with the highest percentage of children under 16 in low income households in 2023.



In-work poverty remains more common than out-of-work poverty in all areas. Nearly three-quarters of people experiencing in-work poverty have someone in their family who works in five high-priority industries including hospitality, health and social care, retail, administrative support and manufacturing. Many of these industries are large employers in Highland with a high proportion of part-time workers and seasonal variation in demand.

The Scottish Government identifies 6 priority groups who are most likely to be in poverty including:

- Lone Parent Families (38%)
- Minority Ethnic Families (43%)
- Families with a disabled child or adult (27%)
- Families with a younger mum (55%)
- Families with a child under 1 (34%)
- Larger families (3 or more children) (34%)

The percentage of all children in poverty is 24%.

In Highland one in three children and young people under 18 years live in remote rural areas. Remoteness from services and facilities is an important factor in relation to considering poverty and deprivation in Highland. In remote and rural areas, low incomes are exacerbated by additional costs of living in the area.

What will the impact of this work be? (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

Sex: Poverty and Child poverty specifically is most often experienced by women. Actions taken to tackle child poverty will therefore have a positive impact for women living in poverty. We should however, be mindful, that men with children can also be impacted by poverty and therefore should seek to ensure any actions take consideration of households where men are either lone parents or within families with children or that by targeting women we do not negatively impact on households with men.

Age: The Child Poverty Act is aimed at specifically children and young people up to the age of 18. The actions will therefore have a positive impact for this age group as well as families with young children. Specific priority should be given to families where there is a young mother, under the age of 25 and for children under the age of 1. Care should be taken to ensure that our proposed actions are aimed at this younger age group when targeting.

Disability: 27% of households with a disabled child or adult live in poverty and it is one of the identified 6 priority groups. Actions should be assessed as to whether targeting is taking place for these particular households and where needed more focus given to these households including capturing lived experience where appropriate.

Religion or belief: No identified impact

Race: 43% of Minority Ethnic Families live in poverty. In Highland there are fewer minority ethnic families living in communities which may result in the needs of these families being hidden. Where universal approaches are made it is important to collect data which might allow us to monitor whether minority ethnic families are supporting to engage with activities or to gain from interventions.

Sexual orientation: No identified impact

Gender reassignment: No identified impact

Pregnancy/Maternity: Actions taken within the child poverty report will have a positive impact for women who are pregnant or following the birth of a baby for those families in poverty. Actions taken at the earliest stage are more likely to support tackling child poverty and are therefore an important part of actions identified, however, we do not want to lose sight of families whose children are older and are living in poverty and therefore consideration is given within this plan to actions that can be taken across the life-stages of children and young people.

Marriage and Civil Partnership: No identified impact

Other Key identified Groups:

Unemployed: Actions taken within the plan will have a positive impact on those who are unemployed, however, it is noted that for many families living in poverty there is an adult in the household in employment so planned actions also need to ensure that these households are supported around income maximisation and cost of living support.

Lone Parent Families: 38% of lone parent families live in poverty across Scotland, we therefore need to ensure that actions taken are identifying and targeting these groups and ensuring that we consider barriers such as child care and others that might

present specific difficulties for lone parents in accessing services. It will be important to work alongside organisations that support lone parents to ensure that we are targeting our actions accordingly.

Those living in remote and rural areas or island communities: We know that for families and children living in remote and rural communities across Highland there are additional challenges both for cost of living which is higher for those communities but also in access to services and support where available. It will be important to consider the needs of those living in poverty who live in remote rural communities and are often more hidden as a result. We need to also ensure that any actions taken have considered ways in which services can be delivered in order to ensure access from a Highland population.

Fairer Scotland Duties: This plan is aimed at those in the lowest socio-economic groups and will therefore have a positive impact for those who live in poverty.

Given all of the above what actions, if any, do you plan to take?

1. **Discussions will take place about specific actions that may be required to consider the needs of the 10 identified small areas in Highland with the highest percentage of children under 16 in low income households.**
2. **Discussions will also take place about a consideration of any targeted interventions or partnership work that might be considered to specifically explore the needs of employees with families that work within identified industries where in-work poverty is more prevalent including hospitality, health and social care, retail, administrative support and manufacturing.**
3. **Discussions will take place about tracking where interventions are having most impact specifically in terms of identified priority groups but also in terms of geographical spread.**
4. **We will seek to work alongside organisations or community groups that work with identified priority groups e.g lone parents.**
5. **We will seek to include the voice and participation of young people and children in ongoing actions.**

What is the impact of this policy/service development on infants, children and young people? (The United Nations Convention on the Rights of the Child places a compatibility duty on public authorities including NHS Highland to ensure the rights of children are protected and promoted in all areas of their life). **Please view the EQIA Children's Rights Flowchart and Guidance** (see below)**. To ascertain whether completion of the EQIA Children's Rights Questions is required, first complete the Screening Sheet.** **For more information or support contact: NHSH Child Health Commissioner: deborah.stewart2@nhs.scot**
EQIA Children's Rights Questions – Please first complete the Children's Rights Screening Sheet to ascertain if completing the EQIA Children's Rights Questions below is required.
What impact will your policy/service change have on Children's Rights? Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?
The actions identified in the updated report are aimed at targeting children living in poverty. The actions will have a positive impact on children in this respect. It may impact on any of the articles of UNCRC but specifically the aim is to have a positive impact on article 27 (adequate standard of living). There are identified priority groups that we know are more at risk of experiencing poverty as already highlighted and we will seek to ensure that we are identifying targeted interventions that will meet the needs of those most vulnerable.
If a **negative impact is assessed** for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?
There are no specific negative impacts assessed.
In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?
The views of children and young people have been collected through a variety of means including Cost of the School Day Voice Network which involved a number of primary schools in the area and Inverness High School. A survey was also undertaken in 2023 with 3,608

responses from young people which is completed by pupils in P7, S2 and S4 annually. The survey responses help to set ongoing measures of progress made in schools to support young people against key identified issues. Planet Youth have worked with five Highland secondary schools to develop an approach to tackling teen smoking and drug use. Young people are involved in the development of identified key actions which can help including a survey completed by 348 S4 pupils from the identified schools.
How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?
The update report and identified actions will support the implementation of Children's Rights in NHS Highland.
Approved by: Cathy Steer. Head of Health Improvement.

EQIA Children's Rights – Guidance Notes

EQIA Children's Rights – Flowchart

Screening Sheet

General description of the policy/service development and its aims, supplemented by an initial assessment of the applicability of the policy/service development to children and young people in NHS Highland.

Asks you to consider:

- What aspects will affect children and young people up to 18
- What the likely impact will be
- Which groups of children and young people will be most affected
- Will this require completion of the EQIA Children's Rights questions

Completion of EQIA Children's Rights Questions **NOT Required.**
Explain your reasons.

Sign the EQIA Children's Rights Screening Sheet and return to:

Completion of the EQIA Children's Rights Questions **IS Required**
Sign the EQIA Children's Rights Screening Sheet and return to:

Continue to next stage.

EQIA Children's Rights Questions – Completion

Asks you to set out:

What impact will your policy/service change have on Children's Rights? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

If a **negative impact is assessed** for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?

EQIA Children's Rights Questions Complete

Person Leading the Policy/Service Development and Line Manager (include Email) sign, date and return to:

Please consider publishing a child-friendly version.

EQIA Children's Rights – Screening Sheet

The United Nations Convention on the Rights of the Child places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing the **EQIA Children's Rights Questions** is required.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHSH Child Health Commissioner: deborah.stewart2@nhs.sc

Overview
Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically.

Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.

1. What aspects of the policy/service development will affect children and young people up to the age of 18?

The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.

The actions identified in the updated report are aimed at targeting children living in poverty. The actions will have a positive impact on children in this respect. It may impact on any of the articles of UNCRC but specifically the aim is to have a positive impact on article 27 (adequate standard of living). There are identified priority groups that we know are more at risk of experiencing poverty as already highlighted and we will seek to ensure that we are identifying targeted interventions that will meet the needs of those most vulnerable.

2. What likely impact – direct or indirect – will the policy/service development have on children and young people?
'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.

We anticipate direct positive impacts from the implementation and delivery of the identified actions in the report to tackle child poverty.

3. Which groups of children and young people will be affected?
Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

We identify from the research and data as well as the guidance from Scottish Government that there are identified communities and groups of children and families that are most at risk of living in poverty. These are the groups that we plan to target in tackling child poverty in Highland.

4. Is completion of the EQIA Children's Rights Questions required?
Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

No – there is some work that we need to develop as identified in the Equality impact assessment under recommendations, but there are no direct negative impacts that have been identified as part of this process and therefore no need for a full EQIA to be completed.

5. Sign, Date and Authorise

Person Leading the Policy/Service Development:
Email: Lynda.thomson1@nhs.scot
Signature & Date of Sign Off: Lynda Thomson 6/11/24

Line Manager: Cathy Steer
Email: cathy.steer@nhs.scot

Signature & Date of Sign Off: Cathy Steer 08/11/2024

Guidance - Screening Sheet

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service change to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.
The Children's Rights Screening Sheet asks basic information about the policy/service change and how it will affect children and young people specifically.

Completion of the Children's Rights Screening Sheet as part of the EQIA should take place as early as possible in the formation of the policy/service change.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service change under consideration. Completion of the Screening Sheet will enable you to decide if completing the EQIA Children's Rights questions is required. The impact assessment process is designed to be proportionate - not every proposed policy/service change will affect children and young people and therefore not automatically require completion of the EQIA Children's Rights questions beyond the Screening stage.

Guidance on Completion of the EQIA Children's Rights Questions

When undertaking the EQIA, you must keep under consideration whether there are any steps which could be taken which would or might secure better or further effect of the UNCRC requirements, and if it is considered appropriate to do so, take any of the steps identified by that consideration.

There are two key considerations when completing the EQIA Children's Rights questions:

Participation: The UNCRC gives children the right to participate in decisions which affect them. When assessing the impacts of the policy/service development, you are recommended to consult with children and young people. You can do this directly, through organisations that represent children and young people or through using existing evidence on the views and experiences of children where relevant. Participation of children and young people should be meaningful and accessible.

Evidence: You are recommended to gather evidence when assessing the impact of the policy/service development on children's rights and also for measuring and evaluating the policy/service development.

The EQIA Children's Rights questions to be completed with guidance on what to consider are:

What impact will your policy/service change have on Children's Rights? Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of

children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

Considerations
Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral?

Negative impact i) The policy/service development may impede or actually reverse the enjoyment of existing rights, requiring mitigating measures be put in place; ii) The policy/service development fails to comply with UNCRC and other human rights obligations, requiring modification of the proposal; iii) The policy/service development may have a detrimental impact on children, so should be withdrawn and alternatives presented.

Positive impact i) The policy/service development complies with UNCRC requirements; ii) The policy/service development makes changes inline with the UNCRC iii) The policy/service development has the potential to advance the realisation of children's rights.

Neutral impact i) The policy/service development brings no discernible lessening of or progress in children's rights or their wellbeing.

What articles of the UNCRC does the policy/service development impact on?

List all relevant articles of the UNCRC. While all articles of the UNCRC are given equal weight and are seen as complementing each other, the four general principles of the UNCRC; non-discrimination (article 2); the best interests of the child (article 3); the right to life, survival and development (article 6); and the child's right to have their views given due weight (article 12) underpin all other rights in the Convention, and should always be considered in your assessment. Refer to the UNCRC summary for an overview of UNCRC articles. The most likely articles for consideration are the articles listed above plus; the right to health and health services (article 24). More detailed information on each article can be accessed at: https://www.unicef.org/child-rights-convention/convention-text

Will there be different impacts on different groups of children and young people?

Consideration of which groups of children will be affected by the policy/service development is required, along with any competing interests between different groups of children and young people, or between children and young people and other groups. Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

Considerations
Give careful thought to whether any negative impacts are necessary and proportionate when weighed against the purpose of the policy/service development. For example, are you clear that the public benefits demonstrably outweigh the negative impacts and that your proposals are both justified by evidence, and have the least possible impact on the enjoyment of the Children's Rights in question? Again, you are required to provide evidence, and where possible to have consulted with those groups and communities most likely to be affected. If the assessment indicates a negative impact, you must present options for modification or mitigation of the original proposals. Options should be proportionate, refer to any potential resource implications associated with the change in policy/service development, and indicate how the proposed change(s) will result in a positive impact on Children's Rights.

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

Considerations
As part of the EQIA Children's Rights process, you should ensure that children and young people's views and experiences are sourced, included and recorded, and make it clear how these views have informed the Children's Rights analysis, and conclusions. Participatory policy-making is at the heart of human rights frameworks. Anyone who will be affected by the policy/service development should be given the opportunity to contribute their views. This includes children and young people, their parents/carers, organisations which work with them. where children and young people's views are not known on a matter that is likely to have an impact on them, steps should be taken to obtain their views. Consultation with children and young people can take place using one or more of the following methods:

Consultations
• Adding specific questions aimed at children and young people to a broader public consultation;
• Targeted promotion of public consultations to children and young people through relevant websites, schools/colleges, social media – ensuring that consultation materials are written in a style that is accessible to and suitable for children;
• Making use of existing consultation mechanisms through rights, participation and youth work organisations/structures (including, e.g. local young person-led organisations);
• Setting up/commissioning public consultations with children and young people to gather their views on the proposed measure
• Targeted consultations with the specific groups of children and young people who will be affected by the proposed measure, e.g. children in care, traveller children and families, children affected by domestic violence, children in hospital, children accessing NHS Highland services.

Where direct consultation is not possible, consider the following:

• Relevant published research that involved and collected the views of children and young people;
• A re-analysis of children and young people's responses to a recent consultation that is relevant to this policy/service development area;

• Sending out a ‘call for evidence’ to service providers to ask them for any unpublished or difficult-to-locate information they have collected on the views and experiences of the children and young people who use them;
• Asking organisations which work with or on behalf of children and young people to submit the views of those they work with - this is particularly useful to identify case study information, or the experiences of groups of children and young people living in particular circumstances;
• Looking at inspection reports that reflect the views of children and young people.

However, existing evidence may need to be supplemented. Where there is insufficient, contradictory or only anecdotal evidence, you will have to decide whether you are able to make a well-informed assessment of the potential impact on Children’s Rights without commissioning further research and/or consulting with children and young people, and other stakeholder groups, to fill that evidence gap. The reasoning behind your decision should be recorded in the EQIA. If a consultation or the opportunity to work more collaboratively with children and young people are not possible at this stage additional efforts should be made to ensure children and young people are involved at a later date as part of the monitoring and review of the policy/measure.

National and local resources are available to support engagement with children and young people:

National Resource: Participation of Children and Young People in Decision-making
Local Resource: Insert link to the Highland Children and Young People Participation Strategy, once available.
Local Resource: NHS Highland Engagement Framework 2022 - 2025
Local Resource: Insert THC Children’s rights website, once available.

Training and awareness raising resources on Children's Rights (UNCRC) is available via Turas. Please note that you must be signed in to your Turas account to view and access the eLearning modules.

How will the policy / service change give better or further effect to the implementation of Children’s Rights in NHS Highland?

Considerations
Your assessment may reveal that the policy/service development not only complies with the articles of the UNCRC but takes things further and helps progress the realisation of children’s rights in Highland; i.e. gives better or further effect to the UNCRC. Completing the EQIA Children’s Rights questions can provide a means to record that policy development.

All the information you provide on the EQIA Children’s Rights screening sheet and EQIA Children’s Rights questions will inform a report by NHS Highland to the Scottish Government that is required by law every 3 years.

For further information and support contact NHSH Child Health Commissioner@deborah.stewart2@nhs.scot or visit the Children's Rights section of the NHSH Intranet.

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 November 2024**
Title:	**Highland Health and Social Care Partnership Annual Performance Report 2023/24**
Responsible Executive/Non-Executive:	**Pamela Stott, Chief Officer**
Report Author:	**Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP**

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Health, and Social Care Annual Performance Report (APR) for the year 2023 follows the requirement by the Public Bodies (Joint Working) Scotland Act,

2014. Submission on the Annual Performance Report as per deadlines of 30th September 2023 respectively.

The Health and Social Care Partnership (HSCP) is responsible in ensuring that our local communities are clear on how health and social care integration is performing. The HSCP has built upon previous years and demonstrates how services have improved and adapted to complement highland communities Primary, across Community, Mental Health, Acute Care, Children and Adult Social Care.

The Annual Performance Report (APR) assures the progress in meeting the priorities and actions and is required to be updated and submitted annually to the Scottish Government.

2.2 Background

The Highland Health and Social Care Partnership delivers health and social care services through a lead agency Partnership Agreement. This consists of The Highland Council act as lead agency for delegated functions relating to children and families and NHS Highland who undertake delegated functions related to adults.

The strategic framework for planning and delivery of health and social care services consists of 9 Health and Well Being Outcomes and a core suite of integration indicators.

2.3 Assessment

The Annual Report provides an overview of performance at both Health and Social Care Partnership (HSCP) and Scotland level including:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value

It also includes examples of key achievements during the year.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

Comment on the level of assurance

3 Impact Analysis

3.1 Quality/ Patient Care

Included in the Annual Performance Report

3.2 Workforce

Included within the Annual Performance Report

3.3 Financial

Included within the Annual performance Report

3.4 Risk Assessment/Management

The work described within the report is risk assessed and managed.

3.5 Data Protection

The work described in this report does not use person identifiable information.

3.6 Equality and Diversity, including health inequalities

Work described with the report includes impact assessment.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

This has been compiled through with intention leads and senior responsible officers.

3.9 Route to the Meeting

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

- Highland HSCP Senior Leadership Team
- Highland HSCP Joint Officer Group.
- NHS Highland Executive Directors Group
- Highland Health and Social Care Partnership
- Highland HSCP Joint Monitoring Committee

4 Recommendation

The report is presented for the Board's assurance and awareness following approval of the report at Joint Monitoring Committee 25th September 2024.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1

Highland HSCP Annual Performance Report.

The Highland Council
Comhairle na Gàidhealtachd

NHS Highland
na Gàidhealtachd

Annual Performance Report

2023 - 2024

Table of Contents






Executive Summary

The **Highland Health & Social Care Partnership Annual Performance Report** for 2023-2024 highlights progress, challenges, and key initiatives across various health and social care services. This year saw the introduction of the three-year Strategic Plan, which aims to build on past successes while addressing ongoing issues. The report covers a wide array of services, including **integrated children's services, adult social care and primary care**, with a significant focus on **mental health, learning disability services**, and the **whole system flow** aimed at reducing delayed discharges.

The partnership demonstrated strong performance in several areas aligned with national and ministerial indicators. **MMRI vaccine uptake** among 5-year-olds was 95%, meeting national targets. Additionally, the **Primary Care Improvement Plan (PCIP)** and the **Vaccination Transformation Programme (VTP)** were significant contributors to the region's successful health outcomes, particularly in the early childhood sector, where 94% of children had their body mass index measured in P1, close to the national target of 95%. Furthermore, the **percentage of children reaching their developmental milestones** at the 27-30 month health review increased to 82%, reflecting substantial progress toward the target of 85%. The partnership has also seen increases in the number of children who report that they feel safe in their community, from 85% to 88%.

A high level of care coordination was achieved, with **84.8% of care services** graded "good" or better during **Care Inspectorate** inspections, surpassing the national average of 75.2%. The emergency admission rate also showed a favourable decrease to **8333 per 100,000 adults**, improving from previous years, aligning with the Ministerial Strategic Group's target of reducing unplanned hospitalisations.

There are challenges, particularly with the number of days people over 75 years of age spend in the hospital when they are ready to be discharged, with averages significantly higher than the national benchmark. Financial constraints continue to pose challenges, but targeted investments in preventative care and strategic initiatives like enhanced early years' support for breastfeeding and mental health services have shown positive outcomes. This focus on prevention and long-term health improvements will continue to drive the partnership forward.

The report underscores the partnership's commitment to improving health and social care services through **collaboration, community engagement, and innovative service models**, ensuring people receive the right care at the right time while maintaining strong performance against critical national standards.

Foreword

Welcome to the Annual Performance Report (APR) by Highland Health and Social Care Partnership on the performance of integrated health and social care provision. The report highlights key successes for our health and social care services, as well as areas of challenge.

2024 sees the launch of the 3 year joint Strategic Plan and this report will inform the implementation of the plan, enabling us to build on our achievements and tackle our challenges. We have committed to implementing the joint Strategic Plan through engagement and collaboration with our Highland communities, and work has begun in District Planning Groups across Highland with community members, carers, care providers, partners and staff, working together to improve the health and wellbeing of the Highland population.

We look forward to continuing to work in collaboration with our stakeholders and partners to shape the future of health and social care in Highland. The delivery of health and social care services continues to be challenging and we would like to thank all those involved for their contributions and ongoing commitment. We would also like to take this opportunity to recognise the dedication, professionalism and resilience of all colleagues working in health and social care, partner agencies, unpaid carers and community volunteers in shaping and delivering person-centred health and social care to the population of Highland.

Pamela Cremin **Chief Officer Highland Health & Social Care Partnership**

Fiona Duncan **Executive Chief Officer Health & Social Care and Chief Social Work Officer**

Introduction

The Health and Social Care Partnership aims to improve the health and wellbeing of the population of Highland, working in collaboration with communities and stakeholders. We aim to provide excellent services in Primary, Community, Mental Health and Learning Disability, Acute, Children's and Adult Social Care.

This Annual Performance Review (APR) outlines the key achievements and challenges NHS Highland faces in delivering health and social care services. It features many examples of positive performance for sharing, maintaining and developing further, and also highlights the areas of complexity and challenge which we will be working with our communities and stakeholders with into the future.

Strategic Context and Overview

Highland Health and Social Care Partnership delivers health and social care services through a lead agency Partnership Agreement. The Highland Council acts as the lead agency for delegated functions relating to children and families, while NHS Highland undertakes delegated functions related to adults.

Both partners report through joint arrangements, with the partnership's governance overseen and managed by the Joint Monitoring Committee. This ensures transparency, accountability, and effective management of the partnership's operations.

The Partnership covers the Highland Council area and is divided into nine districts centred on local Community Planning Partnerships.

The Partnership has fostered a collaborative environment, producing a joint strategic plan for adults. Developed through a multistakeholder Strategic Planning Group, and following a public engagement process, this three-year plan covers the period 2024 – 2027. Ongoing engagement in implementation of the plan is occurring in similarly multi stakeholder District Planning Groups.

The Integrated Children's Services Planning Board (ICSPB) is developing the next iteration of the integrated children's service plan on behalf of Highland Community Planning Partnership.

The ICSPB has undertaken a joint strategic needs assessment to develop this plan. The data gathered from this activity will support an evaluation of the current plan's performance management framework. The strategic needs assessment takes a life course approach, which will be reflected in the structure of the 2023 – 2026 plan.

Performance Management and Governance

The strategic framework for the planning and delivery of health and social care services consists of 9 Health and Well-Being Outcomes and a core suite of integration indicators.

The NHS Highland strategy, Together We Care (TWC), is a board-wide strategy that clearly communicates the strategic vision, mission, and objectives we need to achieve over a five year period. Progress towards achieving its aim is set out and monitored in our Annual Delivery Plans. These plans are fully cognisant of the role and responsibilities of the lead agency Integration Authority (IA)in Highland and the Integration Joint Board (IJB) in Argyll & Bute.

In terms of delivery of adult services by NHS Highland, the IPQR has been redesigned. This report gives the board a bi-monthly overview of performance and quality across NHS Highland. It is compiled from data considered at our governance committees and comments, risks and mitigations from our executive leads. A subsection of the IPQR has been agreed by the Highland Health and Social Care Committee, which receives the report and assurance on performance against it at each meeting. The IPQR also informs the Adult Services Update report for the Partnership Joint Monitoring Committee.

The integrated children's services partnership recognises that children's services planning is an ongoing process. Central to good planning is ensuring a robust connection between national and local strategic planning. Our performance management framework connects partnership strategic planning within a single framework. This framework provides tools for planning, self-evaluation, reporting, performance management, and assurance.

The Integrated Children's Service Planning Board monitors progress towards achieving the outcomes outlined within the Integrated Children's Services Plan. It utilises a fully developed Performance Framework to achieve this.

Within our planning processes, lead officers from partner organisations have been identified for each themed group, along with a lead officer for each improvement priority. Partners work together and take responsibility for coordinating performance reporting regularly. In addition, our performance is measured by listening to the voices of children, young people, and their families, learning from self-evaluation, analysing intelligence, and scrutinising an agreed set of qualitative and quantitative improvement measures.

Performance Overview

Key Performance Overview

The key performance overview demonstrates the financial year (April 2023 – March 2024). This ensures data continuity linking previous and new reporting using full-year data. The Latest performance against the National Integration indicators and ministerial indicators is detailed in the appendix.

Benchmarking

The benchmark for the National Integration Indicators, comparing it with the Scottish average, has been incorporated into the appendix. This allows a performance comparison as there are no national standards or targets in place. The table below explains the percentage comparison.

- Better than average
- Average +/- 5%
- Worse than average

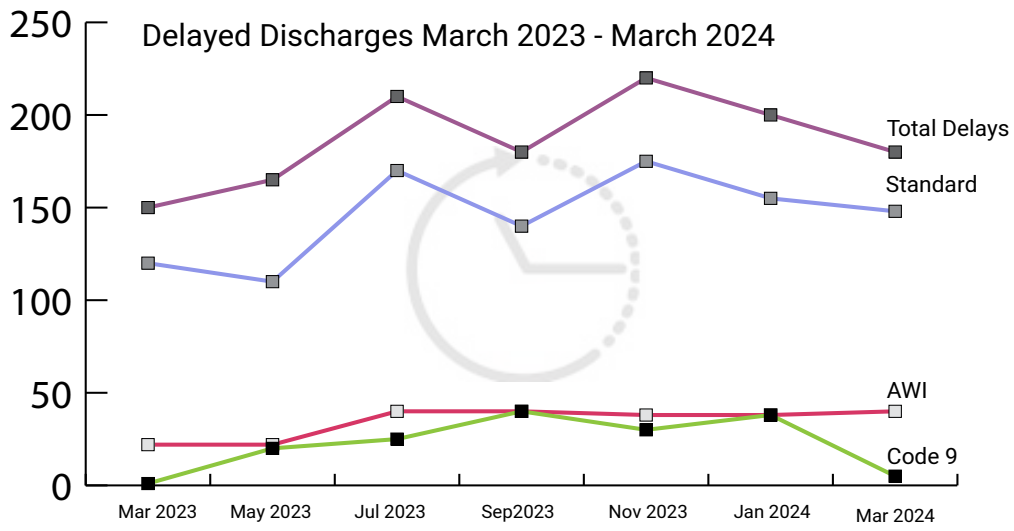
Integrated Performance and Quality Report (IPQR)

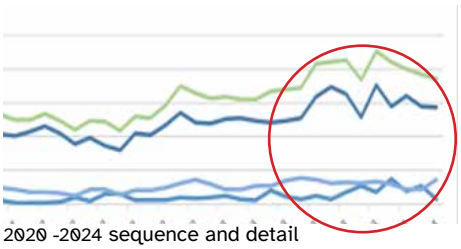
The Highland Health and Social Care Partnership IPQR is a set of performance indicators used to monitor progress and evidence the effectiveness of North Highland's services aligned with the Annual Delivery Plan. Data from the report is included in this Annual Performance Report in addition to the required performance against the National and Ministerial Integration Indicators.

Whole System Flow

Delayed Discharges

Figure 1 demonstrates the total number of people whose discharge from hospital has been delayed once they no longer require the level of treatment provided in a hospital (delayed discharge) across Highland over the year.



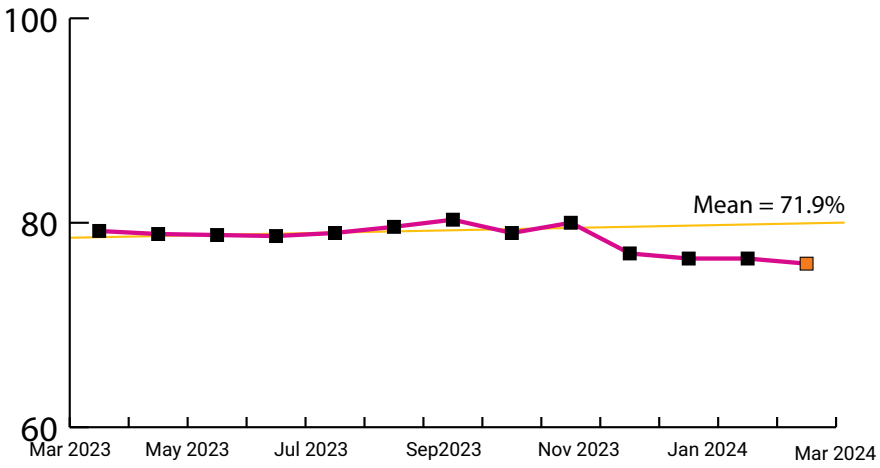

2020 -2024 sequence and detail

The graph identifies the number of standard delays as opposed to those related to complex situations (Code 9 and AWI) and it is the pathways for these people that are the focus of the work to improve system flow.

Ensuring people's journeys through the health and social care system are without delay at any point remains a challenge for the Health and Social Care Partnership. System flow is a complex area with many factors with the potential to cause delay, it requires collaboration from all parts of the health and social care system and the Partnership have been working closely with colleagues in the acute sector and in partner organisations to reduce delays and ensure people receive treatment and care in the right place at the right time.

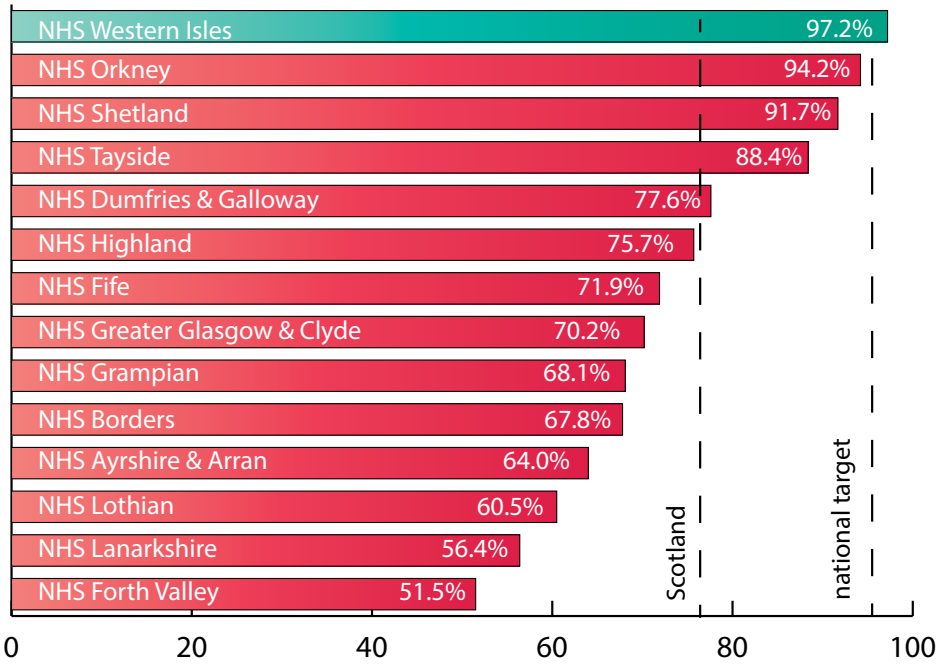
Work has focussed on reducing the demand on Accident and Emergency, providing alternatives to admission to an acute hospital, improving systems and processes within hospitals, improving pathways to community services and building capacity in community services through redesign and commissioning approaches.

The following charts demonstrate NHS Highland's performance in achieving nationally set 4-hour Emergency Access Standard (that new and unplanned return attendance at A and E should be seen and then admitted, transferred or discharged within 4 hours) and the NHS Highland position benchmarked with other Boards nationally.



2020 -2024 sequence and detail

4 Hr. A&E performance by Health Board March 2024



Integrated Children's Services

Since the Integrated Children's service plan was launched in August 2023, the Integrated Children's Service Board and delivery groups have made significant headway in progressing the priorities and change ideas detailed within the Highland Children's Service plan 2023-26. here

The priorities articulated within the plan were underpinned by the findings or the Joint Strategic Needs Assessment undertaken during 2023. here

Our Commitment

Keeping the promise

We will ensure that all Highland's children and young people are safe, healthy, achieving, nurtured, loved respected and included

We will support Highland's families with respect, care and compassion, ensuring that their voices are integral to all we do

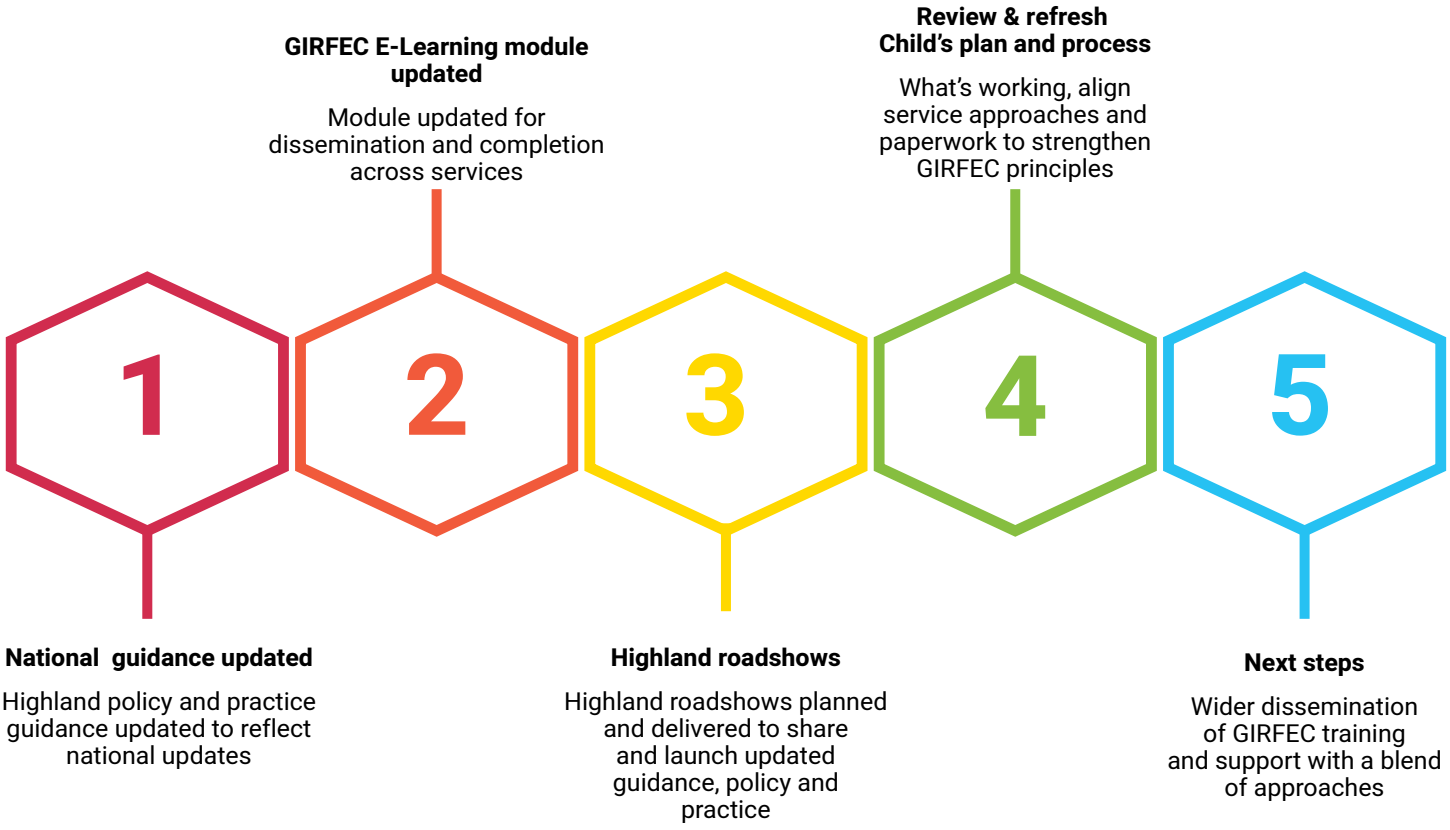
We will enable and empower families to thrive and stay together wherever possible

We will tackle poverty and inequalities and will support and enable families to live and thrive together in their communities

GIRFEC Getting It Right for Every Child

In reviewing the latest National GIRFEC and Child Protection procedures and practice guidance, we have completed the alignment of local procedures and guidance. From April 2024 the ICSP board will deliver a series of local workshop sessions to launch the updated guidance and begin the process of engaging with partners across Highland.

GIRFEC
Implementation Flowchart



Whole family wellbeing approach

Following the recruitment process and setting up of the Whole Family Wellbeing Programme Team between May 2023 and September 2023, the Programme entered the Evaluation Phase on 30th September 2023. This phase is designed to ensure that the framework of the Programme remains within the above four Programme Pillars, and that it remains evidence-based and needs-led, at a locality level. To ensure this, the following approach has been developed.

Data Gathering

Recognising that no single source of data will be sufficient to provide robust evidence of need, a mix of evidence from a range of sources is being gathered, namely;

- Performance Data in the form of the Integrated Children's Services Planning Board Performance Management Framework and the Highland Joint Strategic Needs Assessment.

Stakeholder Views

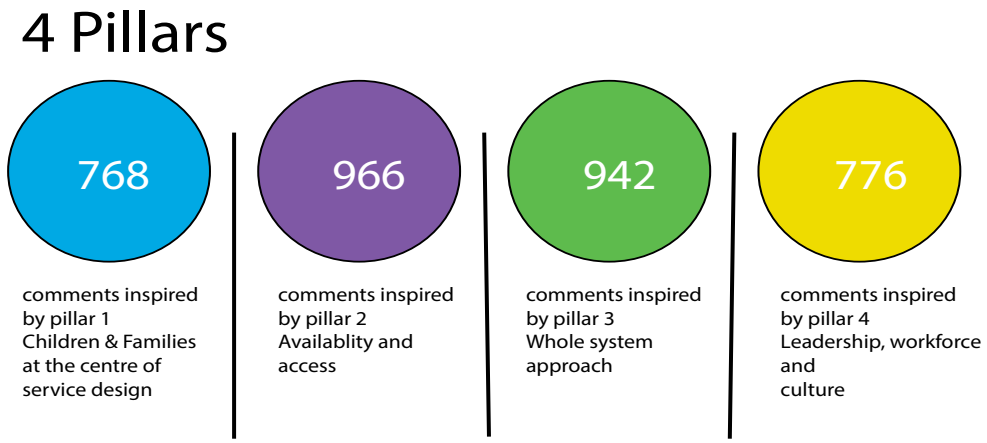
- Practitioner Participation Sessions, providing the voice of practitioners within Statutory and Third

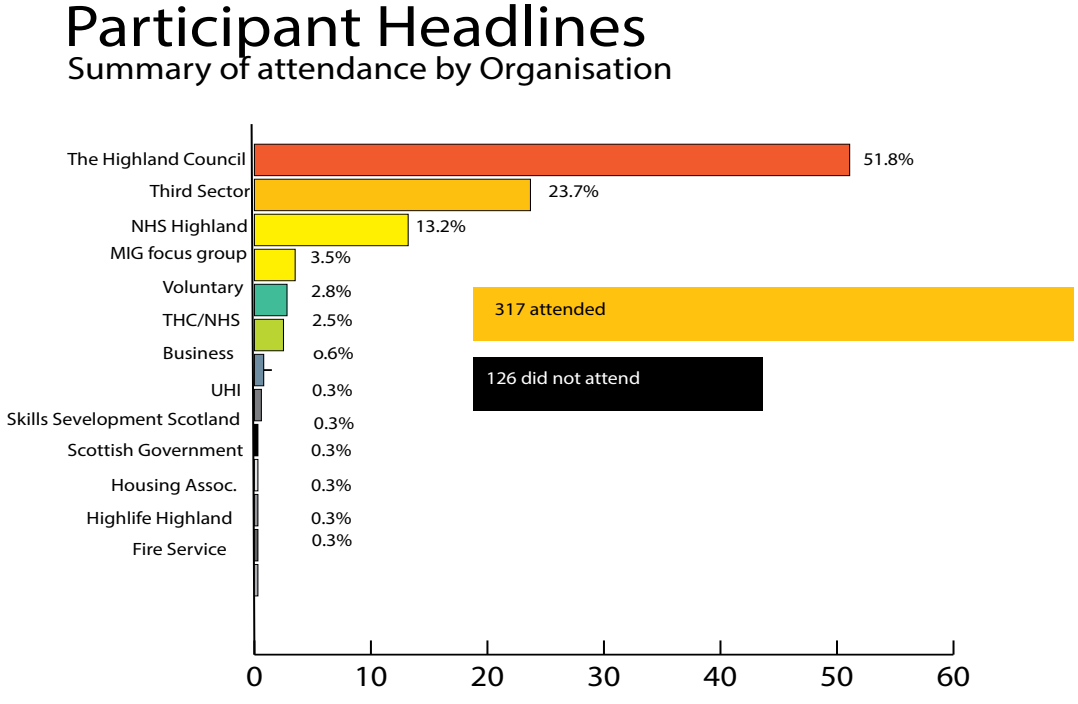
Sector organisations in Highland, who deliver support services to families. Gathered between October 2023 -January 2024. A summary of which can be seen here:

Children and Families Participation
Providing the voice of families from across Highland about support provision and access to support – utilising the Integrated Children's Service Board Participation Strategy and gathering wider community-based consultation data. This will be commencing in March 2024.

Whole Family Wellbeing Funding
National Self-Assessment Toolkit to be undertaken by Statutory and Third Sector organisations in Highland, who deliver support services to families. This will commence in March 2024.

Service Provision Scope/Mapping
which will be incorporated into the Whole Family Wellbeing Funding - National Self-Assessment Toolkit process. Commencing February 2024 to March 2024. The gathering and analysis of this data set will ascertain predicated need around each of the nine Community Partnership localities and will further allow for the process of funding applications to commence.





ICSB PARTICIPATION STRATEGY

1000 children and young people will actively have taken part in the process. The strategy can also be informed by the views of over **700** professionals in Highland on the topic of children and young people's participation

Projects	Details
The Promise CPC language guide	the production of a "language guide" in the form of an online microbite which was developed through engagement with children and young people with experience of care and professionals
CPC The Bairns Hoose	£63 000 funding secured from the national Bairns Hoose fund to improve premises used for interviewing and supporting children and young people
ADP Planet Youth prevention model	progress through the 10 steps. second round of bi-annual surveys completed by S4s in 5 pilot schools with data being processed via Planet Youth in Iceland

63 Promise cafe attendees

150 staff engaged in promise awareness sessions

18 Promise ambassadors recruited in the last year

WHOLE FAMILY WELLBEING PROGRAMME

317 participation session attendees

"whole family wellbeing, the promise and families first work in harmony"

3000 comments from practitioners

"there was lots of exchange of realistic, positive and creative thinking from the participants. I really hope the spirit of that and the realisation will continue"

37 different sectors engagement

"Really supportive session. I have high hopes that our input is being listened to and used"

INTEGRATED PLANNING - OUR THEMES

- Poverty
- Rights & Participation
- Child Protection
- Health & Wellbeing
- Corporate Parenting
- Drugs & Alcohol

Poverty

Poverty

The Poverty Reduction Delivery Group has undertaken a mapping exercise to identify areas for action going forward. The mapping took the form of two strands; considering what is happening and being delivered and alongside this, where the gaps and opportunities are for shared partnership action. A survey of third sector groups supported this exercise, followed by a review and reflection session.

Information and Awareness Raising

- Supporting Practitioner Learning - developing the approach to poverty related practice. Building on existing learning packages to create a suite of materials to support practitioner learning.
- Shared partnership resources targeted to support people experiencing poverty. Resources to support individuals access the advice and services required. Developing routes for sharing and referral routes (building on learning from health visitor pathway)
- Addressing Stigma – building an approach into practitioner learning and shared resources

Community Based Approaches

Collective practitioner support - providing support and advice where individuals are coming together e.g. parent and toddler groups/community growing spaces/community cafes/tenants
Lived experience - developing our approach to understanding lived experience and using this to identify areas for development

Specific Strands of Work

- Developing the approach to period poverty in schools
- Roll out of cost of the school day toolkit
- Developing flexible models of childcare in rural areas

Child Protection

Following feedback from Highland's inspection for children at risk of harm, and a review of current priorities, the Child Protection Committee have been progressing key issues to deliver change ideas to support children, young people and families. Highlights include:

- GIRFEC and Child Protection Procedures reviewed and updated in line with national guidance with accompanying e-learning resources
- Implementation of the Scottish Child Interview Model (SCIM) in September 2023
- Highland invited to be an affiliate in the National Bairns' Hoose programme
- £63000 funding secured from national Bairns' Hoose fund to improve premises used for interviewing and supporting children and young people in Caithness and Inverness initially
- Work with Children and Young Peoples Centre for Justice and Action for Children in relation to re-imagining youth justice underway
- Exploitation Partnership Steering Group established to oversee CORRA project and development of RISE service and the Anchor project.
- £200,000 funding secured from The Promise CORRA fund to support young people affected by criminal and sexual exploitation
- Highland evaluation completed by the National Missing People project and recommendations to improve responses to missing young people now being progressed
- Increased focus on Quality Assurance of child protection processes including roll out of Interagency Referral Discussion audit work and implementation and analysis of the new National Minimum Dataset
- Development of language guide in partnership with The Promise Highland team

Corporate Parenting

People

- 'develop relationships' Promotion and engagement of The Promise continues across Highland. To date 9 sessions to over 150 staff, and 4 Promise Café have been held with 63 attendees. There have been 4 Keeping the Promise newsletters produced and circulated across the partnership. Data from pre & post measures indicate an increase in staff knowledge, they feel more informed and have more ideas about how to #Keepthepromise.
- 'Promise Ambassadors' 18 Promise Ambassadors have been recruited, across Health, Social Care and Education. The ambassadors have met 4 times over the last year. This initiative is expanding with opportunity to extend beyond The Council.

Family 'Empower families through Family Group Decision Making'

- Empowering families to build safety for children and young people is central to the Promise and Highland's commitment to delivering the Promise. Family Group Decision Making (FGDM) is currently being rolled out as a pilot across 3 family teams in the Inverness areas.
- 78 Children identified for possible FDGM. Focus in 2024-25 will be on tracking outcomes and learning from the pilot

Voice

- The production of a 'Language Guide', in the form of an online 'microbite' developed through engagement with children and young people with experience of care will be launched early 2024. Training from Each & Every Child on their framing recommendations (evidence based framing recommendations to change the public perception of care experience) was delivered to Highland's Child Protection Committee and Promise Board.
- Care Experienced young people of Highland produced a video for Corporate Parents on what they wanted from Board members, which was shared as part of training sessions to The Promise Board.
- The Better Meetings Practitioner Guides were launched in 2022. These guides emphasised good practice before, during and after meetings and hearings to ensure that the voice and views of young people are at the heart of everything we do. They are currently being evaluated, with the views of children and young people central to the findings.

Care

- Your Voice Matters gathered the views of young people who experienced residential care in Highland from Jan 2020 – July 22. A striking finding was the significance of relationships. Improvements are underway with early data being collated. 2023 inspections in residential care homes have begun to evidence improvement and progress (inspections: good, very good and excellent)

Rights & Participation

United Nations Convention on the Rights of the Child

The 16th July marked the commencement of the UNCRC (Incorporation) Act in Scotland. This determines that decision makers and other duty bearers must uphold children and young people's rights as they protected in Scots law. Impact Assessment training has been rolled across the Highland Council ensuring that any changes in policy and practice require to have an Integrated Impact Assessment completed. These assessments include UNCRC considerations.

The Rights and Participation delivery group launched the Rights and Participation Website. This includes a wealth of information, resource videos and links. There is also space to provide opportunities for children and young people to have their voice heard. The website can be found at: https://www.childrensrightshighland.co.uk/ In addition, a training module for Children's Rights and UNCRC incorporation is available to access on The Highland Council Traineasy platform.

Children and Young People Participation Strategy

A draft of The Children and Young people participation strategy was approved by the Integrated Children Service Board inJune 2024. Strategy development ensuredthe meaningful and equitable participation of children and young people at the heart of the process. With input gathered from almost 1000 children and young people from across Highland, the strategy will be launched at the annual Integrated Children's Service Event - Vision 26 in August. An implementation plan is in development to support the partnership take the first collective steps towards the ultimate goal of making Article 12 of the UNCRC (I have the right to be listened to and taken seriously) an everyday reality in Highland.

GIRFEC (Getting it Right for Every Child) refresh and reset

Following a National update of GIRFEC and Child Protection procedures and practice guidance, the Highland partnership has completed the alignment of our own guidance to reflect this. This GIRFEC refresh reflects the current national drivers including The Promise and United Nation Convention of the Rights of the Child (UNCRC)

The Integrated Children's Service board are leading on the delivery of the GIRFEC Refresh and Reset across Highland. This started with face-to-face multi agency sessions across Highland earlier in the summer. Participants had to undertake the new eLearning module prior to attending the sessions. Valuable feedback has been received across the partnership highlighting the GIRFEC and child protection continuum.

Drugs & Alcohol

- Foetal Alcohol Spectrum Disorder Awareness Training is underway.

- “Pregnancy Alcohol and Drugs Advice and Support Sessions” for midwives supporting women and families who are affected by continued drugs or alcohol use during pregnancy.

- Pre-conception Information Support Preparation and adaptation of Alcohol Brief Interventions learning package for community midwives. Resources have been developed for midwives.

- Support for Antenatal Care Networking with Third Sector to support improved signposting by midwives, Improved liaison and collaboration with Drug and Alcohol Recovery Service (DARS).

- Planet Youth – Prevention Model Continue to progress through the ten steps. Second round of bi-annual surveys completed in 5 pilot schools with data being processed via Planet Youth in Iceland. Data will be further analysed and collated into a Highland report . Planet youth Strategic Group now providing leadership for the programme

- Culture Change/Whole Family Activities Collaboration with Highlife Highland partners to increase positive activities in targeted areas. This includes, supervised family gym blocks which are free of charge and aim to embed family involvement in sport and physical activity.

- Discussing Drugs and Alcohol with Young People resource including Pre-course eLearning via TURAS in development.

- Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT as a test of change underway. Regular review of content via google analytic with promotion through community events

- Advanced Nurse Practitioner Specialist alcohol and drugs role being developed for schools to strengthen knowledge, skills and confidence of school nurses to deliver substance related priorities.

- Treatment and Support Planning underway to respond to UK Clinical Guidelines for Alcohol Treatment Consultation young people sections, Participation via Health improvement partners in development of national prevention strategy Planning for second Scottish Government self-assessment exercise on the Whole Family Framework - Drugs and Alcohol to be followed by a local improvement plan.

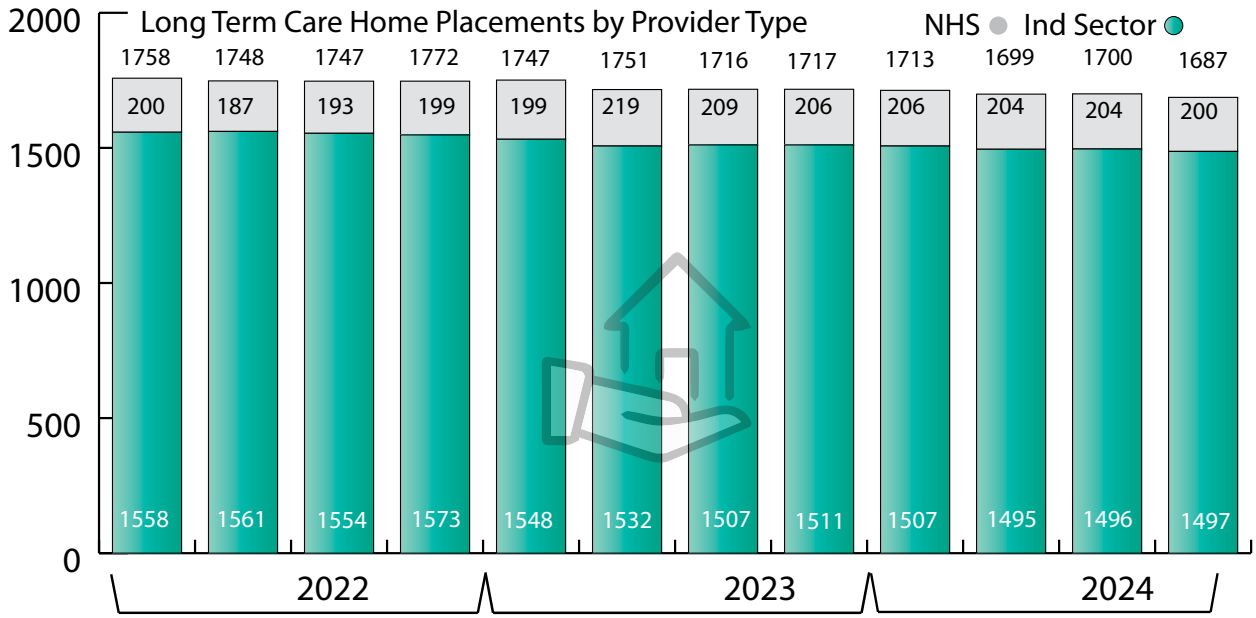
- Assertive outreach teams active in Inverness (to extend to Mid and East Ross) and Caithness providing support to those at higher risk of harm and death from 16 and over that are not currently in school Inverness team includes a social worker post. Harm prevention police officer post collaborating with assertive outreach teams.

Adult Social Care

Care Homes

NHS Highland (NHSH) relies heavily on the capacity, availability and quality of independent sector care home provision as part of the more comprehensive health and social care system and, crucially, to enable flow within this system.

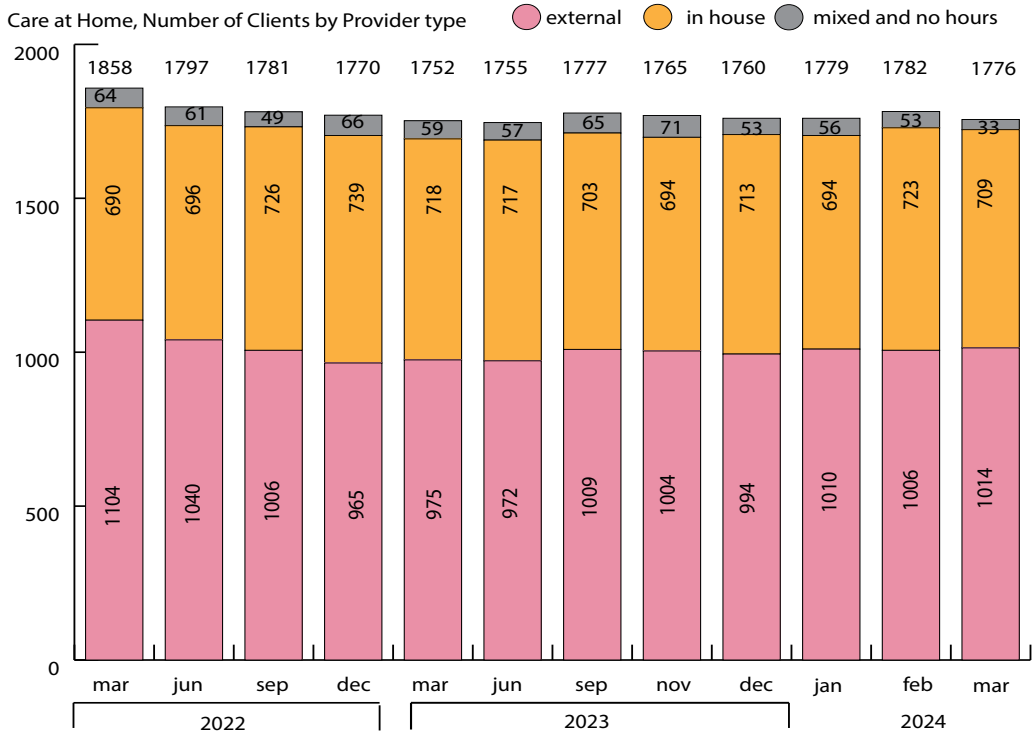
Over the last 12 months, there have been continued concerns regarding independent sector viability, mainly around the ongoing operational and financial sector pressures relating to small-scale, remote, and rural provision, the challenges associated with attracting and retaining staff, and the financial impact of high agency use. The sector continues to raise these issues, which are not decreasing.



NHSH has sought to build on existing supportive and collaborative arrangements to support the best delivery of care home services and improve the lives of those living in care homes.
There are 62 care homes across North Highland (April 2024), 46 of which are operated by independent sector care home providers and 16 of which are in-house care homes operated by NHS Highland.

There are currently around 1,850 care home beds commissioned or delivered, with around 86% commissioned from independent providers.

Regarding the size of care homes, within Highland, 15% (7) of independent sector care homes have 50 beds or more, with 3 of these being over 80 beds. However, 85% (39 care homes) are under 50 beds, with 48% (22 care homes) operating with 30 beds or less.



Market and Service Changes

There have been six independent sector care home closures since March 2022, these being as noted below:

- Shoremill in Cromarty (13 beds) — March 2022
- Grandview in Grantown (45 beds) — May 2022
- Budhmor in Portree (27 beds) — August 2022
- Mo Dhachaidh in Ullapool (19 beds) — March 2023
- Castle Gardens, Invergordon, (37 beds) — June 2023
- Cradlehall Care Home, Inverness (50 beds) — April 2024

NHS Highland / The Highland Council also acquired a care home,Main's House (Newtonmore) in April 2023. This was a care home in administration, along with Grandview (Grantown), which subsequently closed. The partnership secured Main's House to avoid the loss of both care homes at the same time in this locality. It is also relevant to note that many in-house care home closures have occurred. These have arisen due to acute staff shortages and the inability to be safely and sustainably staffed. The status of these care homes is as noted:

- Dail Mhor, Strontian (6 beds) — December 2022 (temporarily closed)
- Caladh Sona, Talmine (6 beds) — May 2023 (closed)
- Mackintosh Centre, Mallaig (6 beds) — August 2023 (temporarily closed)

The total impact of the nine care home closures since March 2022 has been the loss of 211 beds. The

common theme across all closure situations is staff recruitment and retention, the cost of securing agency cover, and financial viability.

In terms of forward developments and expected capacity, the following is understood:

- Additional capacity is expected in the next 12 months – the newly built 56-bed care home at Milton of Leys in Inverness, scheduled for completion in spring 2024.
- Planning applications are intended for two care homes with additional ten-bed wings, creating 20 beds. The timescales around this are subject to the planning process.

Key Messages

There is a higher proportion of smaller operator sizes and a larger provision scale within North Highland. This minor scale provision reflects Highland's geography and population. However, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract rate is calculated based on a 50-bed care home operating at 100% occupancy.

Care home quality across Highland is generally good, although there has been a recent experience of a short-notice care home closure arising from quality issues.

Independent providers (and NHSH care homes) continue to experience difficulties recruiting and retaining staff, representing a very high risk across the sector. The most significant challenge is recruiting nurses to work in care homes.

Staffing difficulties are further exacerbated in homes in rural locations away from the larger population centres but are not limited to rural locations.

Investment in a Scottish Care hosted Independent Sector Care Home Career and Attraction Lead.

Investment in a Scottish-hosted Independent Sector Care Home Lead.

Creating a multi-disciplinary team for the Collaborative Care Home Support Team (Nursing, Public Health, speech and language therapy, physiotherapy, dietetics) operating to a work plan jointly developed with the care home sector.

From the available Scottish Government funding, £0.241m was directed from unfilled posts for a resident wellbeing fund; 96% of Highland residents could benefit from the fund directly.

Care at Home

NHS Highland (NHSH) and commissioned care providers operate in a pressured environment.A consequence of an insufficient supply of care-at-home services is that a significant number of people are delayed in hospital awaiting discharge, who are medically fit to be discharged and should be in the safer and more comfortable environment of their own homes.

We have not seen the expected growth in commissioned care at home, and low recruitment levels and the loss of experienced care staff to NHSH continue to be the primary concerns expressed by providers in our frequent and open discussions.

All employment sectors are experiencing significant recruitment challenges. NHSH is well aware of its own staffing challenges, and these are being similarly, and arguably, more acutely, experienced by independent sector providers, whose terms and conditions are generally lower than those offered by NHSH.

In Highland, the unemployment rate (November 2023) is 2.7%, which is significantly lower than the Scottish

average of 3.2% (June 2023) and the UK average of 3.8% (June 2023) - meaning there is a comparatively lower pool of potential employees within the marketplace in Highland from which to recruit. Highland has further particularly challenged areas around tourism and seasonal economies, increasing difficulty in recruiting and retaining staff.
Lower service provision levels significantly impact flow within the wider health and social care system, and this needs to be recognised as part of the approach to and solutions around addressing care at home capacity.

A short-life working group (SLWG) has co-created and co-developed proposals to address capacity and flow issues. The SLWG has co-produced and agreed on commissioning proposals, which are being prioritised with an implementation plan for 2024-2025.

In identifying and developing proposals, the SLWG considered it necessary to establish a clear vision for service provision with the set commissioning principles.

- Person-directed and outcome focussed
- Individual, holistic, functional and accurate assessments informed by good conversations
- Realistic, achievable and sustainable
- Professional recognition and value/sector-wide flexible workforce

Key Messages

The consequence of the attrition and recruitment challenges has been reduced capacity available to NHSH. Currently, commissioned activity is around 8,900 hours per week – a reduction of 2,500 hours compared to the peak of service delivery in March 2021. Care at home unmet need is currently quantified at 2,600 hours per week.

Care at home capacity has been reducing over recent years, and the lack of a sufficient level of care at home capacity is causing people to be delayed in hospital, causing poor outcomes for them, increased risk, and financial implications for NHSH. More care-at-home capacity needs to be generated to alleviate this issue.

SLWG identified two key theme areas: valuing staff and improving access and processes.

SLWG has co-produced and agreed on ten commissioning proposals, prioritised with an implementation plan from April 2024.

Investment in a Scottish-hosted Independent Sector Care at Home Lead.

NHSH review of the tariff, the hourly rate we pay providers in urban, rural and remote areas of North Highland. The agreed proposals have not yet been fully implemented as they are subject to a business case with additional funding required.

A review of commissioning and fee condition arrangements concerning independent sector care at home provision and co-produced proposals for the Partnership's consideration.

Promoting choice, flexibility and control – SDS Strategy Implementation

NHS Highland, The Highland Council, and a range of partners conducted a significant consultation exercise that gathered the views of people who need support—and those involved in its provision—about how we should deliver Self-directed support in the future. Responses were received (via online surveys and 13 targeted focus groups) from around 200 individuals.

SDS is the mainstream approach to delivering social care in Scotland. Its aim is to enable people to live their lives to the full as equal, confident, and valued citizens.

Adopting the ethos of SDS is intended to promote the development of a healthier population living within more vibrant communities and can contribute to achieving a fairer Highland. We are seeking to put the principles of independent living into practice to enable people to be active citizens in their communities.

Consistent with our approach, we have set up a number of initiatives, highlighted below, to bring people together to address the implementation issues and progress the required changes. This is consistent with our aim to work in partnership with people who need support and partners to ensure they have a greater role in decision-making about SDS at all levels.

Self-Evaluation and Improvement

NHSH and THC evaluated the quality of practice in Highland concerning our delivery of SDS. We used high-quality professional facilitation from In Control Scotland to run a set of "Appreciative Inquiry" sessions with 40 participating professional staff across three sites, with the intention of developing a set of tangible improvement actions.

This exploration flagged up some of the characteristics – and tensions - within the current system.

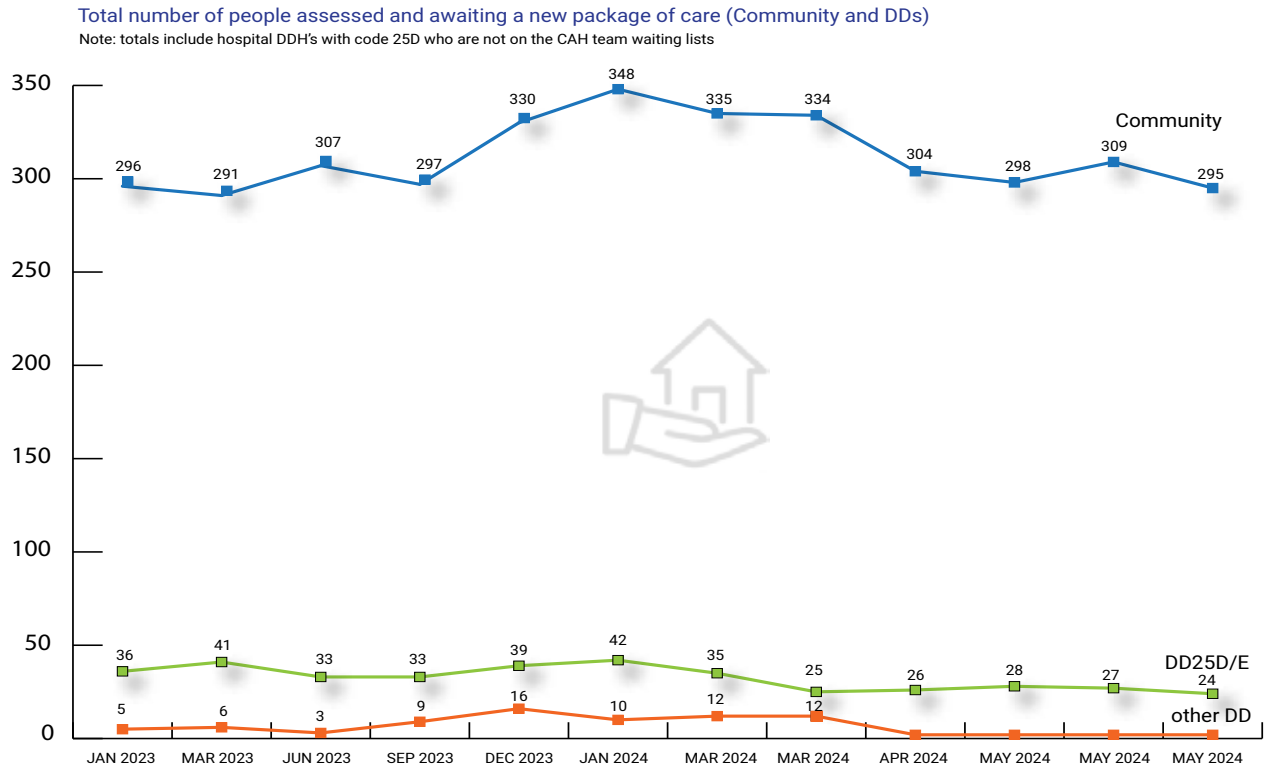
A small set of focused improvement actions (experiments) have emerged from these themes. These ideas were co-designed by participants based on their shared understanding of the system they worked within. The areas identified for piloting by identified Teams are:

1. Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making
2. Trialling a different model of "Eligibility": considering the role of Teams should be to provide appropriate advice, guidance and assistance within their communities
3. Exploring new approaches to place-based commissioning to meet local needs across a defined geography

Growing intelligence and hearing the issues

We have heard clearly from recipients as a result of our local consultations with a wide range of service users and their families of Option 1 that recruiting personal assistance is becoming increasingly difficult

In our localities, several Personal Assistant (PA) support events are being scheduled. "Becoming a PA in Social Care in Highland" and "Promoting PA Employment Opportunities Locally" were initially run in Lochaber. The turnout for these events was good, with a high percentage of attendees looking to become PAs. Feedback was positive, with attendees leaving feeling informed and supported. Our plan is now to initiate a rolling programme of events around Highland.



Independent Support

NHS Highland is fortunate to benefit from the independent support services offered by Community Contacts. Funded centrally via the Support in the Right Direction (SIRD) initiative, service users, carers, and statutory services all benefit from their advice and assistance in exploring the SDS options available in any given circumstances. However, we also know that financial balances accrue for those individuals awarded Option 1 who cannot find appropriate assistance or support. Work is beginning to develop a scheme to recycle some of these balances. The idea is to use some of those resources in specific geographical areas where assistance is complicated to find to purchase additional independent support and to use as a catalyst for developing other community-based services or supports. The specification for such a model of independent support should encourage as much flexibility as possible, ensuring it can not only accompany people along their journey to getting the help they need (including practical help in identifying, recruiting and managing personal assistance) but that it should also encompass developing peer support, increasing support for personal assistants

Option 2's – Individual Service Funds

Good Option 2 arrangements can deliver outcome-focused, personalised and effective care and support, and the use of brokerage and sub-contracting by Option 2 providers can increase this capacity.

NHSH are exploring organisationally whether the outline of work below will help us broaden the opportunities our Option 2 offer provides:

- Our current tri-partite agreement should be reshaped to align to good practice models (e.g. CCPS Tripartite Agreement) that promote personalised and outcome-focused arrangements
- We should develop "boilerplate" contracts (utilising standardised clauses) to underpin Option 2 arrangements across a much wider variety of services and supports
- We should develop a specification with an appropriate contract and terms and conditions for organisations other than those providing care and support to hold Option2s for people – thereby also developing a brokerage model.

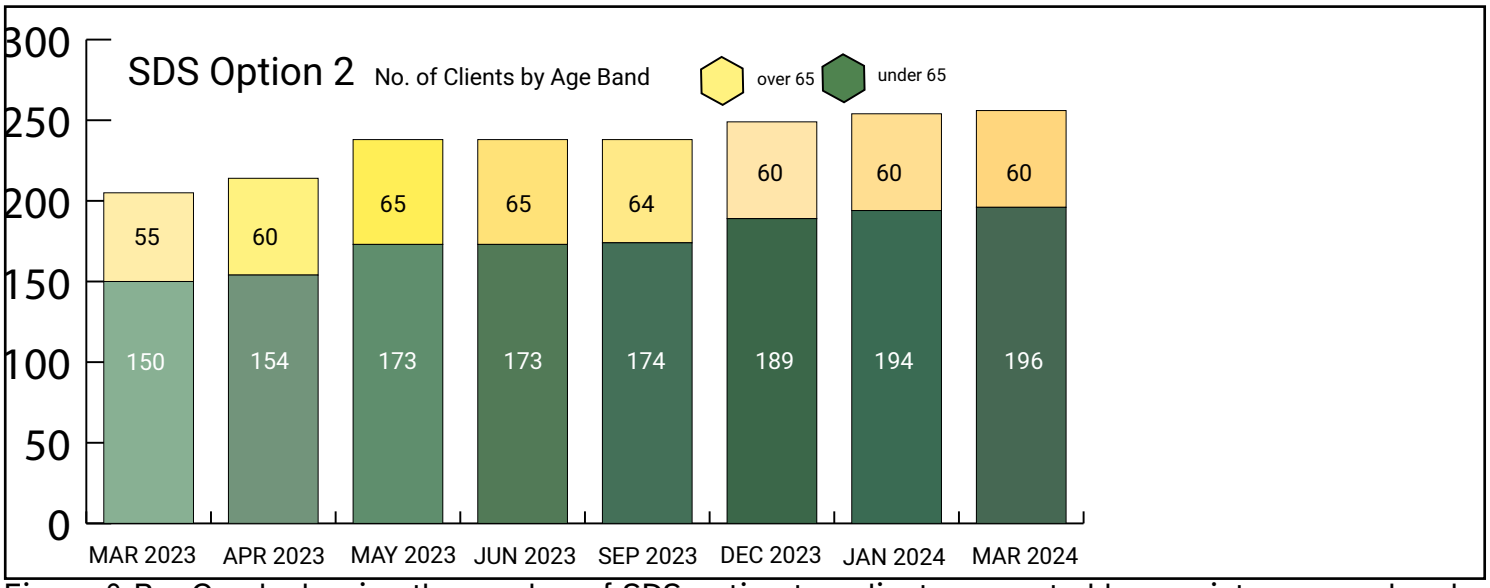


Figure 8 Bar Graph showing the number of SDS option two clients separated by age into over and under 65s, for specific months in 2021 to 2024

Costing care and identifying budgets transparently

A group of people interested in managing Option 1 (Direct Payment) has been working with officers in NHSH to see if they could describe a fair, equitable, and sustainable co-produced framework for calculating Individual Budgets together. The aim is to support the exercise of choice by ensuring that recruiting and retaining Personal Assistants (PAs) is a realistic and sustainable option in our communities.

This work of the SDS "Highland Peer support group" and NHSH created an agreed and mutually understood model which recognises the direct staff costs of employing a PA in our urban, rural and remote geographies with an agreed "business overhead" rate in place. After many good conversations, a co-produced model was implemented on 02/10/23. The individual's postcode determines the new hourly rate payable to each recipient of Option 1 by using the Scottish Government's urban, rural and remote classification and application of the agreed model.

Given the above, Option 1 service users all received a substantial above-inflationary increase during 2023-24 due to NHSH's significant investment in leveling up the previous low baseline hourly rate.

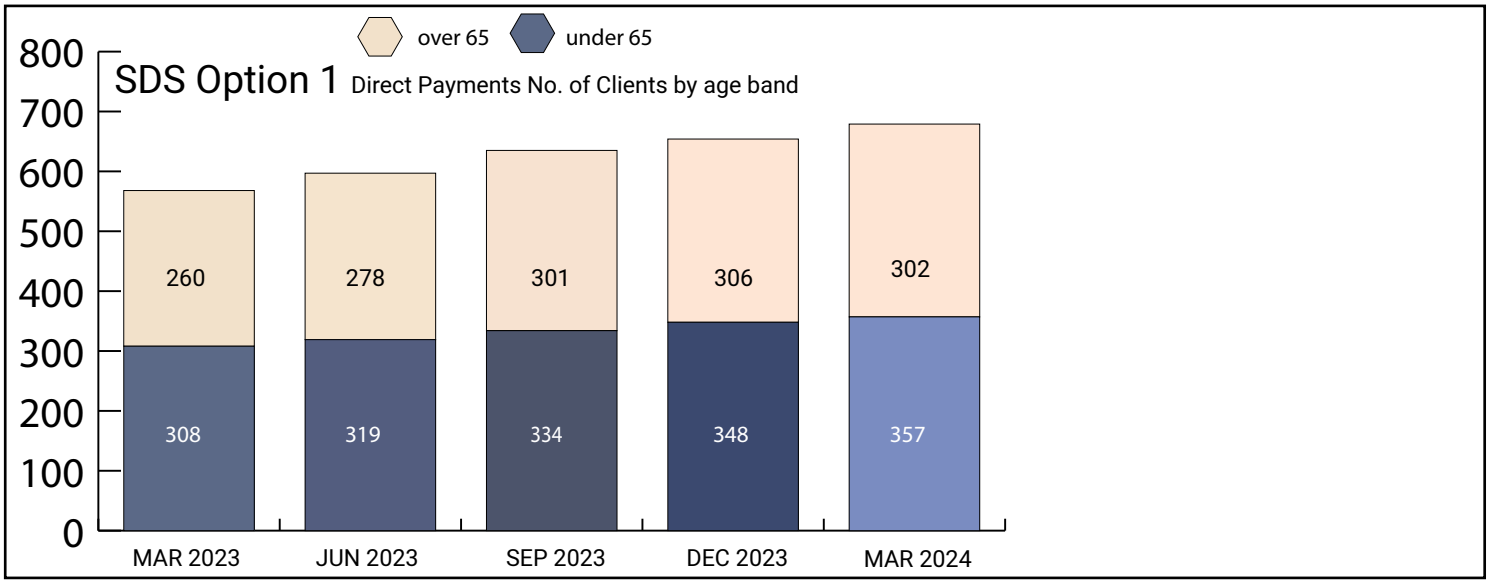


Figure 9 Bar Graph showing SDS option1 payments separated into over and under 65s for specific months in 2021 to 2024

Community Led Support
Community Led Support (CLS) seeks to situate early and preventative help and signposting into the heart of our communities. Linking the skills and knowledge of a range of professionals across the health and social care system to work closely with existing community groups and using platforms like ALISS for signposting, this approach has provided valuable guidance and support to the communities we serve.

The success of CLS initiatives in Highland can be attributed to a unique approach to community engagement. By partnering with existing groups such as lunch clubs, mother and toddler groups, etc., community-led approaches have been able to integrate seamlessly into the community fabric.

Place-Based Commissioning – West Lochaber
We have seen significant systemic challenges in the West Lochaber area (as in many other Highland Communities) in delivering traditional care services sustainably. The NHS-owned Care Home has been unable to maintain safe staffing levels, and the system of Care at Home is stretched.

A small project team was formed by bringing statutory partners together with Urram (a local community organisation) and In Control Scotland. The aim was to explore what local people thought about social care and – importantly - what options might exist to do things differently

One of the most vital themes throughout our conversations is that these are close communities that know their members well and that they have a strong perspective on their challenges and potential solutions.

Currently, there appear to be various components of our health and social care system which work in isolation or non-complementary ways. Our team thought that there is learning from models such as Burtzorg and Community Led Support that could be applied to develop a new way of arranging and coordinating care on West Lochaber. A well-coordinated, local, multidisciplinary team comprising statutory, voluntary, and community services over a tightly drawn local geography is an idea we are actively exploring.

This is an ambitious idea, but one which feels entirely achievable given the small size of the communities. Given this, our small team plans to co-produce such a model in one village as a test of change. This will involve co-producing an experiment of what this locally coordinated team could look like, describing the enablers and barriers to this and how these could be maximised or overcome, and exploring how it will work in practice. This must be led locally, and given Urram's solid reputation, the team hopes to take the lead on co-producing this project with our support.

Taking a Programme Approach
With the breadth of the challenge of addressing the culture and practice of SDS in Highland, improvement efforts have necessarily been wide-ranging, identifying several key opportunities for and barriers to change. Realising these opportunities – and, where relevant, overcoming cultural and organisational blockers – requires input, identified capacity and coordination across the Social Care system.

Given this, a coordinated Programme approach is being taken to ensure progress in the work outlined above is monitored at an appropriate level and, where necessary, supported by identified Scottish Government Transformational funding.

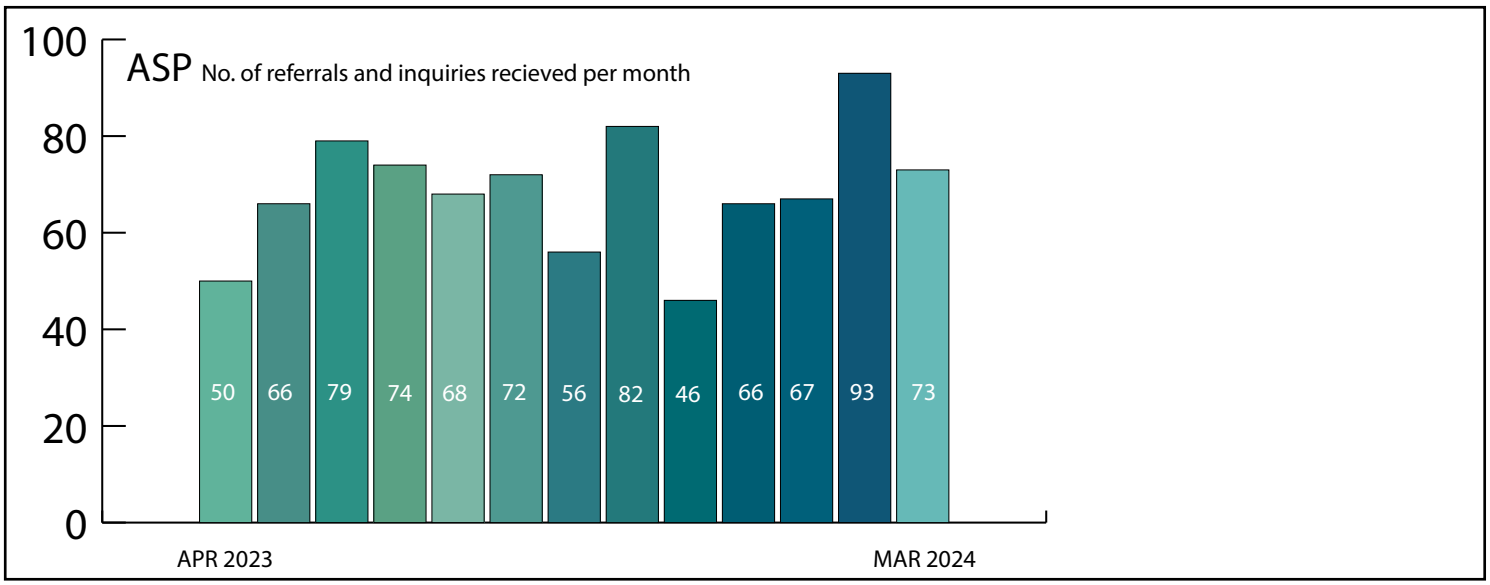
Highland Partnership Adult Support and Protection Report

The Care Inspectorate and its partners have recently published its Inspection Report of Adult Support and Protection within the Highland Partnership.

Joint Inspections aim to provide national assurance about individual local partnership areas' effective operations of key processes and leadership for adult support and protection.

Garry Coutts, Independent Chair of the Highland Adult Protection Committee, said" *We are pleased that the inspection report has concluded that there are adequate adult support and protection practices across the Highland Partnership"*.

The report highlights that our practice was person-centred, and there have been clear improvements from the previous inspection. We are aware of the improvement areas identified in the report and are working to develop a plan to address these.



Technology Enabled Care (TEC)

What has happened to us?

We have been experiencing some supply issues that have caused delays in completing TEC installations. Transitioning to digital TEC has been slow due to the lengthy process of securing funding and ongoing contractual negotiations with Care and Repair, who install the equipment.

NearMe

- The service continues to maintain provision across all specialities post-pandemic.
- Use of phone rather than video consultations has continued despite facilities being in place for Near Me video consultations

Connect Me

- Remote Health Monitoring has changed the national strategy and capacity available to develop the system because of changes in the national Digital Health & Care team structure.
- Locally, the retiral of a critical team member has resulted in Connect Me being incorporated into the Near Me team

What have we aimed to achieve in 23/24

Technology Enabled Care (TEC)

- Increase the number of people using Technology Enabled Care (TEC)
- Begin transitioning clients to digitally enabled units
- Transfer Highland Council Grouped Schemes to NHSH TEC
- Test and deploy new technologies that support individuals and their carers, like Carephone
- Increase the use of technology available on the high street to help people lead healthier and happier lives
- Continue raising awareness about Technology Enabled Care and high street technology among NHSH staff

Near Me

- Increase the number of specialties using Near Me video consultations
- Increase the number of patients able to benefit from using Near Me
- Increase the total travel miles saved through the use of Near Me consultations

Connect Me

- Continue to promote and deliver remote health monitoring pathways to support long-term conditions
- Increase the number of patients using Blood Pressure pathways
- Commence and recruit patients to the Chronic Pain Pathway
- Transition Asthma patients from Florence to Inhealthcare Asthma pathway

Technology Enabled Care in numbers

2,944 clients

↑ 5% increase in total clients on previous year

123 staff attended training

6 Highland Council grouped schemes transferred to NHSH telecare

80 average new referrals per month

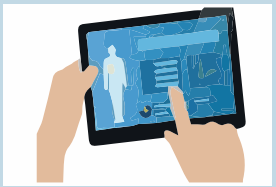
13% of telecare clients now have a digitally enabled unit

880 new clients

46 community events and groups attended

what have we done?

introduced our new digitally enabled units



developed a guide to simple video calling devices & high street tech

hosted the spring tech event in Inverness

deployed new technology like Alcove Video Carephone

Near Me
Travel Miles saved 2023/24: 1.9 million
Total Remote appointments: 101674, of which 24580 (24%) were Near Me appointments. 5% of all appointments were conducted using Near Me in 2023/24.
Top providers of Near Me appointments in 2023/24 were:

- Clinical Genetics
- Psychological Services
- Endocrinology
- Sleep Apnoea

Most travel miles saved were for patients in Caithness and Skye & Lochalsh.
West Sutherland was the area with the highest percentage of outpatient appointments by Near Me.
Patient surveys consistently report a 95% satisfaction rate with Near Me.

Connect Me
We are piloting remote monitoring pathways for multiple long-term conditions and lymphoedema reviews. Recruitment of patients to the Blood Pressure pathway continues, with between 40 and 50 new patients enrolled every month.

Primary Care

This section outlines the recent activities and developments concerning Board-managed GP Practices under NHS Highland. The focus is on practice mergers, recruitment challenges, success stories, quality improvement projects, and various workstreams aimed at enhancing service delivery.
It highlights the progress made through the local development of the national Primary Care Improvement Program (PCIP). This is a collection of investment and improvement programmes supported by the national Healthcare Improvement Scotland organisation.

Practice Mergers and Sustainability
- Three Harbours Medical Practice: Merged Riverview Wick, Riverbank Thurso, and Lybster to support sustainability.
- West Highland Medical Practice: Combined Acharacle and Lochaline for improved resilience.

Recruitment and Success Stories
- Recruitment Challenges: Persistent vacancies in remote and rural areas, often covered by locums.
- Alness & Invergordon Medical Practice: Progress has been made with regard to GP recruitment at Alness & Invergordon; with an enthusiastic new team helping to progress positive change. Working collaboratively with local partners to improve health & well being, in a patient centred way; and to develop an ‘education ethos’ within the team for future teaching roles.

Quality Improvement Projects
- Asthma Care Project: Progressing towards implementation in Mallaig and then Alness & Invergordon, aiming to optimise

GMS Lease Assignation
- Lease Assignations: Several practices have shown interest, with one near completion and two progressing. Dedicated resources support this work.

Practice List Closures
- Culloden Medical Practice and Culloden Surgery: Applied to close patient lists due to space constraints, with efforts ongoing to find alternative facilities.

Local Enhanced Services
- Service Specifications: Revised specifications under negotiation, with five already agreed and the rest

due by end of July 2024.

Primary Care Improvement Plan (PCIP)

- PCIP 7 Tracker: Submitted to the Scottish Government, including workforce information, service delivery, financial data, achievements, and barriers.

Premises and Finance

- Primary Care Manager (Premises): New post focusing on GP premises leases and requirements for specific locations.
- PCIF Allocation: Awaiting notification for the year 2024/25, with indications of a single tranche payment.

Pharmacotherapy and First Contact Physiotherapy (FCP) Workstreams

- Pharmacotherapy: 16 GP practices supported by Inverness-based Pharmacy Hub. Positive recruitment and live dashboard development for resource allocation.
- FCP Service: Achieved full staffing with ongoing training. PHIO Access trial shows promising patient engagement and outcomes.

Community Link Workers

- Service Extension: Contract retendering complete, extending service to all GP Practices from August 2024. High referral rates for mental health, loneliness, and social isolation.

Primary Care Mental Health (PCMH)

- Service Specification: Finalised and shared with all GP Practices. Successful recruitment to key vacancies. Live dashboard development for resource allocation.

Vaccination Transformation Programme (VTP)

- Childhood Vaccinations: Tracking below national average due to operational constraints. Peer review conducted, with an action plan in development.

Community Treatment and Care (CTAC)

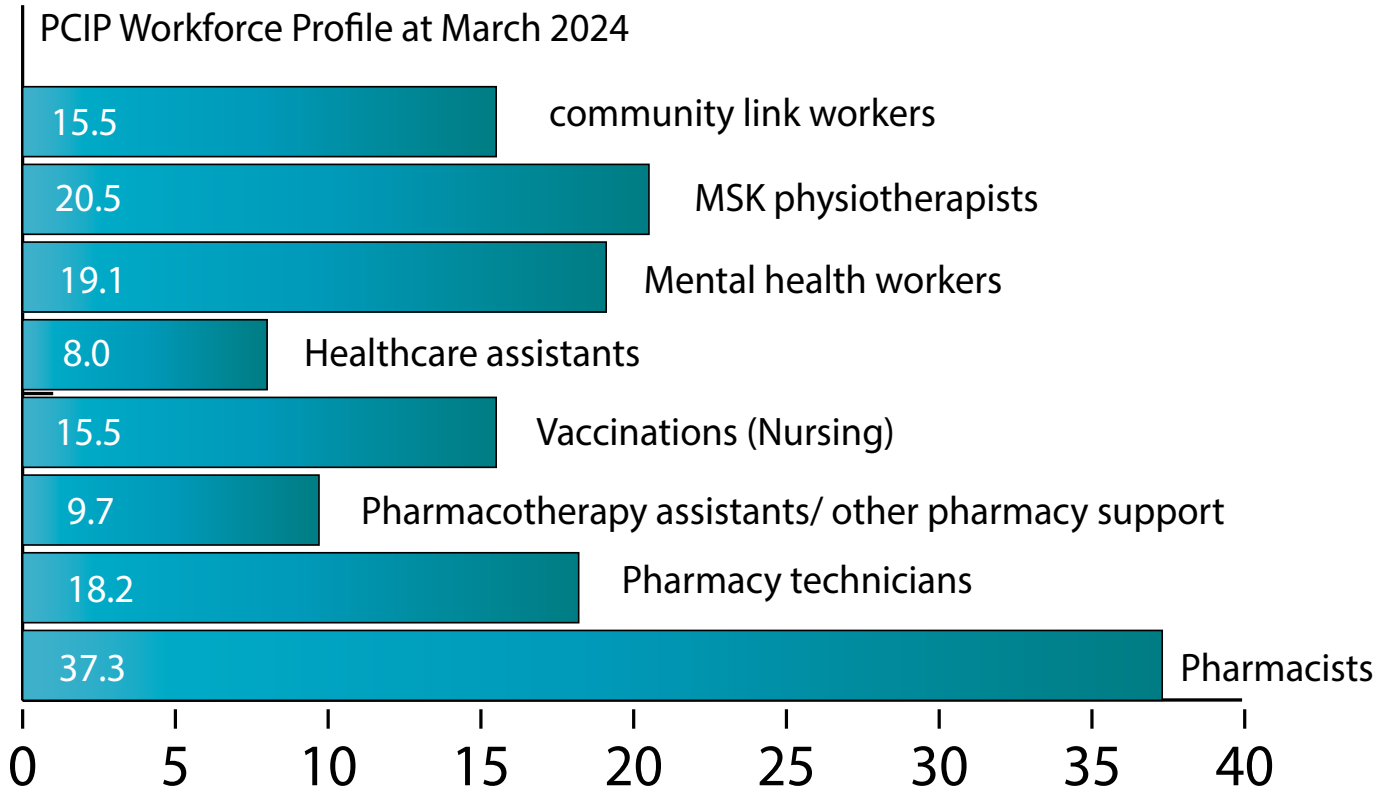
- Rural Options Appraisal: Submitted to Scottish Government, with feedback to be discussed. Transitional payment arrangements continue during 2024/25.

Additional Board Managed Positives

- Rediscover the Joy

This summary highlights the strategic initiatives and operational challenges faced by all NHS Highland's North GP Practices. The focus is on improving sustainability, enhancing service quality, and addressing recruitment and resource allocation issues to provide high-quality primary care services. clinical & non-clinical leadership - recruitment of full cohort of CDs and DMLs has been challenging, but positively successful recruitment to PCM role.

Seeking to improve interfaces - primary/secondary care, GP/mental health, and GP/community nursing/ health visiting.



Community Dental Services

Recruitment and retention of dentists remains challenging, especially in rural areas, for both Public Dental Services and Independent Dental Practices.

The Independent Dental Practice in Gairloch closed siting recruitment and retention difficulties as the critical factor.

Scottish Dental Access Initiative Grants continue to offer an opportunity to improve access to General Dental Services.

Fyrish Dental Practice, Alness received grant assistance to extend by one surgery. As a result, the practice accepts new patients to achieve 1,500 new patient registrations.

An award of grant assistance was approved to help set up a new NHS dental practice with three surgeries in Inverness. The practice will open in June 2024. The Scottish Government has confirmed that Scottish Dental Initiative Grants will be available for the Highland area in 2024.

In response to the closure of the GDP Dental Practice, the Ullapool PDS Dental Clinic opened in November 2023. The clinic operates on a part-time basis and provides routine and emergency treatment. A total of 121 patients are currently registered at the clinic, with children being prioritised in the initial stages.

The pilot of a weekday evening out-of-hours service was run in Inverness. Following evaluation, the pilot has been placed on hold due to low patient uptake, and a review is planned for October 2024.

The Minor Oral Surgery Service at the Inverness Dental Centre continues to contribute to the Oral surgery pathway, ensuring that referrals are managed in the primary care setting where appropriate.

The National Dental Inspection Programme's October 2023 report showed an increase in the number of

caries-free children within the area, which was consistent with the national trend. It also identified a significant increase in unrestored teeth, which was directly related to the delayed recovery of primary care dental services post-COVID.

Oral Health Team update
Childsmile Programme: Following the redesign of services due to recruitment challenges, the Childsmile programme has restarted in the Lochaber and Skye & Lochalsh areas.

Childsmile – Sustainability programme - Recycle & Smile - staff continue to collect used toothbrushes and toothpaste tubes from nurseries and schools, which TradeBe then recycles. Recycled to fire engine parts, plant pots or children's climbing and play frames

Caring for Smiles - online oral health raising awareness training successfully delivered to NHS and health care partner staff, including Modern Apprenticeships, NHS Reserves, Care@Home teams and Adult Social Care Fundamental Skills at induction.

Community Optometry

Community Glaucoma Service
The Scottish Government Community Eyecare Team, NHS Education for Scotland Digital, and National Services Scotland are supporting the development of the Enhanced Service for Community Glaucoma Service (CGS) across NHS Highland to ensure safe patient care.

Within NHS Highland, including Argyll & Bute, 6 Accredited Clinicians have achieved the NES Glaucoma Award Training (NESGAT) qualification and 5 Accredited Providers (Community Optometry Practices). A further cohort of NESGAT training is due to commence early in 2025.

Work is ongoing with colleagues in e-health to develop the roll-out of Openeyes as the preferred Electronic Patient Record, which is fundamental for the service's operation and roll-out.
When developed and operational, the Community Glaucoma Service will provide patients with a safer service closer to home in areas with Accredited Providers.

Mental Health and Learning Disability Services

Introduction

The "Together Stronger" strategy is NHS Highland's five year plan (2023-2028) to deliver Mental Health and Learning Disability services. The plan aims to create compassionate, consistent and collaborative care and support services that meets the needs of the Highland community.

To create the strategy we engaged with over 108 community partners, workforce members, and individuals with lived experiences through sessions, workshops, and hosting conversation cafes. With this collaboration, we focused on creating meaningful relationships and ensuring every voice was heard and valued, and we will continue to make this a priority moving forward.

We are guided and in alignment with national strategies including Scotland's Mental Health and Wellbeing Strategy and the Core Mental Health Quality Standards to make sure that the right support is always available, in the right place, at the right time, whenever anyone asks for help.

Locally, one of the strategic objectives of the NHS Highland Board wide strategy 'Together We Care' is making sure there is an emphasis on reducing stigma, improving access, and ensuring quality care. Our

We are guided and in alignment with national strategies including Scotland's Mental Health and Wellbeing Strategy and the Core Mental Health Quality Standards to make sure that the right support is always available, in the right place, at the right time, whenever anyone asks for help.

Locally, one of the strategic objectives of the NHS Highland Board wide strategy 'Together We Care' is making sure there is an emphasis on reducing stigma, improving access, and ensuring quality care. Our "Together Stronger" strategy agreed five service commitments that we will action in all service improvements or redesign work:

Strategic Commitments

Commitment 1
Our Services will be easy to find and contact

PRINCIPLES	ACTIONS
Our services should be able to be found by people with no prior knowledge of the system and people should be directed to the service they need by the first person they come into contact with. This is also known as the "no wrong door" principle.	We will provide clear information, enable digital access, and streamline referral processes.

Commitment 2
Our Services will be clear about what you can expect from us and we will be clear about what we expect from you

PRINCIPLES	ACTIONS
The purpose of our services will be made clear from the beginning to all who meet with us. We will explain what the service does, why it exists, how it works and who it is for. We will design our services to support you when you are at risk, and we will do this in a way that encourages positive risk taking and protects both you and our staff at times of crisis.	We will provide clear information, enable digital access, and streamline referral processes.

Strategic Commitments

Commitment 3
Our Services will work together with you

PRINCIPLES	ACTIONS
We will work with individuals to deliver person centred care. We will respect the preferences, values and goals of each individual. We will work with people, using health and social care services, as equal partners in planning, developing and monitoring their care We will work within the principles of Realistic Medicine (in both health and socialcare settings) to ensure you feel empowered to make decisions about you care.	Our health and social care staff will work alongside you to advise and agree the most appropriate therapy or support to meet your needs and support your mental health recovery. We will listen to hear your goals and desires and work together with your networks to create opportunities to achieve your dreams with the support that you need.

Commitment 4
Our Services will enable our Staff to provide safe, high quality care and support

PRINCIPLES	ACTIONS
We will support our colleagues to provide the care and support that individuals need, when they need it, in a way that works for them. We will ensure that our staff can progress a meaningful, enjoyable, and rewarding career.	We will provide specialist training, protected learning and development time, and support career progression for our staff. We will create a Workforce Development plan to support service plans and map our future staffing needs.

Strategic Commitments

Commitment 5
Our Services will evolve in response to changing need and we will explain why decisions are made

PRINCIPLES	ACTIONS
We will respond to changes in strategy, circumstance, and service delivery quickly as our resources allow. This will mean that we need to design and lead services that can transform quickly and efficiently. We will also respond to changes in individuals needs quickly and ensure that any changes are organised and delivered timely and efficiently	Our service will respond to Scotland's Mental Health and Wellbeing Strategy and the Core Mental Health Quality Standards. Following the Coming Home report, we will work in partnership with housing and support providers to ensure that people's needs are met in appropriate environments. We will continue to redesign and evolve our services to meet the Medication Assisted Therapy (MAT) Standards and work alongside partner agencies to ensure that people are able to access the support they require.

We regularly review and evaluate the services we provide by seeking continuous feedback from service users, carers, and partners to help inform service improvements and have established a Strategic Partnership Working Group with all interested stakeholders to ensure continued influence on Mental Health and Learning Disability Service Design.

To meet the strategic intentions of the Scottish Government, NHS Highland and the Health & Social Care Partnership we have designed new services and improved existing pathways.

The model of care for delivery of Annual Health Checks to people with a Learning Disability has been agreed and the service became live mid 2024. People with a Learning Disability and complex healthcare need will be prioritised, and the Health Check will be completed by an Advanced Nurse Practitioner in the Learning Disability Service.

The Dynamic Support Register for individuals with a Learning Disability who are at risk of placement breakdown or of being unable to return from an out of area placement is fully operational. The support from the Community Living Change Fund has enabled one individual, who had been in an out-of-Scotland hospital placement for more than 15 years to return to Highland into his own home with support from a community provider.

A full review of the Highland Psychiatric Emergency Plan was completed in 2023. This plan is a comprehensive guide designed to manage psychiatric emergencies within the Highland Health and Social Care Partnership. The plan emphasises a collaborative, multi-agency approach to ensure a structured and compassionate approach to ensure high quality care for individuals experiencing mental health crisis. It highlights the importance of collaboration, clear communication and adherence to legal and ethical standards in delivering mental health services.

The Police Custody Healthcare Team identified that 52% of patients in police custody at risk of drug reduced death were not referred to health for support. The Medication Assisted Treatment Pilot at Custody Toolkit (MATPACT) was created as an

innovative approach to proactively identify those at risk and offer health intervention. This innovation has recently won Quality Improvement awards and been recognised by HIS, more information can be found on the HIS website: NHS Highland MATPACT Case Study - NHS Highland MATPACT Case Study (ihub.scot).

We continue to experience capacity and demand pressures within in-patient services in New Craigs. The Mental Health Assessment Unit, in partnership with SAS, now has a Paramedic based within the team enabling joint working and a fast response to Mental Health crisis in community settings. Patients with complex support needs continue to experience a delay in availability of social care support or secure hospital care within Scotland.

NHS Highland Drug and Alcohol Recovery Service (DARS) works in partnership with the Alcohol and Drugs Partnership to meet the Medication Assisted Treatment (MAT) Standards. Treatment Waiting Times shows that Highland continues to perform above the Standard at 94.9% of people seen with three weeks for first treatment. This is the fifth quarter in succession that Highland have remained above the standard of 90% and have exceeded Scotland's overall position for the past four quarters.

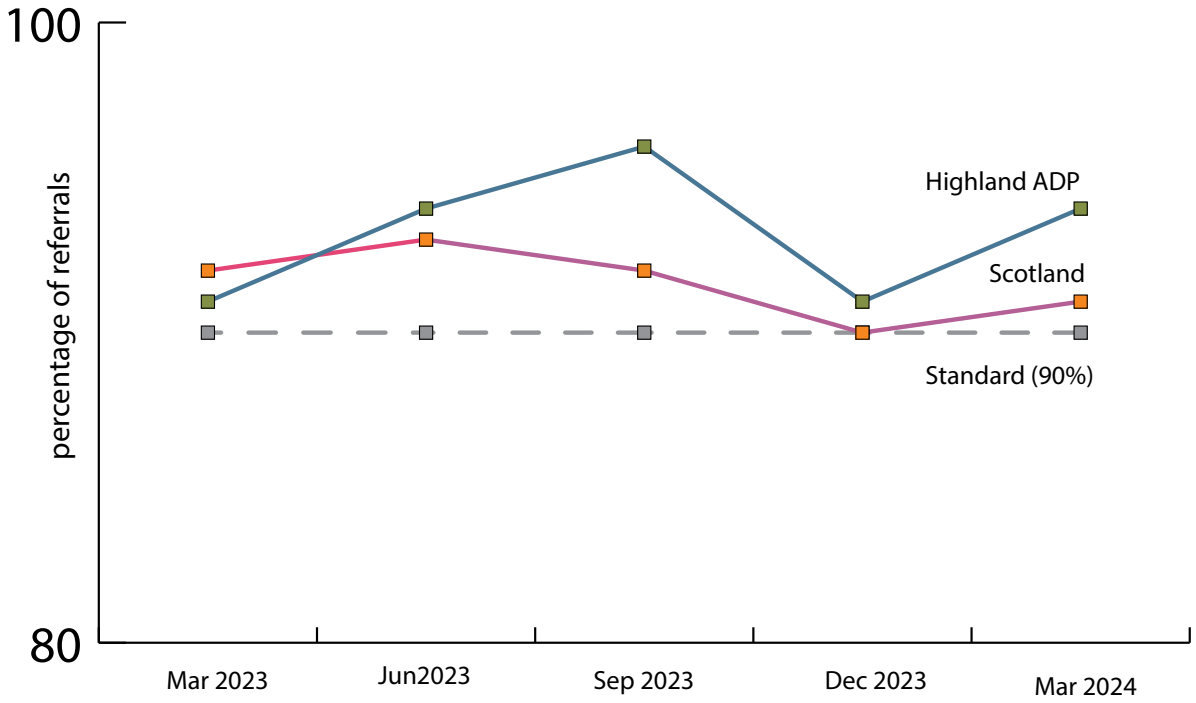


Table 1A Completed waits all Services types from referral to first treatment

Quarter ending	number of waits	% waiting 3 weeks or less	NHS Highland	Scotland	Standard	Scotland
March 2023	230	91.3%	91.0%	92.0%	90%	92.2%
June 2023	218	94.0%	94.0%	93.0%		93.0%
September 2023	234	96.1%	96.0%	92.0%		92.2%
December 2023	204	91.1%	91.0%	90.0%		90.5%
March 2024	138	94.9%	94.0%	91.0%		91.9%

Fig. 1A Completed waits all Services types from referral to first treatment

1. This information relates to community-based services.
2. Information about waiting times for drug and alcohol treatment is provided by the treatment services. Alcohol and Drug Partnerships (ADPs) have the responsibility of ensuring services are submitting accurate and up-to-datep information.
3. These data were extracted from the new Drug and Alcohol InformationSystem (DAISy) and its predecessor the Drug and Alcohol Treatment Waiting Times (DATWT) database. DAISy replaces the previous systems: the DATWT database and the Scottish Drug Misuse Database (SDMD), and holds data in relation to drug and alcohol treatments and waiting times from services throughout Scotland delivering tier 3 and 4 interventions. Tier 3 interventionsinclude provision of community-based specialised drug assessment and coordinated care-planned treatment and drug specialist liaison, while Tier 4interventions include provision of residential specialised drug treatment, which is care planned and care co-ordinated to ensure continuity of care and aftercare.
4. For completed waits, the length of wait is calculated from the date the referral was received to the date the first treatment started. For ongoing waits, the length of wait is calculated from the date the referral was received to the
date of the last day of the quarter. In both cases, the length of wait is adjustedfor periods of unavailability.
5. DATWT and DAISy are dynamic databases. This means that data forprevious quarters are updated and so may not be the same as found inprevious publications for the same time period.

Infrastructure & Partnership

Infrastructure Needs

Finance	Achieve financial sustainability and maximize resource use.
Health Inequalities	Focus on reducing health inequalities across communities.
Governance	Refine organizational governance.
Quality Improvement	Foster a culture of continuous improvement.
Climate Change	Work sustainably to meet carbon commitments.
Digital Integration	Implement electronic systems for seamless interaction.
Research & Development	Partner for research opportunities.
Workforce	Motivate and inspire teams to achieve strategic goals.

Partnerships

Collaboration	Work with a wide range of stakeholders, including GP's, third-sector organizations, independent sector providers, and families.
Strategic Partnership Forum	Bring together organizations to develop relationships and practices.

Conclusion

The "Together Stronger" strategy is a comprehensive plan to enhance mental health and learning disability services across Highland. It focuses on compassionate, consistent, and collaborative care, ensuring services are accessible, person-centred, and adaptive to changing needs. Continuous engagement with communities and stakeholders is pivotal in achieving these commitments. For more detailed strategies and guidance, visit the NHS Highland Mental Wellbeing website.

Medication-Assisted Treatment (MAT) Standards Implementation

MAT Standard 1: Same-Day Access
- Actions/Deliverables: Increasing Non-Medical Prescribers (NMPs) within the service.
- Progress: Some Band 6 vacancies filled, with new prescribers expected to complete training by January 2025.
- Risks/Barriers: Persistent vacancies affecting service capacity.
- Remedial Action: Ongoing recruitment and training efforts.
- Timescale: Full implementation by January 31, 2025.

🟢 Assessment: **Provisional Green.**

MAT Standard 2: Informed Choice
- Actions/Deliverables: Standardized information leaflets to support informed decision-making.
- Progress: Liaising with specialists to make leaflets available online.
- Risks/Barriers: Outdated resources and limited staff time.
- Remedial Action: Online portal development.
- Timescale: August 31, 2024.

🟢 Assessment: **Green**.

MAT Standard 3: Identifying High-Risk Individuals
- Actions/Deliverables: Implementation of a trigger checklist.
- Progress: Strategic lead conducting in-house learning and roll-out work.
- Risks/Barriers: Need for a unified outreach model.
- Remedial Action: Converting social work posts to support outreach.
- Timescale: September 23, 2024.

🟢 Assessment: Green.

MAT Standard 4: Evidence-Based Harm Reduction
- Actions/Deliverables: Rollout of harm identification and intervention tools.
- Progress: Forms being shared across different systems.
- Risks/Barriers: Information sharing challenges.
- Remedial Action: Converting forms to a shareable format.
- Timescale: July 5, 2024.

🟢 Assessment: Green.

MAT Standard 5: Support to Remain in Treatment
- Actions/Deliverables: Increase third-sector provision.
- Progress: Financial implications raised with oversight groups.
- Risks/Barriers: Funding constraints.
- Remedial Action: Discussions within anticipatory care planning.
- Timescale: August 31, 2024.

Assessment: Green.

MAT Standard 6: Psychologically Informed System
- Actions/Deliverables: Increase capacity for Tier 2 interventions.
- Progress: Transfer of psychological services to NHS Highland psychology.
- Risks/Barriers: Vacancy and tender progress issues.
- Remedial Action: Collaboration with psychology services.
- Timescale: September 30, 2024.

Assessment: Amber.

MAT Standard 7: MAT Shared with Primary Care
- Actions/Deliverables: Specialist GP and homeless team clinic setup.
- Progress: Data gathering on service progress.
- Risks/Barriers: Financial constraints.
- Remedial Action: Specialist pharmacist-led exploration of prescribing models.
- Timescale: July 14, 2024.

Assessment: Amber.

MAT Standard 8: Access to Independent Advocacy
- Actions/Deliverables: Meeting with third-sector agencies.
- Progress: Scheduled meetings to discuss pathways.
- Risks/Barriers: None specified.
- Remedial Action: Continued collaboration.
- Timescale: July 30, 2024.

Assessment: Amber.

MAT Standard 9: Co-occurring Drug Use and Mental Health Care
- Actions/Deliverables: Joint working process with CMHT and DARS.
- Progress: Policy complete; testing ongoing.
- Risks/Barriers: Team size and patient fit issues.
- Remedial Action: Testing and refining policies.
- Timescale: August 28, 2024.

Assessment: Amber.

MAT Standard 10: Trauma-Informed Care
- Actions/Deliverables: Monthly meetings and in-house training rollout.
- Progress: Steering group and supervision models in place.
- Risks/Barriers: Staff training and supervision challenges.
- Remedial Action: Promotion of attendance at training sessions.
- Timescale: July 31, 2024.

Assessment: Amber.

Learning Disability Services

Health Checks

Progress	Advanced Nurse Practitioner employed, prioritizing known individuals.
Risks/Barriers	Insufficient resources to meet demand.
Remedial Action	Prioritization of services.
Assessment	Moderate assurance due to resource limitations.

Support Provision

Progress	Good relationships with support providers; ongoing improvements through meetings.
Risks/Barriers	Recruitment and retention challenges in certain areas.
Remedial Action	Collaborative forums and new models of support.
Assessment	Moderate assurance due to recruitment difficulties.

Complex Needs

Progress	Implementation of the Dynamic Support Register.
Risks/Barriers	Staffing issues in cluster housing developments.
Remedial Action	Monthly meetings and exploring new housing developments.
Assessment	Moderate assurance, with ongoing efforts to address issues.

Overall Service Delivery

Strengths

- Consistent progress in implementing MAT standards.
- Strong collaboration and communication with third-sector agencies.
- Positive relationships between staff and service users.

Challenges

- Recruitment and retention of staff, particularly in rural areas.
- Financial constraints impacting service delivery and development.
- Need for more consistent implementation of psychosocial interventions.

Recommendations

1. Enhance Recruitment Efforts: Address staffing shortages by developing targeted recruitment campaigns and offering competitive incentives.
2. Increase Funding: Secure additional funding to support the expansion of third-sector services and address financial barriers.
3. Strengthen Collaboration: Improve partnerships between primary care, mental health services, and MAT providers to ensure integrated care.
4. Expand Training Programs: Enhance training for staff to deliver psychosocial interventions and trauma-informed care effectively.

Highland Psychiatric Emergency Plan 2023

Introduction

The Highland Psychiatry Emergency Plan (PEP) 2023 is a comprehensive guide designed to manage psychiatric emergencies within the Highland Health and Social Care Partnership (HHSCP). The plan emphasizes a collaborative, multi-agency approach to ensure high-quality care for individuals experiencing mental health crises.

Key Components of the Plan

1. **Initial Contact and Response**
- First Responders: Standardized contact points for members of the public (NHS 24) and professional partners (Mental Health Assessment Unit - MHAU).
- Self-Referral: Patients can self-refer via NHS 24 with direct access support services available.
- Triage and Support: Stages of triage are performed by NHS 24 and MHAU to address non-diagnosable mental health issues and minimize police intervention.

2. **Crisis Care Planning**
- Crisis Care Plans: Templates and anticipatory care planning mechanisms like the Care Programme Approach (CPA) are used to identify and respond to crisis situations.
- Legal Powers and Warrants: Clear procedures for obtaining and executing warrants (Sections 35, 292, 293) for patient assessment and removal, emphasizing minimum necessary force.

3. **Places of Safety**
- Specified Locations: Hospitals (New Craigs, Raigmore, Broadford, Belford, and Caithness General) and emergency departments are designated places of safety.
- Guidelines for Use: Detailed criteria for appropriate use of places of safety and protocols for transferring patients from police custody.

4. **Management of Alcohol and Substance Misuse**
- Intoxicated Patients: Guidelines for handling patients too intoxicated for assessment and considering underlying distress or mental health issues.

5. **Transport Arrangements**
- Modes of Transport: Guidelines for choosing appropriate transport modes, reducing stigma, and ensuring patient privacy and comfort during transport.
- Professional Roles: Clear roles and responsibilities for professionals involved in patient transport, including use of force when necessary.

6. **Assessment Procedures**
- Responsibility for Assessment: Clear pathways and responsibilities for medical practitioners carrying out assessments at places of safety.
- Trauma-Informed Services: Emphasis on trauma-informed care, gender-specific considerations, and services for patients with personality disorders.

7. **Dispute Resolution**
- Professional Disagreements: Procedures for resolving disagreements between professionals, such as Mental Health Officers (MHO) and Approved Medical Practitioners (AMP), regarding patient detention.

8. Information Sharing
- GDPR Compliance: Pathways for sharing information in compliance with GDPR, emphasizing the duty to share information when necessary for patient safety.
- Advance Statements and Named Persons: Systems to ensure advance statements and named persons are consulted during mental health assessments.

9. Services for Young People
- Age-Appropriate Services: Coordination between adult mental health and CAMHS to provide services for young people up to 18 years.
- Inpatient and Community Services: Regional inpatient facilities and community mental health services for young people, including care for care-experienced young people.

10. Support for Carers
- Duties to Dependents: Responsibilities for ensuring the care of dependents, including children and vulnerable persons, when a patient is detained.
- Carer Support: Provision of support plans and information for carers, ensuring they are not pressured into caring for patients.

11. Management of Missing Patients
- Missing Persons Protocol: Procedures for handling patients who abscond from assessment or are at risk in the community, including use of warrants.

12. Homelessness
- Referral and Aftercare: Pathways for referring homeless patients to mental health services and ensuring appropriate aftercare, including access to GPs and community support.

13. Learning Disability and Autism
- Specialized Support: Consideration for individuals with learning disabilities and autism, ensuring access to emergency services and appropriate assessments.

14. Aftercare
- Follow-Up Arrangements: Guidance on follow-up and alternative pathways for managing distress when immediate treatment is not required.
- Recording Outcomes: Documentation of crisis presentations and outcomes to ensure continuity of care.

15. Use and Review of the PEP
- Values and Review Process: The PEP is grounded in patient-centered values and is reviewed annually, with provisions for earlier reviews if necessary.
- Accessibility and Dissemination: The plan will be made accessible to all relevant parties, including public and partner agencies, with named managers responsible for publication and review.
- Debrief and Incident Review: Procedures for debriefing and reviewing incidents to support frontline staff and improve future responses.

Conclusion

The Highland Psychiatry Emergency Plan 2023 provides a structured and compassionate approach to managing psychiatric emergencies, ensuring safety, dignity, and high-quality care for patients and their

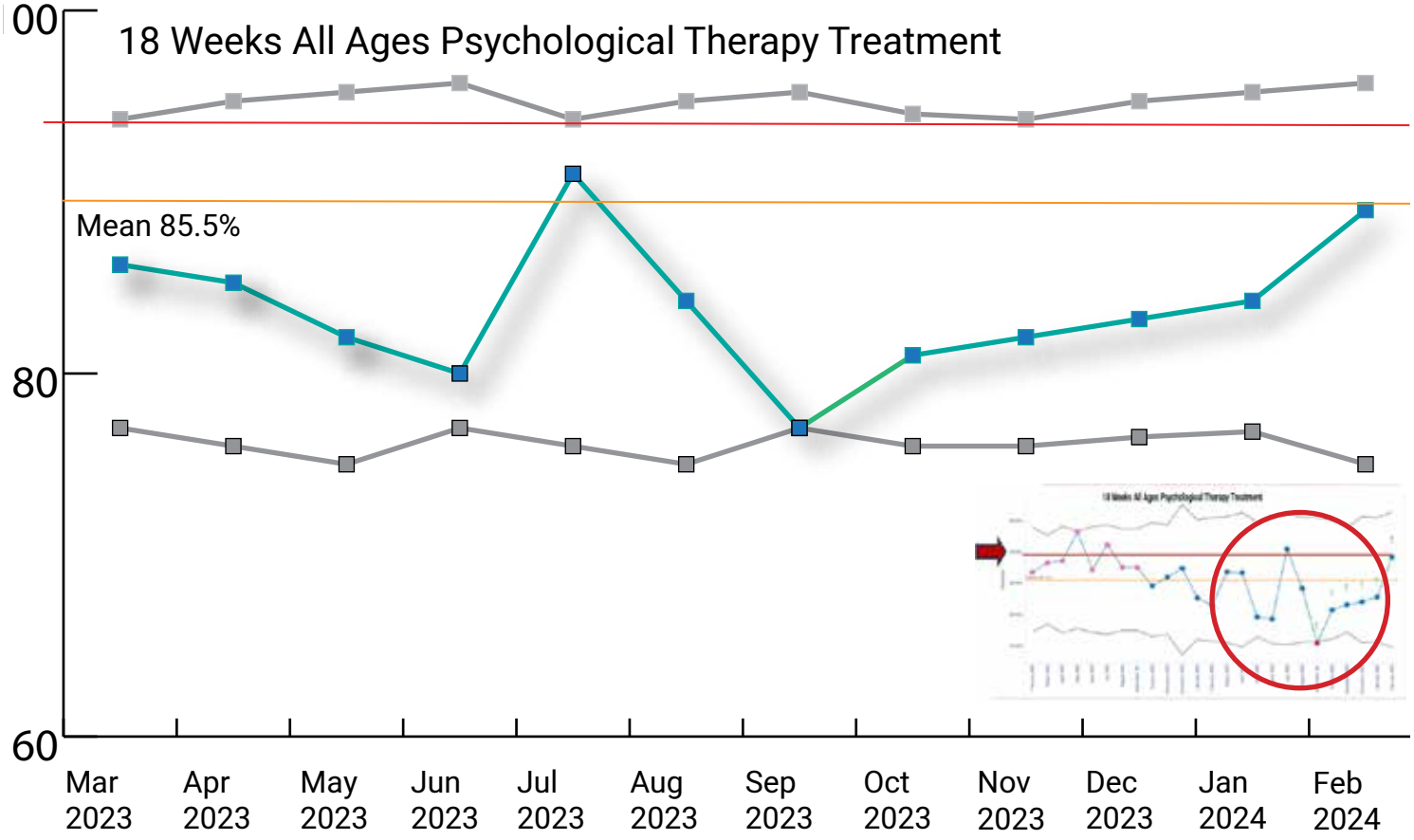
carers. The plan highlights the importance of collaboration, clear communication, and adherence to legal and ethical standards in delivering mental health services.

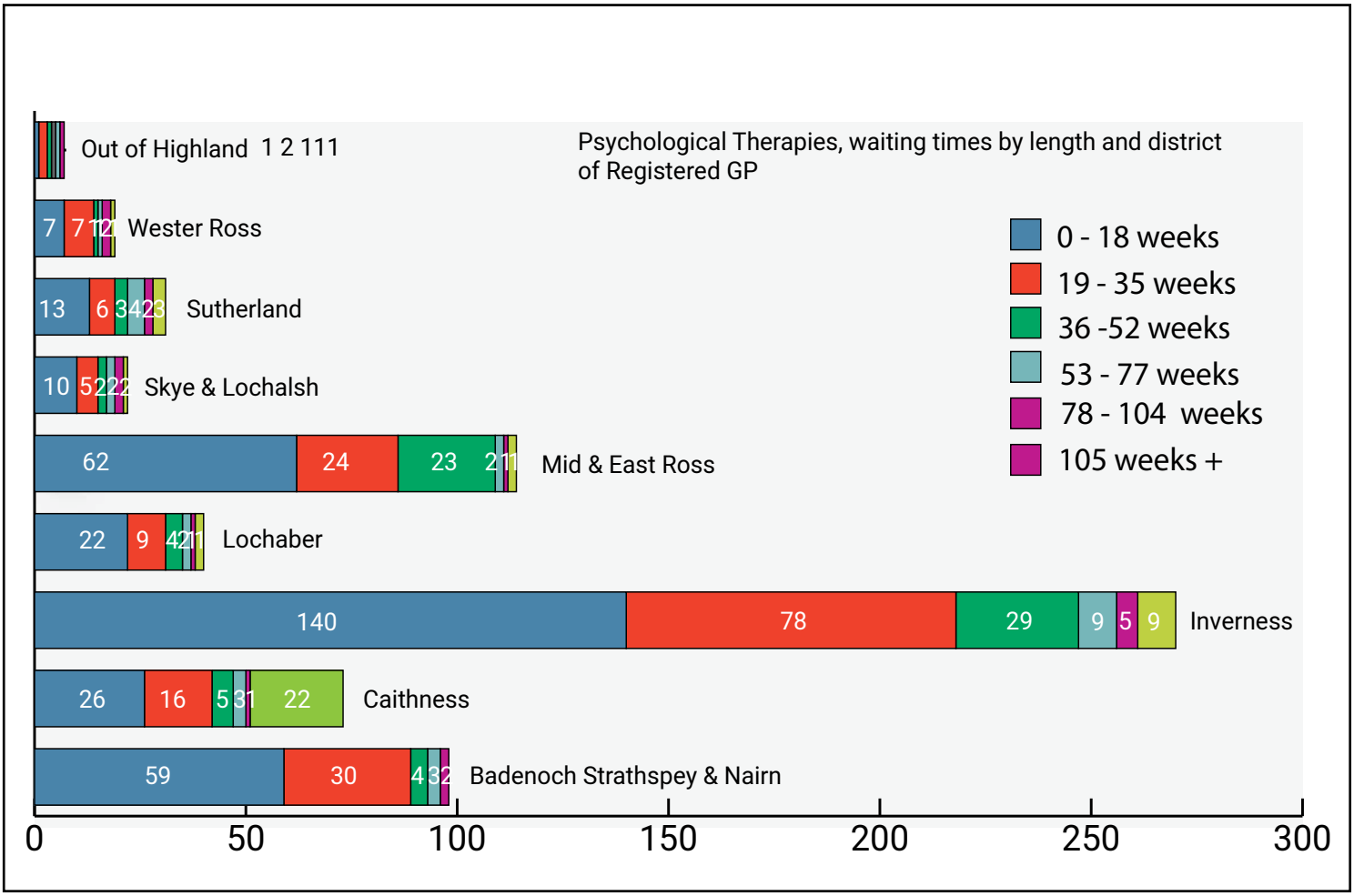
Psychological Therapies

In Scotland, all NHS boards have national Psychological Therapies targets to meet, and NHS Highland is no exception. Although the department has been largely successful in achieving these targets and improvements, the significant challenge has been to do this against a backdrop of unprecedented financial pressure on NHS Highland, attraction, recruitment and retention of specialist staff to the area, and an imperative for the department to utilise resources in a very controlled and measured way.

The first of the targets mentioned above is that 90% of referrals to Psychological Therapies referrals will commence psychological therapy-based treatment within 18 weeks of referral. Psychological therapy services have experienced longstanding challenges with significant waiting times; several factors have led to this (including a lack of any other route for psychological interventions at an earlier stage, as well as recruitment and retention of clinical and non-clinical staff).

However, as can be seen from the diagram below, Psychological Therapies has achieved enormous success in making significant reductions in wait times across Adult Mental Health Psychology, Older Adult Psychology, Neuropsychology, and Adult Learning Disability Psychology. This success is mainly due to utilising the limited resources available to re-align psychology services to offer our patients more timely, improved, and appropriate access to psychological care. Further development of primary care mental health services, targeted use of community resources, and the further collaborative work between Community Mental Health Team colleagues and their Psychological Therapies colleagues have also played a big part in this.



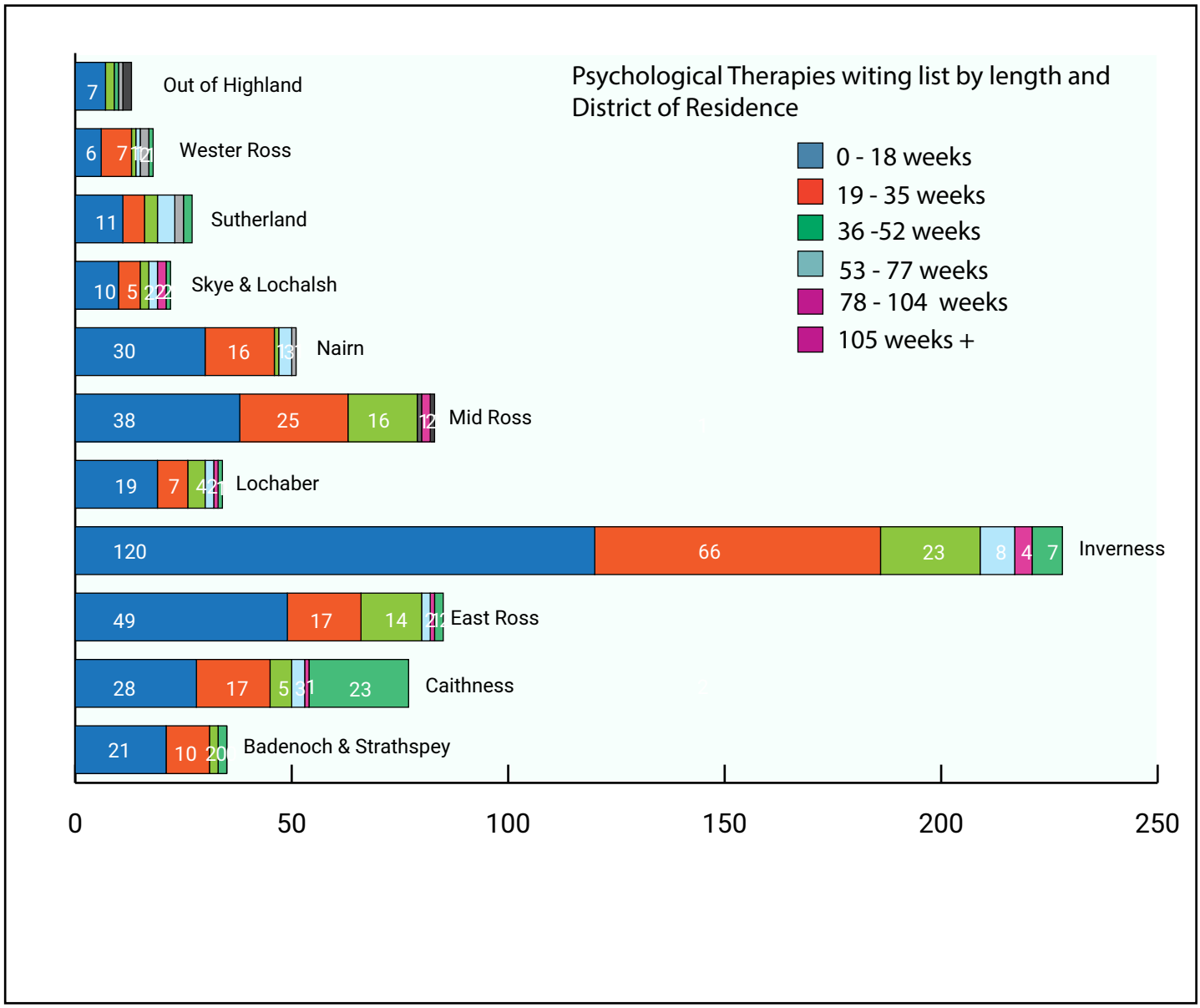


A second new target introduced in late 2023 concerns improvements in the range and depth of data that NHS boards in Scotland supply to the Scottish Government about Psychological Therapies and is called CAPTND (Child, Adolescent, and Psychological Therapies, National Dataset). This involves collecting and disseminating specific (non-clinical) information fields by boards to help the Scottish Government understand more about service trends, patient journeys and outcomes so that good practice can be highlighted and areas for further improvement identified. The target is for all NHS Boards, including NHS Highland, to comply with supplying all the required monthly data to the Scottish Government. During Phase 1 of this project, NHS Highland successfully embraced this data provision and fully complied with the mandatory data requirement. Phase 2 of this national programme's target is to expand the number and range of data fields collected monthly from 2024 onward.

In other work, it was previously identified that there is a service provision gap in Clinical Health Psychology. Work is underway to develop this service to fill this gap, improving patient access and meeting patient needs across NHS Highland. Equally, there has been ongoing success in neuropsychology since its launch, and the service has gone from strength to strength in helping patients in this specialist area. Neuropsychology had formed the majority of Psychological Therapies extended waits, but with a priority focus on wait time reduction, this is now significantly reducing.

Psychological Therapies has, where funding and opportunity have allowed, continued to invest in staff attraction, recruitment, and retention. However, this remains a particular challenge in terms of service provision to meet patient demand. Access to funding for specialist staff recruitment and retention remains scarce, as it does across all of Psychological Therapies.

The data provided in Figure 1 above shows overall improvement, with clear trajectories agreed with the Scottish Government as we progress with our implementation plan.


Psychological Therapies witing list by length and District of Residence
0 - 18 weeks
19 - 35 weeks
36 -52 weeks
53 - 77 weeks
78 - 104 weeks
105 weeks +
Out of Highland
Wester Ross
Sutherland
Skye & Lochalsh
Nairn
Mid Ross
Lochaber
Inverness
East Ross
Caithness
Badenoch & Strathspey
0
50
100
150
200
250

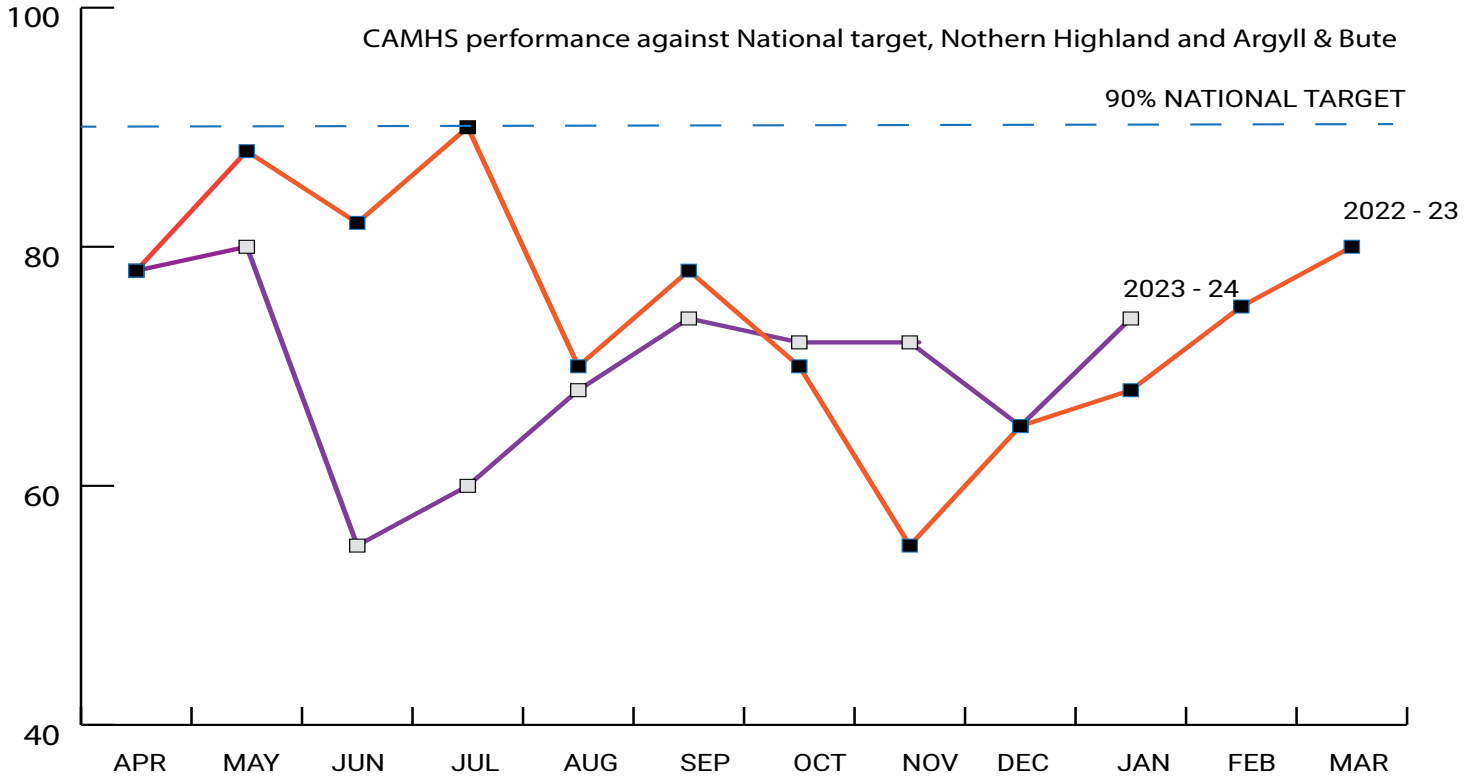
Child & Adolescent Mental Health Services (CAMHS)

The national target for Child and Adolescent Mental Health Services (CAMHS) is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. NHS Highland performance is around 70%

NHS Highland performance in 2023/24 remains extremely challenging in terms of meeting the 18 week target from referral to access to CAMHS services. A service improvement plan is underway to develop a sustainable operating model that will embed a trajectory towards NHS Highland meeting this target. This includes assessment of the workforce model required to deliver these services across the vast geographical area.

We are aware that NHS Highland performance is below the national target and waits to access the Paediatric Neurodevelopmental service (NDAS) have followed a similar trajectory.

A joint improvement plan is required to enable different models of care that support an improvement in performance. This is a key area of focus for 2024/25.



Finance

Highland Health & Social Care Partnership Finance Report to 31st March 2024

Final position to March 2024

For the 12 months to March, HHSCP have overspent against budget by £10.634m, components of this overspend can be viewed in Table 1 below.

		Position to date		
Annual Plan £000	detail	**plan to date £ 000**	**actual to date £ 000**	**variance to date £ 000**
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)
(773)	Adult Social Care Central	(773)	(7, 238)	6, 465
460, 205	**Total HHSCP**	**460, 205**	**470, 839**	**(10, 634)**
281, 717	Health	281, 717	292, 540	(10, 823)
178, 488	Social Work	178, 488	178, 299	188
460, 205	**Total HHSCP**	**460, 205**	**470, 839**	**(10, 634)**

Within the NH Communities year end out-turn of £8.874m, there are several main areas driving this position; £0.615m of unfunded pressures in Chronic Pain and the ECS services and supplementary staffing in OOH and community hospitals reflecting the recruitment issues rural areas are experiencing. Adult Social Care for 2023/2024 saw an increase in Independent Sector Care costs, with Learning Disability younger adult packages being the main attribute.

Mental Health Services ended the year with a £6.299m overspend; with locum and agency usage the main outliers along with out of area patient costs. National recruitment difficulties within the Psychiatry service meant a greater reliance on the use of medical locums with £2.468m agency expenditure in the financial year. Increase in clinical observations in both the Dementia and LD units have resulted in nursing agency costs of £3.001m. However, ongoing vacancies across both inpatient and community services have mitigated this pressure.

Primary Care's year end out-turn showed an overspend of £1.926m. A key driver being locum spend associated with Board Managed Practices mainly in the rural areas and prescribing where short supply and inflation increased costs nationally with the HHSCP overspending by £3.041m in 2023/2024. Mitigating this position, Dental reported an underspend of £1.274m which reflects the ongoing recruitment difficulties within the service.

ASC Central are reporting a £6.465m underspend. This position allows ASC to balance overall across the HHSCP and can be viewed on appendix 1.

Cost Improvement Plan
NHS Highland identified a Cost Improvement Plan of £29.500m to deliver a balanced position at the start of the year, of which £11.011m was allocated to the HHSCP. Whilst there was delivery of savings and cost reductions of £3.836m from the Division, additional support from the SG at the end of the year was required to deliver a breakeven position for the Board overall.

Conclusion
HHSCP financial position completed the year end with an overspend of £10.634m. This position reflects the challenge of the service pressures and slippage on the CIP.

Governance Implications
Accurate and timely financial reporting is essential to maintain financial stability and facilitate the achievement of Financial Targets which underpin the delivery and development of patient care services. In turn, this supports the deliverance of the Governance Standards around Clinical, Staff and Patient and Public Involvement. The financial position is scrutinised in a wide variety of governance settings in NHS Highland.

Risk Assessment
Risks to the financial position are monitored monthly. There is an over-arching entry in the Strategic Risk Register.

Planning for Fairness
A robust system of financial control is crucial to ensuring a planned approach to savings targets – this allows time for impact assessments of key proposals impacting on services.

Engagement and Communication
The majority of the Board's revenue budgets are devolved to operational units, which report into two governance committees that include staff-side, patient and public forum members in addition to local authority members, voluntary sector representatives and non-executive directors. These meetings are open to the public. The overall financial position is considered at the full Board meeting on a regular basis. All these meetings are also open to the public and are webcast.

NHS Highland
Appendix 2
Adult Social Care Financial Statement at Month 12 2023 - 2024

services cagtegory	annual budget £ 000's	YTD budget £ 000's	TYD actual £000's	YTD variance £ 000's	Outturn £ 000's	YE variance £ 000's
Older people Residential/ Non-Residential Care						
older people Care Homes (in-house)	20, 047	20, 047	18, 783	1, 264	18, 763	1, 264
older people Care Homes (ISC/SDS)	35, 447	35, 447	35, 629	(182)	35, 629	(182)
Other non-residential care (in house)	1, 419	1, 419	1, 506	(87)	1, 506	(87)
Other non-residential care (ISC)	1, 445	1, 445	1, 457	(12)	1, 457	(12)
Total older people Residential/ Non-Residential	**58, 359**	**58, 359**	**57, 375**	**984**	**57, 375**	**984**
Older people Care at Home						
older people Care at Home (in-house)	17, 907	17, 907	16, 488	1,419	16, 488	1, 418
older people Care at Home (ISC/SDS)	16, 767	16, 767	20, 354	(3, 587)	20, 354	(3, 587)
Total older people Care at Home	**34, 674**	**34, 674**	**36, 843**	**(2, 168)**	**36, 843**	**(2, 169)**
People with a Learning Disability						
People with a Learning Disability (in-house)	5, 087	5, 087	4, 116	962	4, 116	962
People with a Learning Disability (ISC/SDS)	36, 699	36, 699	41, 330	(4, 631)	41, 330	(4, 631)
Total People with a Learning Disability	**41, 778**	**41, 778**	**45, 446**	**(3,668)**	**45, 446**	**(3, 668)**
People with a mental illness						
People with a mental illness (in-house)	575	575	461	115	461	115
People with a mental illness (ISC/SDS))	7, 701	7,701	7, 913	(212)	7, 913	(212)
Total People with a mental illness	**8, 276**	**8, 276**	**8, 373**	**(97)**	**8, 373**	**(97)**
People with a Physical Disability						
People with a Physical Disability (in-house)	1, 036	1, 036	822	214	822	214
People with a Physical Disability (ISC/SDS)	7, 298	7, 298	7, 827	(529)	7, 827	(529)
Total people with a Physical Disability	**8, 334**	**8, 334**	**8, 650**	**(316)**	**8, 650**	**(316)**

services cagtegory	annual budget £ 000's	YTD budget £ 000's	TYD actual £000's	YTD variance £ 000's	Outturn £ 000's	YE variance £ 000's
Other Community Care						
Community Care Teams	9, 882	9, 882	9, 544	338	9, 544	338
People misusing drugs & alcohol	0	0	0	0	0	0
People misusing drugs & alcohol (ISC)	105	105	140	(35)	140	(35)
Housing Support	5, 839	5, 839	6, 087	(248)	6, 087	(248)
Technology Enabled Care	987	987	1, 012	(25)	1, 012	(25)
Carer's Support	1, 628	1, 628	1, 465	163	1, 465	163
Total other Community Care	**18, 441**	**18, 441**	**18, 247**	**194**	**18, 247**	**194**
Support Services						
Business Support	2, 095	2, 095	1,799	296	1, 799	296
Management & Planning	7, 055	7, 055	2, 934	4, 121	2, 934	4, 121
Total Support Services	**9, 150**	**9, 150**	**4, 733**	**4, 417**	**4, 733**	**4, 417**
Care Home Support/ Sustainability payments	**0**	**0**	**(655)**	**655**	**(655)**	**655**
Total Adult Social Care Services	**179, 011**	**179, 011**	**179, 011**	**0**	**179, 011**	**(0)**
check	**0**	**0**	**0**	**0**	**0**	**(0)**
ASC Services now integrated within Health codes	**4, 193**	**4, 193**	**4, 193**	**0**	**4, 193**	**0**
Total Integrated Adult Social Care Services	**183, 204**	**183, 204**	**183, 203**	**0**	**183, 204**	**(0)**
Total ASC less Estates	**178, 488**	**178, 488**	**178, 299**	**189**	**178, 299**	**188**

Document Information

This document is produced on behalf of NHS Highland and The Highland Council by Strategy & Transformation, NHS Highland.

This version is produced for screen only. Print quality PDF versions are available on request.

Produced in Adobe Indesign, Font Atkinson Hyperledgible 12 pt (body)

FINAL DRAFT 21.08.2024

2

Appendices to the Report

Outcome 1

Highland's Children will be safe, healthy, achieving, loved, nurtured, active, included, respected and responsible

Indicator 1	target	baseline	current		data source
the number of young carers identified on SEEMiS will increase	improve from baseline	68			Education & Learning
analysis					

Indicator 2	target	baseline	current		data source
the number of households with children in temporary accommodation will reduce	95	100			Education & Learning
analysis					

Indicator 3	target	baseline	current		data source
Percentage of children reaching their developmentalmilestones at their 27 – 30 month health review will increase	85%	75%		82%	Child Health
analysis					
Data from NHS, last updated Jan - Mar 23. Note in the data file that this is incomplete. Data shows a slightly deceasing number of children achieving their developmental milestones at the 27-30 month Child Health Surveillance review. This is correlated to the number of assessments being undertaken and the targeted approach which is part of the mitigation plan to improve outcomes. (note Indicator #6)					

Indicator 4	target	baseline	current		data source
Percentage of children in P1 with their body mass index measured	95%	85%		94%	
analysis					
data last updated in 2021-22 by NHS Highland					

Indicator 5	target	baseline	current	data source
The rate of LBW babies born to the most deprived compared to those born in the least deprived parts of Highland.	improve from baseline	1%		Public Health

analysis

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. The performance has dipped slightly in the past quarter, however an improvement plan has been put in place to address this, particularly to a partnership approach, between NHSH and THC, is being tested to improve support for breast feeding in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

Indicator 6	target	baseline	current		data source
Improve the uptake of 27 - 30 month surveillance contact	95%	52%		77%	Child Health

analysis

There has been a slight decrease in the uptake of this core contact. A contributory factor has been the availability of suitability qualified Health Visitors.Highland's Advanced Nurse Training programme has been highly successful across the past 2 years in supporting the recruitment and training to advanced level health visitors.
Highland currently have allow vacancy rate (around 8%) in Health Visiting however 20% of the HV workforce are undertaking the one year post graduate masters level health visitor training programme. Training requirements mean that trainee health visitors are not available or qualified to undertake this review. This has impacted on the ability to undertake the developmental assessment within the allotted timescale.
Mitigating actions are in place which include prioritisation for families in need, at risk, where there are concerns, care experienced, suffering the impacts of inequalities or trauma. Bank Staff are also used where necessary to support the review. There is likely to be a significant improvement in performance with the 22/23 and 23/24 cohort of health visitors achieve their advanced qualification and are supported through the preceptorship course

Indicator 7	target	baseline	current		data source
% of children with 1 or more developmental concerns recorded at the 27 – 30 month review	95%	85%		82%	Child Health

analysis

Not updated in NHSH file.

Indicator 8	target	baseline	current		data source
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	85%		82%	Child Health

analysis

Data updated by NHSH - last update Dec 22. Note saying incomplete data for Mar 23.Data from Quarter 3 (incomplete) reports only 82% of children have had a 6-8 week child health surveillance contact. This contact is part of the universal Health Visiting pathway. This contact remained a priority through the pandemic as determined by the Chief Nursing Officer. Health visitors complete the infant assessment, and the paperwork is forwarded to the GP who submits the completed documentation only after the GP 6-week infant check is complete. This GP check historically included the 6–8 week infant immunisation. A number of GPs have reported a reduction in presentation to the 6 week check since infant immunisations are no longer delivered at this time. Mitigating action to include

1. Ongoing scrutiny of the data is required to measure risk
2. The Highland Council Health visitors to promote attendance at GP practice for completion of review
3. NHSH Child Health Dept reminder to all GPs re submission of completed data forms.

Indicator 9	target	baseline	current		data source
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30%		32%	Child Health

analysis

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. The performance has dipped slightly in the past quarter, however an improvement plan has been put in place to address this, particularly to a partnership approach, between NHSH and THC, is being tested to improve support for breast feeding in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

Indicator 10	target	baseline	current		data source
Maintain 95% Allocation of Health Plan indicator at 6-8 weeks from birth (annual cumulative)	95%	97%		N/K	Child Health

analysis

not updated in NHSH file

Indicator 11	target	baseline	current		data source
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%		95%	Child Health

analysis

latest data from NHSH to Dec 22

Indicator 12	target	baseline	current		data source
CAMHS referrals seen within 18 weeks	95%	80%			CAMHS, Education & Learning

analysis

considerable progress has been made in clinical modelling, performance and governance. Progress has been made despite despite a lack of appropriate supports and improvements in e – health with much of the work of business analyst colleagues having to be completed manually due to limitations of current systems. The service has halved the number of patients waiting since the peak of May 2022 and reduced longest waits from over 4 years just over 2 years projected clearing of cases over 2 years by April 2023. This progress has been achieved with a workforce funded establishment at the second lowest of mainland boards with a current vacancy rate of 48% with ongoing national workforce shortages and additional recruitment challenges of remote and ruralservices. We are diversifying our staff profile and adopting a grow our ownstrategy which is showing promise but will be a medium term approach to increasing capacity.

Indicator 13	target	baseline	current		data source
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%		72%	Health & Social Care

analysis

Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015. A number of NHS Boards have recently adopted a proportionate approach to assessing health need for care experienced children and young people. This approach recognises the need for a relationship based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.

Indicator 14	target	baseline	current		data source
Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)	improve from base-line	67%		57%	Health & Social Care

analysis

Data updated quarterly in PRMS. 57.4% represents a decrease from the baseline but an increase compared to recent quarters. There has been a small increase in this indicator although it remains down from baseline. Recent developments within School Nursing and Transforming roles has allowed a greater health resource for Children and Young People in Residential Childcare. Developing relationships, taking time to explore barriers and supporting attendance at health appointments should support an increased uptake of immunisations. The centralisation of immunisation services with more open clinics may have a positive impact on the immunisation uptake for CYP in residential child care.

Indicator 15	target	baseline	current		data source
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%		89%	Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for SLT over the last year, including an increase in need/number of request and the decrease in availability of staff with long term sick leave, phased returns, secondments without backfill, a career break and maternity leave and the loss of ASN therapy partner support. There is consistently a difficulty in recruitment to paediatric SLT as a result of a national shortage. These factors have a direct impact on the length of waits for SLT assessment and intervention. It is clear from caseload evaluation that there is increasing complexity of requests for SLT post pandemic creating a widening gap between new requests and discharges. It is also clear that the SLT capacity is significantly impacted by the increased need to support early assessment into neurodiversity. The central SLT team has supported the building of capacity of a core NDAS team for Highland through the diversion of resource for this specific activity. A mitigation plan is in place which include pre-request conversations, whole setting approaches, NDAS Early Conclusion assessment work, online and face to face parent groups for the early intervention around complex cases. An extensive team action plan has been put in place with a number of potential routes to address waiting times Risks centre on supporting developmental outcomes, particularly for infants and non-verbal children and on the health and wellbeing of the workforce. With the mitigations it is hoped that by end of 2023, overall service waits will be reduced to 75% being seen within 18 weeks.

Indicator 16	target	baseline	current		data source
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	88%		66%	Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for OT over the last year, including an increase in need/number of request, limited resilience due to staff sickness/availability of staffing within the small paediatric OT service in Highland, increase in the urgent area of work, hospital discharges from out of authority and acute complex cases in more rural areas and increased surgeries for CYP post covid. A particular pressure has arisen since 2020 since the removal of a number significant portion of ASN support in schools. A mitigation plan is in place which includes: A Central approach to managing waiting times for cross team overview and prioritisation, revisiting geographical boundaries to enable longer waits to be actioned, consideration of alternative ways of interventions (telephone, telehealth, face to face), pre request discussions are being carried out and increasing to manage where possible advice / support and intervention and building capacity through reduction of time on Just Ask helpline. Clinic-based services have been tried with limited success as many CYP need school / home visits as well. Some aspects of the service have been redesigned to ensure upfront intervention and support and reduce the need for Requests in some areas (e.g. Sensory , Post diagnostic support). Further data cleansing is planned to ensure figures are correct. OT have recently redesigned some aspects of their service to ensure upfront intervention and support, aiming to reduce the need for Requests in some areas. A steady staffing flow over the coming months is required to begin to improve the 18 week RTT target.

Indicator 17	target	baseline	current		data source
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	88%		66%	Health & Social Care

analysis

Paediatric dietetics consists, in the main of a small specialist team. The increase in waiting times has been a direct result of an increase in need/referrals (from 71 requests in 2022 to 86 per month in 2023) to the service and a decrease in staffing availability, with an average of 28% reduction across dieticians and support staff as a result of long term sickness, carers leave etc. A review of the service was undertaken in 2022 with mitigating action plan which included further prioritisation. This includes a greater focus on early prevention and intervention and working with schools and families, addressing emerging issues at an earlier stage working and through the implementation of new focussed pathways around particular areas of increased need. (eg: selective eating). The plan also is driving forward change to the approach addressing infant allergy which aims to provide early support for parents of infants with feeding difficulties and a reduction in the misdiagnosis of cow's milk protein allergy as well as contributing to service development for the increased number of CYP who have diabetes including supporting access to technology for more vulnerable CYPs, to support self management A period of full staffing may be possible in coming months, and this should improve waiting times to within target by the autumn as long as demand does not continue to significantly increase. The mitigation plan will be adapted according to presenting need with risks escalated as necessary.

Indicator 18	target	baseline	current		data source
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%			46%	Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for SLT over the last year, including an increase in need/number of request and the decrease in availability of staff with long term sick leave, phased returns, secondments without backfill, a career break and maternity leave and the loss of ASN therapy partner support. There is consistently a difficulty in recruitment to paediatric SLT as a result of a national shortage. These factors have a direct impact on the length of waits for SLT assessment and intervention. It is clear from caseload evaluation that there is increasing complexity of requests for SLT post pandemic creating a widening gap between new requests and discharges. It is also clear that the SLT capacity is significantly impacted by the increased need to support early assessment into neurodiversity. The central SLT team has supported the building of capacity of a core NDAS team for Highland through the diversion of resource for this specific activity. A mitigation plan is in place which include pre-request conversations, whole setting approaches, NDAS Early Conclusion assessment work, online and face to face parent groups for the early intervention around complex cases. An extensive team action plan has been put in place with a number of potential routes to address waiting times Risks centre on supporting developmental outcomes, particularly for infants and non-verbal children and on the health and wellbeing of the workforce. With the mitigations it is hoped that by end of 2023, overall service waits will be reduced to 75% being seen within 18 weeks.

Indicator 19	target	baseline	current	data source
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	80%	56%	Health & Social Care

analysis

The AHP teams collectively have had an increase in the numbers of requests for assistance being made in the post covid period. This is beginning to settle for Occupational Therapy (OT) but continued to increase over the past year for Speech and Language Therapy (SLT), Dietetics and Physiotherapy. Numbers of children/young people (CYP) waiting has increased for all services over the past year with only Physiotherapy being within the 18 weeks target in the last few months. This is mainly due to difficulties with staffing. Vacant posts can be difficult to fill quickly and there is often no cover for staff who are on long term leave. Staffing has fluctuated for all teams, however staff availability (as a result of absence/maternity leave etc) is a broad theme across all teams creating a lack of resilience. Systems changes, including the loss of ASN support in schools working alongside AHP disciplines as "therapy partners" has had a direct impact on capacity with all AHP teams

Indicator 20	target	baseline	current	data source
The health needs of children are considered within risk identification and safety planning through specialist child health protection advisors	100%	100%		Health & Social Care

analysis

Indicator 21	target	baseline	current	data source
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	90%	24%	24%	Health & Social Care

analysis

Indicator 22	target	baseline	current	data source
Percentage of referrals that lead to recruitment to the Family Nurse Partnership programme	85%	65%	85%	Health & Social Care

analysis

The Family Nurse Partnership provides intensive family support to new and first time parents under the age of 20. (under the age of 15 if care experienced) The programme is voluntary and reliant on referrals from midwives. This is a national programme, with rigorous fidelity regulations, scrutiny and reporting. Highland are working with the Scottish Government Programme Team to consider the provision in remote and rural areas. This has historically proved problematic as a result of recruitment difficulties.

Indicator 23	target	baseline	current		data source
Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	improve from baseline	59%		100%	Health & Social Care

analysis

IRDs are the interagency tripartite (health, social work and police Scotland) discussions which form part of the risk assessment and planning for children at risk of harm. Child Protection Advisors, are accountable for co-ordinating, representing and analysing all information from across the health systems as part of the IRD process. There has been a 48% increase in the Interagency Referral
Discussions (IRDs) between 20/21 and 22/23. This created significant pressure to the service including risks to the delivery of stat/man Child Protection training across the partnership and for providing supervision to staff to universal and targeted health services. An action plan was implemented to ensure the tripartite process was secured. These actions included upskilling from the general workforce to be trained in being the agency decision maker at IRD. Notwithstanding this, the service, and ability to retain the national tripartite approach to child protection risk management, continues to be at risk. The risk is likely to increase in the incoming months as a result of implementation of the new Child Protection Guidance and an increase in the number of IRDs

Indicator 24	target	baseline	current		data source
The number of children reporting that they feel safe in their community increases	improve from baseline	85%		88%	Education & Learning

analysis

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils. Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Large improvement in the value for the most recent survey, with an increase from 55.41% in 2019 and 58.98% in 2017.

Indicator 25	target	baseline	current		data source
Self-reported incidence of smoking will decrease	improve from basline	13%		3%	

analysis

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.

Indicator 26	target	baseline	current		data source
The number of children who report that they drink alcohol at least once per week	improve from basline	20%		6%	Education & Learning

analysis

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 5.56% (P7: 0.43%, S2: 1.37% and S4: 14.90%) is a decrease from 8.79% in 2019. This downward trend has been seen for a number of years.

Indicator 27	target	baseline	current		data source
The number of children in P7 who report that they use drugs at least once a week	improve from basline	1.8%		0.26%	Education & Learning
analysis					
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.					

Indicator 28	target	baseline	current		data source
The number of children in S2 who report that they use drugs at least once a week	improve from basline	5.3%		0.65%	Education & Learning
analysis					
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools. There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.					

Indicator 29	target	baseline	current	data source
The number of children in S4 who report that they use drugs at least once a week	improve from basline	19.2%		Education & Learning
analysis				
“Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.”				

Indicator 30	target	baseline	current		data source
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%			Education & Learning
analysis					

Indicator 31	target	baseline	current		data source
The number of offence based referrals to SCRA reduces	improve from base-line	528		314	Education & Learning
analysis					

Indicator 32	target	baseline	current		data source
The reduction in number of multiple exclusions is maintained	36	55			Education & Learning
analysis					

Indicator 33	target	baseline	current		data source
The number of children entering P1 who demonstrate anability to develop positive relationships increases	improve from basline	91%			Education & Learning
analysis					

Indicator 34	target	baseline	current		data source
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	9	12		9.4	Health & Social Care
analysis					
This data is reported quarterly on PRMS under the title “Average months between child accommodated to permanence decision at CPM Qtr”. The latest update was for Q4 21/22 and the baseline was established in 2016.					

Indicator 35	target	baseline	current		data source
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	15	55		21	Health & Social Care
analysis					

Indicator 36	target	baseline	current		data source
The number of care experienced children or young people in secure care will decrease	3	8		3	Health & Social Care
analysis					
This data is collected monthly. The baseline was established in 2021.					

Indicator 37	target	baseline	current		data source
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the number of children being placed out with Highland through the Home to Highland programme	50%	10%		38%	Health & Social Care
analysis					
This data is collected monthly. The baseline was established in 2018.					

Indicator 38	target	baseline	current		data source
All children returning “Home to Highland” will have a bespoke education/positive destination plan in place	100%	22%		15%	Health & Social Care
analysis					
This data is collected annually. The baseline was established in academic year 2018/19					

Indicator 39	target	baseline	current	data source
Number of children subject to initial and pre-birth child protection case conferences		26	38	HSCCP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

Indicator 40	target	baseline	current	data source
Number of initial and pre-birth child protection case conferences		19	51	HSCCP minimum dataset

analysis

Indicator 41	target	baseline	current	data source
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	95%	78%	87%	HSCCP minimum dataset

analysis

Indicator 42	target	baseline	current	data source
Number of children on the child protection register as at end of reporting period		112	96	HSCCP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.There has been an overall reduction in the number of children registered on the CP Register, however there has been a noticable increase in the last quarter. This is due to a lower number of de-registrations in the period.

Indicator 43	target	baseline	current	data source
Number of children de-registered from the child protection register in period	35	34	23	HSCCP minimum dataset

analysis

“This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.Q3 2022/23 has seen the greatest variation in the number of registrations and de-registrations for some time– with 10 more registrations. This is the largest variance since Q3 2020/21. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly”

Indicator 44	target	baseline	current	data source
Number of children de-registered from the child protection register in period	35	34	23	HSCCP minimum dataset

analysis

“This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.Q3 2022/23 has seen the greatest variation in the number of registrations and de-registrations for some time– with 10 more registrations. This is the largest variance since Q3 2020/21. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly”

Indicator 45	target	baseline	current		data source
Number of children and young people referred to The Children's Reporter		213		317	HSCCP minimum dataset
analysis					
The data is collected quarterly and reported in the child protection minimum dataset. Latest data from Q3 2022/23. There tended to be little variation in the figures uintil last quarter where the number of children referred on non offense grounds increased significantly and remained at this high level. In particular, there have been sharp rises in the reason for referral being "Child's conduct harmful to self or others" rising from 49 in Q1 2022/23 to 94 in Q2 and 103 in Q3. "Lack of parental care" also rose from 93 in Q1 23022/23 to 125 in Q2 and 180 in Q3. The current figure is much higher than the baseline figure.					

Indicator 46	target	baseline	current		data source
Number of children and young people referred to the Reporter to The Children's Panel.	reduction from base-line	8		1	HSCCP minimum dataset
analysis					
The data is collected quarterly and reported in the child protection minimum dataset. Latest data from Q3 2022/23					

Indicator 47	target	baseline	current		data source
The number of non - offence referrals taken to a hearing by the Reporter	reduction from base-line	218		417	HSC SCRA quarterly
analysis					
Data reported quarterly from SCRA, last update Q3 22-23 (April 2023) There has been a sharp and significant increase in recent updates of the total number of non-offence referrals.					

Indicator 48	target	baseline	current		data source
Number of Children's Hearings held		263		202	HSC SCRA quarterly
analysis					

Indicator 49	target	baseline	current		data source
Number of Pre-Hearing Panels held		4		20	HSC SCRA quarterly
analysis					

Indicator 50	target	baseline	current		data source
Number of children with a Compulsory Supervision Order in place at the quarter end		54		62	HSC SCRA quarterly
analysis					
Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). There has been some variation quarter-to-quarter in the number of children with a CSO in place. The current figure of 61 is higher than recent quarters.					

Indicator 51	target	baseline	current		data source
Number of looked after children and young people at home with parents	increase from base-line	112		82	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. The number of LAC and young people at home with parents has dropped from 114in 2021 to a provisional figure of 82 in the 2022 submission. This is in part explained by the overall trend in number of looked after children in Highland (-28% decrease at home v -17% decrease overall).

Indicator 52	target	baseline	current		data source
Number of looked after children and young people with friends and families	increase from base-line	100		79	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. The number of looked after children and young people with friends and family has decreased in a similar manner to that at home with parents from 117 (-32% decrease with friends and family v -17% overall LAC).

Indicator 53	target	baseline	current		data source
Number of looked after children and young people with foster parents provided by the Local Authority	increase from base-line	121		172	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with foster parents provided by local authority has increased from 156 to a provisional figure of 172. This explains themovement in indicators #50 & #51 above; while the overall number of LAC decreased by -17%, LAC with foster parents provided by the local authority has increased by 10% in the year

Indicator 54	target	baseline	current		data source
Number of looked after children with prospective adopters	increase from base-line	12		16	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with prospective adopters has decreased in the year from 22 to 16. This decrease is in line with the decreases seen above (-28%). It is, however, above the baseline figure.

Indicator 55	target	baseline	current		data source
Number of looked after children and young people within a Local Authority provided house	reducefrom baseline	81		65	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. While the number of looked after children within a local authority provided house has decreased from 70 in 2021 to a provisional figure of 65, this represents a greater %age of overall LAC. The number of LAC has reduced by -17% but those LAC within a local authority provided house has only decreased 7%.

Indicator 56	target	baseline	current		data source
Number of looked after children accommodated outwith Highland will decrease	30	44		17	Health & Social Care

analysis

This data is reported quarterly on PRMS, with the baseline being established in 2016. The last update was in April 2023. The indicator on PRMS is titled: The average no. of LAC accommodated outwith Highland - Quarterly. The current value of 17 is a continued decrease since Q3 22/23, and represents the lowest value since the baseline was established.

Indicator 57	target	baseline	current		data source
The percentage of children needing to live away from the family home but supported in kinship care will increase	20%	19%		18%	Health & Social Care

analysis

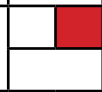
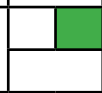
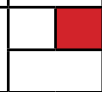
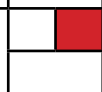
This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023. There has been a slight decrease in the monthly figure for the last three months, with the current figure sitting below both the target and baseline figure

Indicator 58	target	baseline	current		data source
The number of children where permanence is achieved via a Residence order increases	82	72		120	Health & Social Care

analysis

This data is reported monthly on PRMS, with the baseline being established in 2016.The last update was in April 2023.There has been an overall steady increase in the value in recent months, and a significant increase in both the target and baseline figure.

National Outcomes	National Standard	National Integration Indicators	Target 2023-2024	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2023
1	NA	1. Percentage of adults able to look after their health very well or quite well	NA	Biennial	2017 2018	94.0%	2019 2020	94.0%	2021 2022	92.4%	2023 2024	93.0%		90.7%
2	NA	2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	NA	Biennial	2017 2018	86.4%	2019 2020	83.2%	2021 2022	86.5%	2023 2024	71.9%		72.4%
2 & 3	NA	3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	NA	Biennial	2017 2018	79.2%	2019 2020	75.4%	2021 2022	72.1%	2023 2024	60.5%		59.6%
3 & 9	NA	4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	NA	Biennial	2017 2018	73.6%	2019 2020	69.1%	2021 2022	71.9%	2023 2024	65.9%		61.4%
3	NA	5. Percentage of adults receiving any care or support who rated it as excellent or good	NA	Biennial	2017 2018	83.0%	2019 2020	79.2%	2021 2022	83.0%	2023 2024	75.7%		70.0%
3	NA	6. Percentage of people with positive experience of the care provided by their GP practice	NA	Biennial	2017 2018	87.0%	2019 2020	85.1%	2021 2022	77.2%	2023 2024	80.4%		68.5%
4	NA	7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaing their quality of life	NA	Biennial	2017 2018	85.7%	2019 2020	78.0%	2021 2022	84.3%	2023 2024	73.6%		69.8%
6	NA	8. Percentage of carers who feel supported to continue in their caring role	NA	Biennial	2017 2018	37.5%	2019 2020	33.3%	2021 2022	28.7%	2023 2024	32.0%		31.2%
7	NA	9. Percentage of adults supported at home who agreed they felt safe	NA	Biennial	2017 2018	83.7%	2019 2020	82.2%	2021 2022	86.0%	2023 2024	78.2%		72.7%
1& 5	NA	11. Premature mortality rate for people under 75 (per 100,000 population)	NA	Year Ending	2020 2021	397	2021 2022	407	2022 2023	400	2023 2024			Not yet published
1, 2, 4, 5 & 7	NA	12. Emergency admission rate for adults (per 100,000 population)	NA	Year Ending	2020 2021	9844	2021 2022	9856	2022 2023	9493	2023 2024	8333		
2, 4, & 7	NA	13. Emergency bed day rate for adults (per 100,000 population)	NA	Year Ending	2020 2021	100201	2021 2022	110635	2022 2023	116528	2023 2024	55934		PHS discovery Apr 23- Mar 24
2, 3, 7 & 9	NA	14. Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges)	NA	Year Ending	2020 2021	118	2021 2022	114	2022 2023	115	2023 2024	126		

National Outcomes	National Standard	National Integration Indicators	Target 2023-2024	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2023
2, 3 & 9	NA	15. Proportion of last 6 months of life spent at home or in a community setting	NA	Year Ending	2020 2021	91.2%	2021 2022	90.7%	2022 2023	89.7%	2023 2024			Not yet published
2, 4, 7 & 9	NA	16. Falls rate per 1,000 population aged 65+	NA	Year Ending	2020 2021	15.0%	2021 2022	14.2%	2022 2023	14.3%	2023 2024	19.4%		22.2%
3, 4, & 7	NA	17. Percentage of care services graded "good" (4) or better in Care Inspectorate inspections	NA	Year Ending	2020 2021	84.2%	2021 2022	80.3%	2022 2023	83.0%	2023 2024	84.8%		75.2%
2	NA	18. Percentage of adults with long term care needs receiving care at home	NA	Year Ending	2020 2021	53.7%	2021 2022	56.8%	2022 2023	57.1%	2023 2024	54.8%		63.5%
2, 3, 4 & 9	NA	19. No. of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	NA	Year Ending	2020 2021	817	2021 2022	1019	2022 2023	1249	2023 2024	2876		919
2, 4, 7 & 9	NA	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA	Year Ending	2017 2018	21.3%	2018 2019	22.6%	2019 2020	23.0%	NI. 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. PHS have recommended that integration authorities do not report information with their APR beyond 2019/20. Due to changes in service delivery during COVID-19 pandemic, NHS Boards were not able to provide information at this level for financiall year 2020/21. As a result, PHS are not able to produce cost information for that year.			
8	NA	**10. Percentage of staff who recommend their workplace as good	NA								Under development by PHS			
2	NA	**21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home (under development)	NA											
2, 3 & 9	NA	**22. Percentage of people who are discharged from hospital within 72 hours of being ready (under development)	NA											
2, 3 & 9	NA	**23. Expenditure on end of life care (under development)	NA											

Minesterial Strategic indicators

MSG No.	Standard/ indicator	target 2021-2022	reporting periods				NHS Highland	comment
			2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	
MSG 1	Number of emergency admissions - North Highland		23 008	19 812	20 852	20 843	20 534	12 month total
MSG 2a	Unplanned bed days - acute		184 712	159 070	183 542	200 660	178 194	12 month total
MSG2c	Unplanned bed days - mental health		38 554	31 934	29 327	27 267	29 324	12 month total
MSG3	ED attendances		40 451	31 598	38 185	40 804	42 170	12 month total
MSG4a	Delayed discharges, bed days all reasons		42 611	28 223	34 673	44 897	64 269	12 month total
MSG4c	Delayed discharges, bed days H&SC reasons		31 830	19 819	24 482	31 998	43 684	12 month total
MSG5	End of life care, percentage of last 6 months in community		89.1%	91.2%	90.7%	89.8%		Scotland 89.1% (latest 22-23 provisional)
MSG5	End of life, percentage of last six months in hospital/ hospice		10.8%	8.8%	9.4%	10.2%		Scotland 10.9% (latest 22-23 provisional)
MSG6	Balance of care, percentage of population in community settings		93.1%	93.1%	93.4%	93.5%		(latest 22-23 provisional)

Together We Care Strategic Outcomes

strategic objective/ outcome	priority	measure	national outcome	reporting period	reporting periods					comments
					03-2020	03-2021	03-2022	03-2023	03- 2024	
SO 3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home unmet need No of clients assessed and awaiting a service (waiting list includes DHD patients)		year end	155	163	241	329	371	number of clients per week, as at year end position, assessed for care at home and awaiting a package of care
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home unmet Need No. of hours required - assessed and awaiting a service (includes DHD patients)		year end	593	911	1 455	2 659	2 660	number of scheduled hours per week required, including new clients and those already in receipt of a service requiring additional hours
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home - current clients in receipt of a service		year end	1 871	2 020	1 895	1 770	1 776	number of clients per week in receipt of a care at home package, including internal and external provision as at year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home - hours per week (current clients in receipt of a service)		year end	14 440	15 921	14 905	13 333	13 428	number of hours per week, including internal and external provision as at year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home new clients in receipt of a service		year end	1 042	1 294	1 091	1 076	1 153	all clients (internal and external provision) recorded as “new” or “short service” during year
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home closed clients		year end	1 100	1 092	1 190	1 173	1 090	all clients (internal and external provision) recorded as “new” or “short service” during year
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care Homes - long-stay residential & nursing placements (current)		year end		1 723	1 758	1 747	1 693	number of residental placements as at March year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care Homes - long-stay residential & nursing placements (new)		annual			743	707	592	all residents (internal and external provision) recorded as “admission” or “short placement” during year

strategic objective/ outcome	priority	measure	national outcome	reporting period	reporting periods					comments
					03-2020	03-2021	03-2022	03-2023	03- 2024	
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care Homes - long-stay residential & nursing placements (closed)		annual			739	740	640	all residents (internal and external provision) recorded as “admission” or “short placement” during year
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Carer Breaks - Number of people who were approved funding		annual			381	536	533	Scheme commenced September 2021
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Carer Breaks - Total funding approved		annual			£999 980	£1 227 547	£1 015 103	Scheme commenced September 2021
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	SDS Option 1 - Current number of clients in receipt of a direct payment		year end	373	403	442	568	680	number of people in receipt of a direct payment as at March year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	SDS Option 2 - Current number of clients in receipt of an ISF		year end	266	241	235	205	256	number of people in receipt of an ISF as at March year end
SO3 Outcome 10 Live Well	10a, 10b 10c	Psychological Therapies - Current number of People on Waiting List within North Highland		year end	1 699	1 469	1 792	1 131	711	part of National Statistics reported as NHS Highland excl A&B, as at March year end
SO3 Outcome 10 Live Well	10a, 10b 10c	Psychological Therapies % of People within North Highland in receipt of treatment within 18 weeks		annual	69.9%	86.6%	88.0%	85.6%	88.5%	National Target 90% of people will receive treatment within 18 weeks, part of National Statistics reported as NHS Highland minus A&B
SO3 Outcome 10 Live Well	10a, 10b 10c	CMHT		year end			1 434	1 485	1 314	Validation excercise is presently underway

strategic objective/ outcome	priority	measure	national outcome	reporting period	267 reporting periods					comments
					03-2020	03-2021	03-2022	03-2023	03- 2024	
SO3 Outcome 10 Live Well	2 (9a,9b,9c)	Adult Protection, number of referrals received	7	annual	525	636	675	740	818	Total number of referrals received within the financial year
SO3 Outcome 10 Live Well	2 (9a,9b,9c)	Adult Protection Percentage of referrals received that progressed to an investigation	7	annual	69.9%	86.6%	88.0%	85.6%	88.5%	
SO3 Outcome 9 Live Well	2 (9a,9b,9c)	Adult Protection, number of investigations	7	annual	127	211	206	183	181	total number of investigations commenced within the financial year
SO3 Outcome 11 Respond Well	3 (11c)	DHD		year end	101	81	112	134	174	Total number of inpatients reported at March month end as being delayed discharges

No.	TWC outcome	description	main service	linked to national and Minesterial outcomes & indcators
11	Respond Well	Ensure that our services are responsive to our population's needs, by adopting a "home is best" approach	urgent & unscheduled care services	National Outcome 1, 2, 3, 4, 5, 7, 9 Ministerial Strategic Indicator 1, 2a, 2c, 3, 4a, 4c
12	Treat Well	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	planned care and support services	National Outcome 2, 3, 4, 7, 9
13	Journey Well	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effec- tive, evidence-based referral, diagnosis, treatment, and personal support	cancer services	National Outcome 2, 3, 4, 7, 9
14	Age Well	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalised care planning at the heart	AHP services / Dementia / Long Term Conditions	National Outcome 2, 4, 7, 9 Ministerial Strategic Indicator 5
15	End Well	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services	National Outcome 1, 2, 3, 4, 5, 9

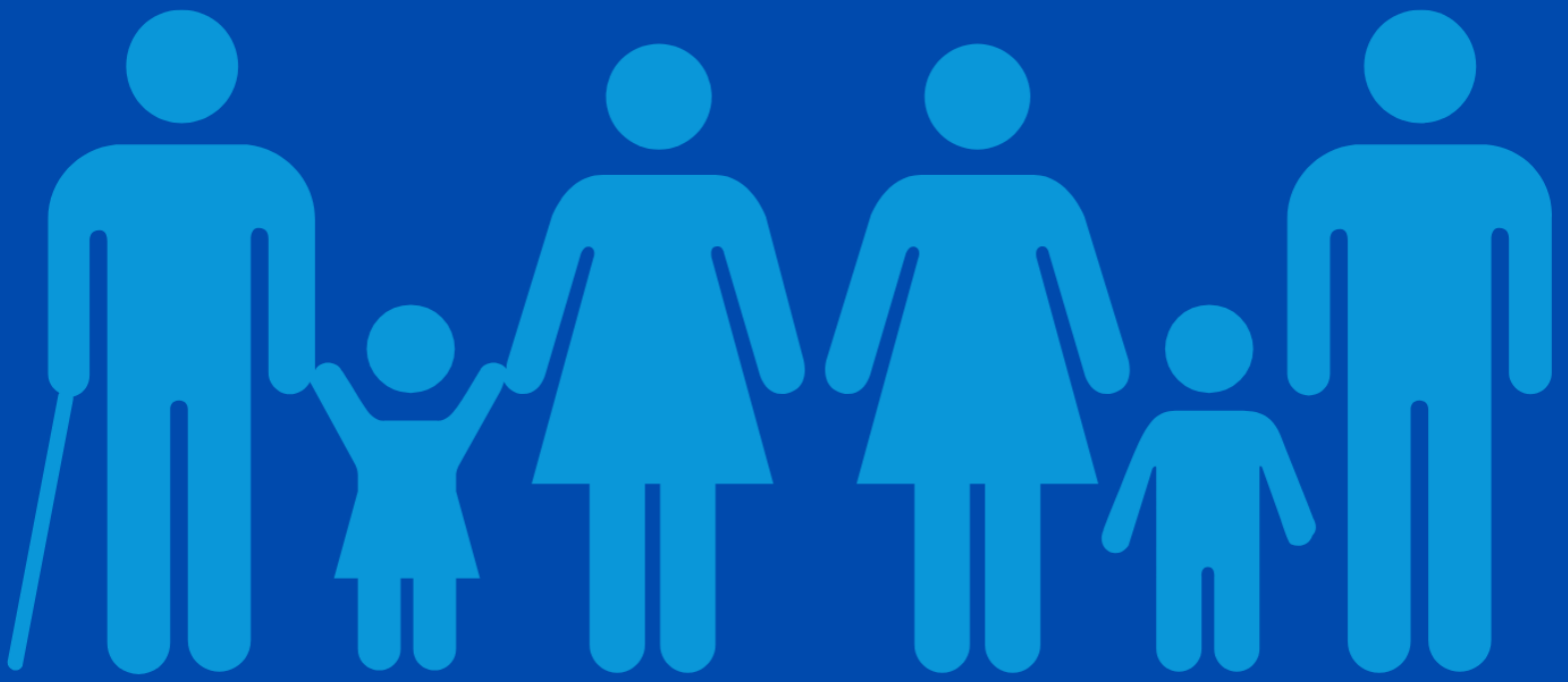
No.	TWC outcome	description	main service	linked to national and Minesterial outcomes & indcators
16	Value Well	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers	National Outcome 6, 8
17	Perform Well	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning	This ambition facilitates delivery of the strategic ambitions
18	Progress Well	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate	This ambition facilitates delivery of the strategic ambitions
19	Enable Well	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National	This ambition facilitates delivery of the strategic ambitions

A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

2023 - 2024

ANNUAL PERFORMANCE REPORT



This document can be made available in a range of formats and languages, for contact details please see the last page of this document.

Contents

Appendices

1. Foreword

We are pleased to publish the Annual Performance Report for the past year, covering 1 April 2023 to 31 March 2024.

This document sets out how the Health and Social Care Partnership (HSCP) has performed and builds on the information published within previous reports to provide an overview on how we have improved, adapted and reshaped services during the reporting period.

The HSCP is a complex organisation bringing together a range of partners, services and substantial financial resources. The partnership is responsible for meeting local and national objectives and it is therefore important that we publicly report on how we are performing against the agreed outcomes that we aspire to.

The Annual Performance Report provides an opportunity to reflect on the past year, another extremely challenging year, yet we were still able to celebrate achievements.

We thank all colleagues and partners for their ongoing efforts to deliver our vision and essential health and social care services for local people and those most in need and hope we can all share in the successes of delivering longer, healthier and independent lives.

Dougie McFadzean
Chair of Argyll & Bute
Integration Joint Board

Evan Beswick
Interim Chief Officer
of Argyll & Bute HSCP

2. Introduction

Welcome to Argyll and Bute's Annual Performance report for the year from 1 April 2023 to 31 March 2024 as required by Public Bodies (Joint Working) (Scotland) Act of 2014.

Successes

- In increasing number of looked after children are placed near their home
- There is an increase in the number of telecare users with a digital device
- There is an increase in the number of Near Me consultations
- There is 100% recruitment of community link workers in the most deprived areas
- A&E attendances are only slightly below the target waiting time of 4 hours
- There is a reduction in overall percentage of clients with high cost care packages
- There is a reduced percentage of people waiting for care at home reviews and reduced unplanned admissions from care homes
- Increasing trend of learning disability clients with Direct Payments (Option One)
- Increased trend of carers being supported
- We have a new Justice Social Work Service Plan

Challenges

- Continuing challenges of recruitment and retention of staff
- The targets for delayed discharges and consequently bed days are not being met, there have been continuing winter pressures
- People are still waiting longer than they should for Allied Health Professional (AHP) outpatient referrals

3. Performance Management and Governance

3.1 Overview

The Integrated Performance Management Framework and associated Performance Dashboard has been collaboratively developed with the Strategic Leadership Team. The format of the IPMF Performance Dashboard covers all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board and recognises the need to ensure that local performance and improvement activity is reported within the new digital dashboard. The dashboard also includes an overview of the Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration measures.

To support the use of the Dashboard, Performance & Information Team analysts have been identified for each of the Heads of Service and Service Leads to support and check performance across the eight key service areas. This bespoke and individual analyst input and support will be available during each quarter going forward and will work to build more robust performance reporting with management commentary.

The IPMF is supported by a fully interactive performance Dashboard which is accessible to all users via the Performance & Improvement Team SharePoint site. The reporting template captures live narrative from Heads of Service and Leads and this is used to better understand key actions to address performance, embed ownership and identify key performance risks. The quarterly performance reporting cycle is supported by individual analyst support for Heads of Service and Leads, this has been successful in developing performance relationships and opening conversation and discussion regarding reporting and development of future performance goals and targets. Alongside this the Performance & Improvement Team have developed an annual review cycle which begins at Quarter 3 each year and will form the basis of an annual review of all the Key Performance Indicators (KPI's), with a view to explore new targets, improved performance and the development of new service KPI's.

The monitoring and reporting of performance using the IPMF ensures the HSCP is able to deliver against key strategic priorities, national data demands and the Strategic Plan objectives and service priorities;

1. Choice, Control and Innovation
2. Early Intervention & Enablement
3. Living Well & Active Citizenship
4. Community Coproduction

3.2 Integrated Performance Management Framework (IPMF)

The data used in this report focusses on two Key Performance Indicators (KPI's) against each of the service areas identified within the IPMF, the data used utilises FQ4 (2022/23) to FQ3 (20223/24) and defines the quarter data using Financial Year as the benchmark. The data used is reflective of the wider integrated performance agenda encapsulated within the IPMF and includes service delivery and performance monitoring from all services.

3.3 Analysis of Key Performance

Overall performance against the 93 KPI has been broadly consistent with FQ1 23/24 reporting 43% on track KPI and F24 23/24 recording a peak of 55% on track

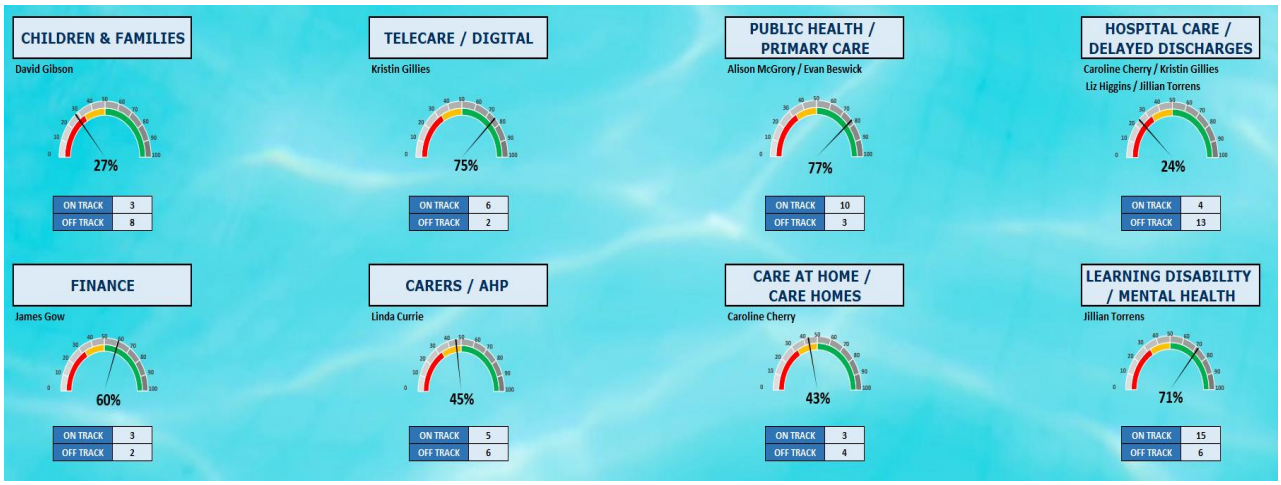
FY Q1 23/24

FY Q2 23/24

FY Q3 23/24

FY Q4 23/24

Latest FQ service performance for FQ3 23/24 identifies performance against the 8 service reporting categories as below:



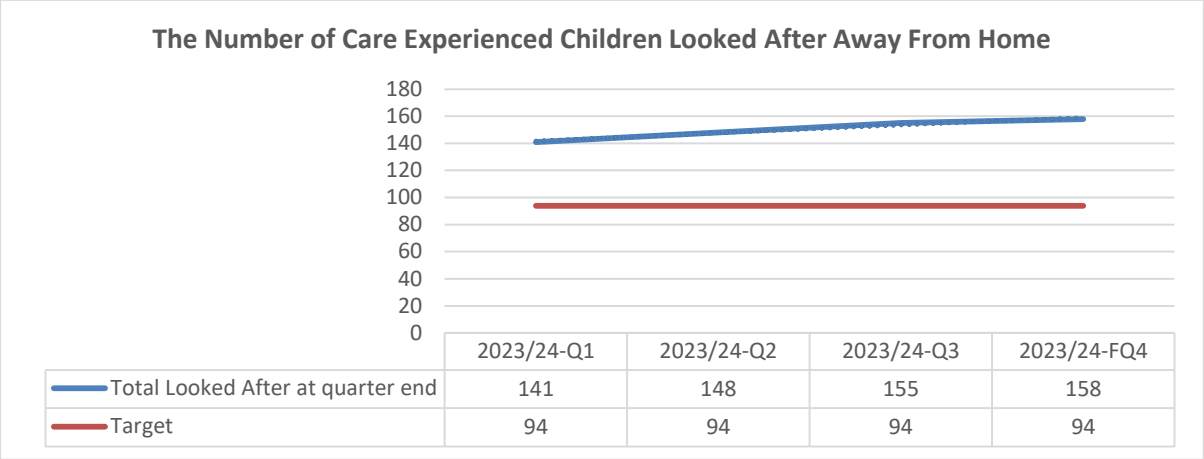
The performance narrative attached to each of the KPI's is used to demonstrate key areas of continued improvement for the HSCP and is supported by an Annual Performance & Improvement Review Cycle, this ensure that all KPI's are revisited yearly and updates and improvement made to ensure performance objectives remain both relevant and supportive.

This analysis identifies performance across the 8 service reporting categories within the Integrated Performance Management Framework (IPMF) and performance commentary is provided by Heads of Service and Service Leads as part of their one-to-one sessions with analysts

3.4 Children and Families

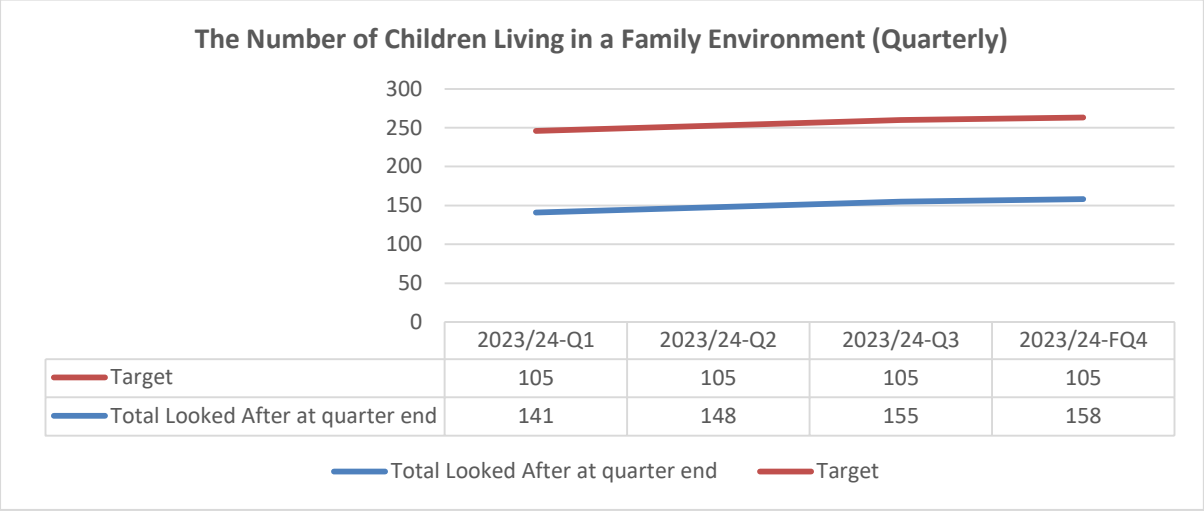
Reduce the proportion of care experienced children who are looked after away from home

Trend analysis across the four quarters for 2023/24 identifies a 11.4 % increase against target comparing FQ1 with FQ4. The overall number of children looked after away for home notes an 50% increase above target baseline at FQ4 which is recovered slightly at FQ1 (40%). It is worth noting that this data continues to be influenced by the high rate of young people coming to the HSCP under the National Transfer Scheme for Unaccompanied Asylum-Seeking Children and this is driving the increased numbers against baseline target.



	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-FQ4
Total Looked After at quarter end	141	148	155	158
Target	94	94	94	94

Increase the proportion of care experienced children (Subject to Compulsory Supervision Order, s25 or Permanence Order) placed at home, or in Kinship or Fostering Care

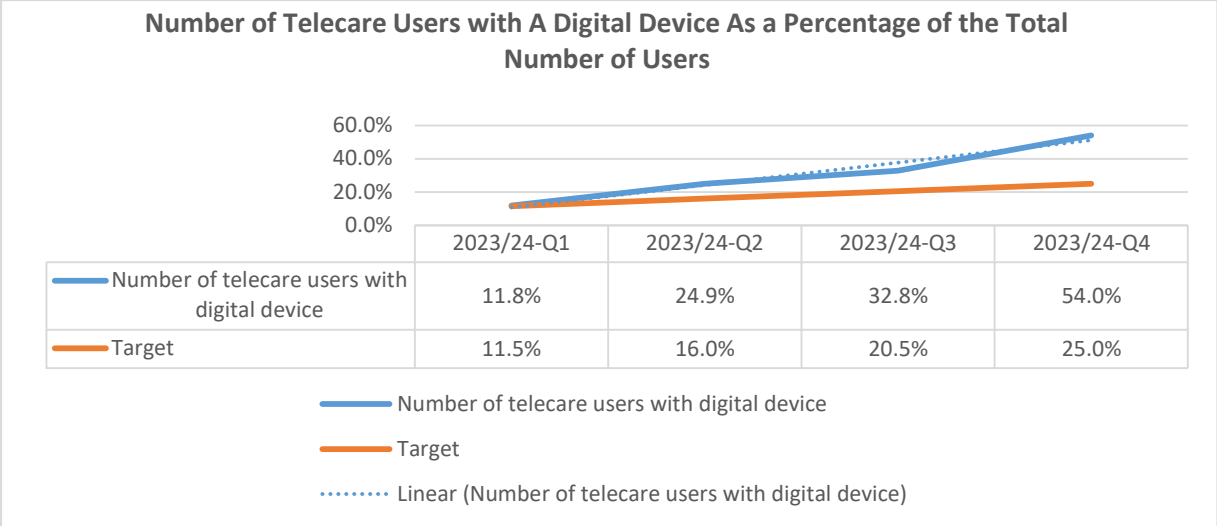


	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-FQ4
Target	105	105	105	105
Total Looked After at quarter end	141	148	155	158

Performance relating to the number of children supported to live in kinship or foster care notes a sustained improving trend against target. Across the four quarters there has been a sustained quarterly increase with an overall increase of 11.4 comparing FQ1 performance against FQ4. Comparing FQ4 performance against target notes an overall 40.3% increase.

3.5 Telecare & Digital

Increase the percentage of Telecare users with a digital device as a percentage of all Telecare users

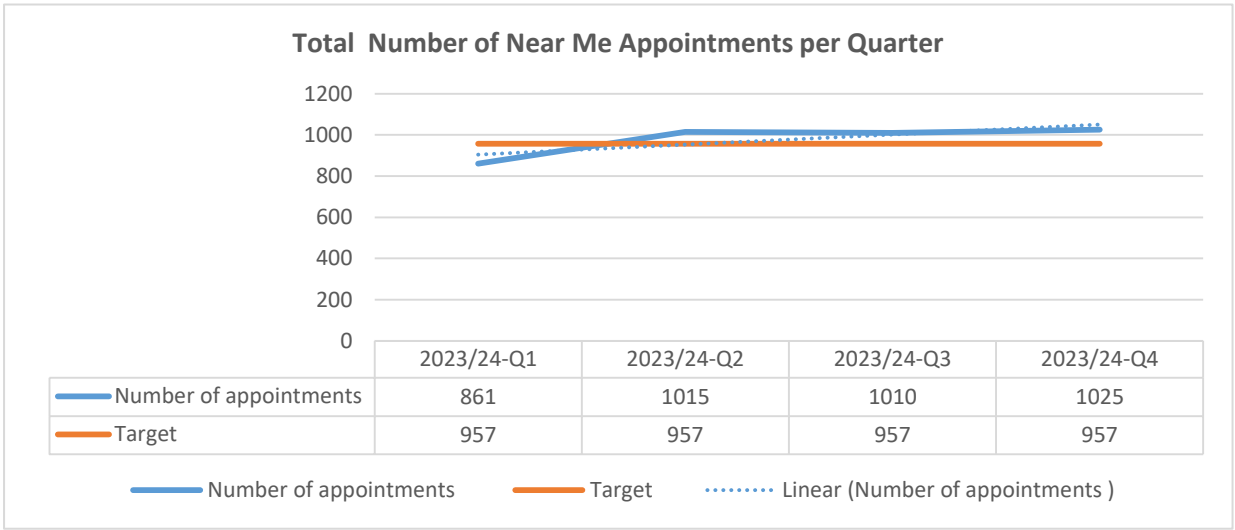


	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
Number of telecare users with digital device	11.8%	24.9%	32.8%	54.0%
Target	11.5%	16.0%	20.5%	25.0%

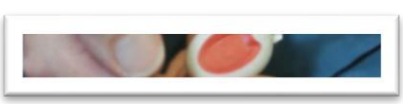
The percentage of Telecare users with a digital device notes a sustained improving trend across the four quarters and against a quarterly increasing target. On average the actual percentage increase across the year to date is 23.2 % this is an increase of 7.2 % against the average target 16%.

Maintain the number of patients being seen by 'Near Me' Clinics

Performance for the four quarters notes a 17.4% increase from FQ1compared with FQ4. Performance against target is recovered from FQ2 onwards with an average across all quarters of 962 against the 957 target. Q4 notes the highest recorded Near Me appointments, this equated to 6.8% above target with a 1.4 % increase when compared with FQ3 (5.4%) performance.

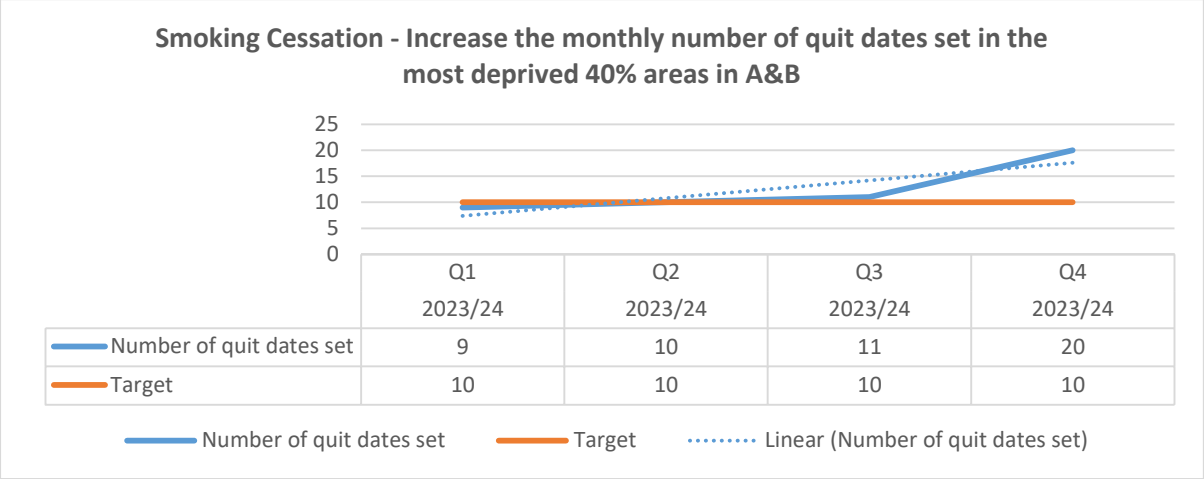


	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
Number of appointments	861	1015	1010	1025
Target	957	957	957	957



3.6 Public Health and Primary Care

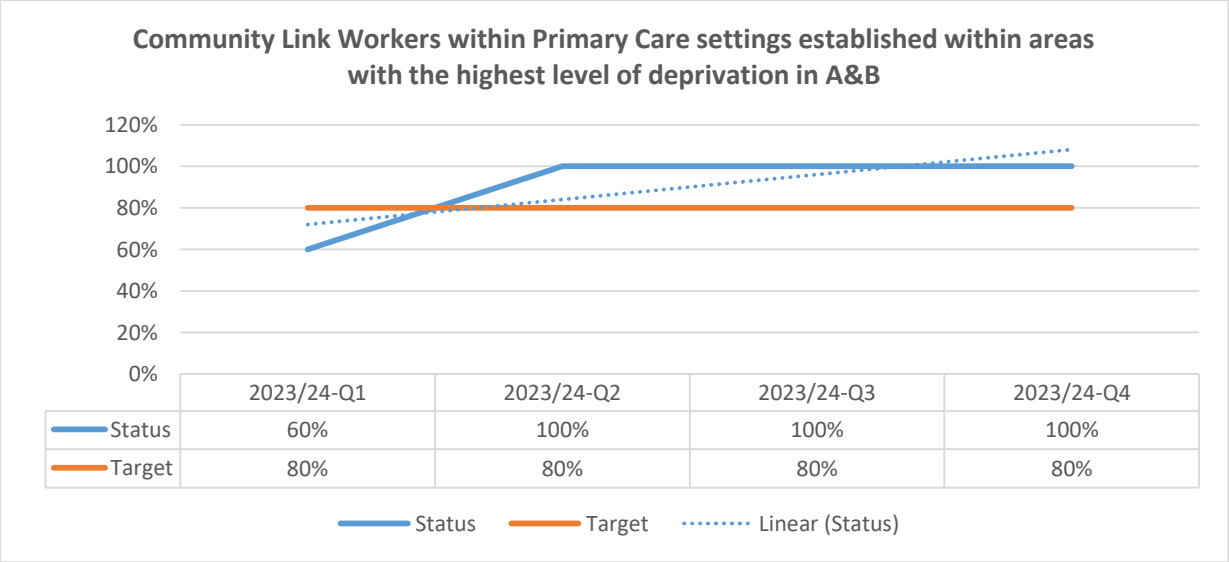
Increase the monthly number of smoking quit dates set in the most deprived 40% areas in A&B



Overall numbers across the four quarters note performance matching the target at FQ2 and then increasing performance for FQ3 & 4 against target. The linear average trend notes 12.5 quit dates set across the four quarters, with target matched at FQ2 and then above target at FQ3 onwards. FQ4 performance notes a 67% increase against target.

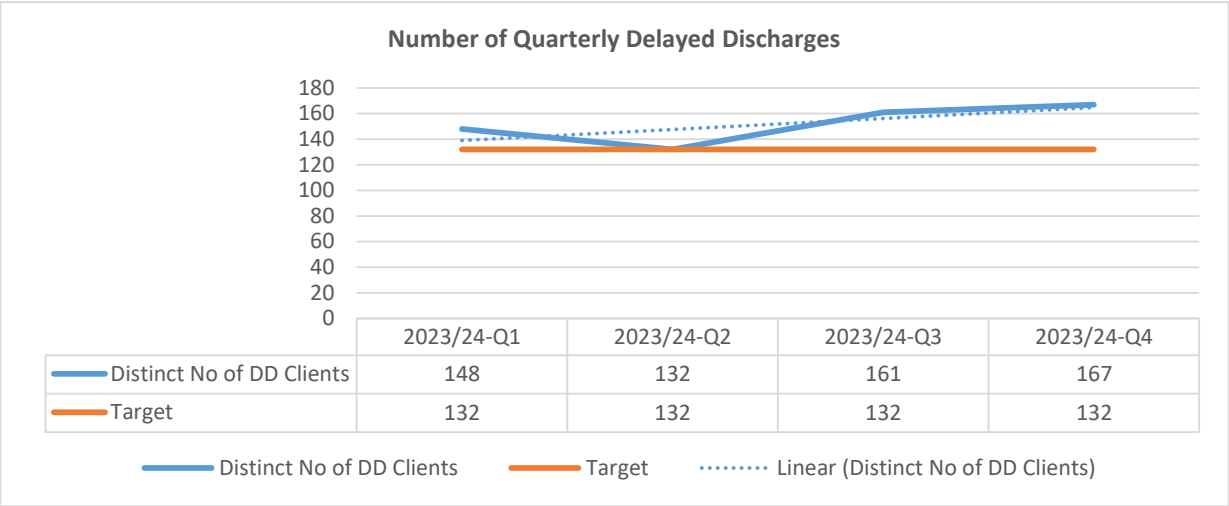
Community Link Workers within Primary Care settings established within areas with the highest level of deprivation in A&B

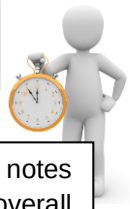
The business case to deliver Community Link workers within the 5 most deprived areas in Argyll and Bute has been a key focus for the HSCP with the overall performance trend noting and improvement across the four quarters. Data for FQ1 notes a reduction of 20% per quarter against target, performance is improved for FQ2, FQ3 and FQ4 with reported 100% of workers in place against the target.



3.7 Hospital Care & Delayed Discharge

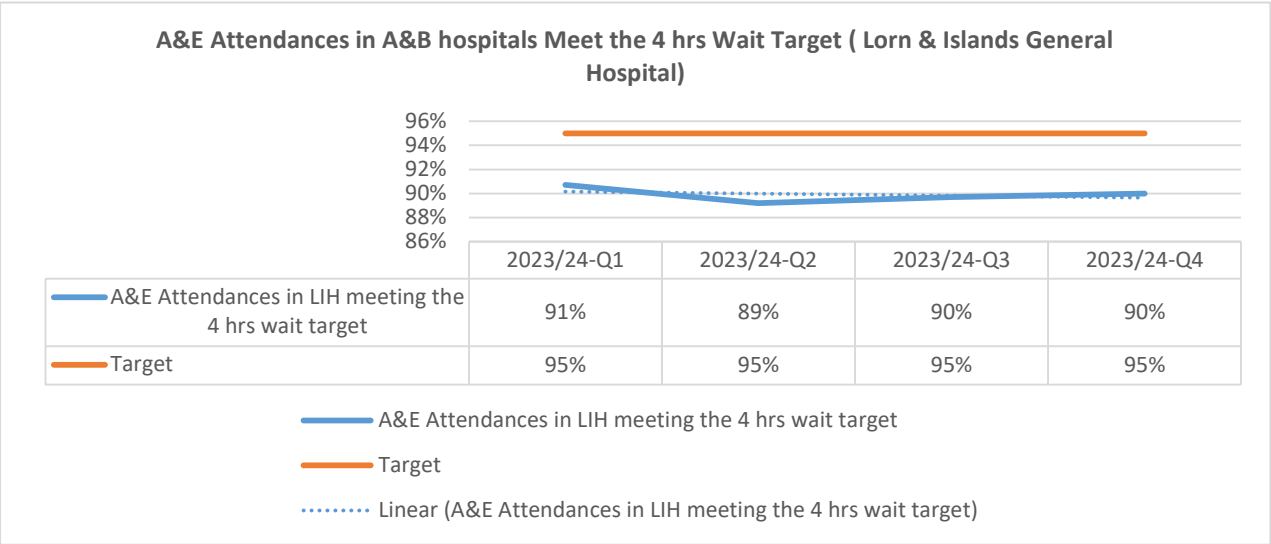
Reduce the number of people delayed in hospital





Data trend notes an overall increase against target in performance across the four quarters, Q2 notes performance on target (132) this is against the other quarters which show above target increases. The overall average number of Delayed Discharges across the four quarters (152) with FQ2 performance achieving target and then increasing by 23% for FQ4. This increase for FQ4 could be attributed in part to the effects of winter whole system pressures across the HSCP and Scotland wide.

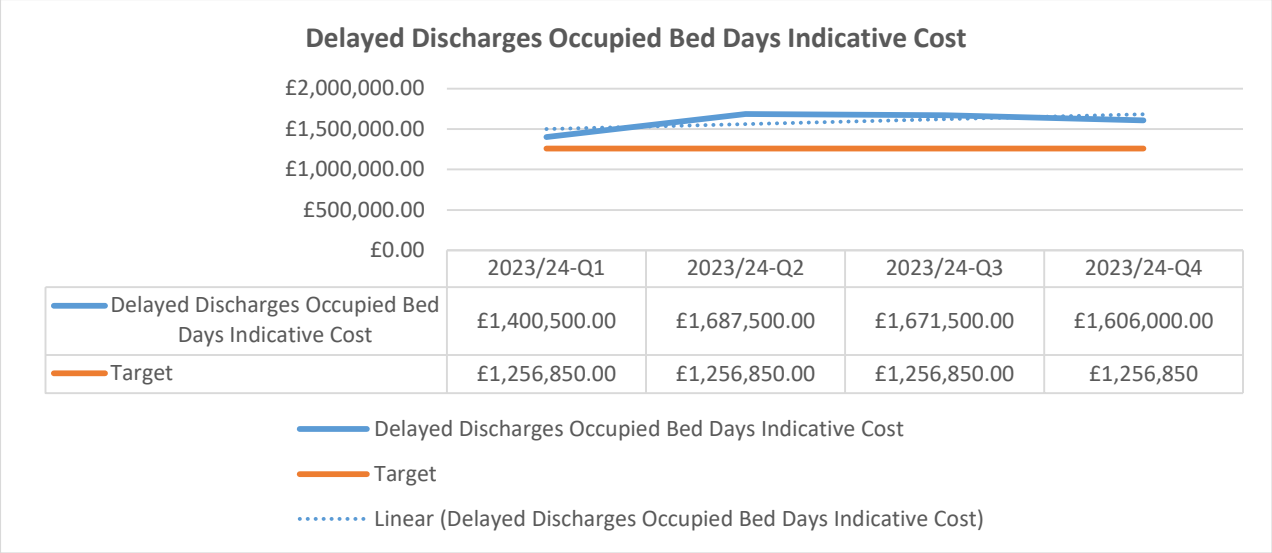
A&E Attendances in A&B hospitals meet the 4 hrs wait target



Hospital attendances are represented as part of the nationally reported A&E activity recorded within the Lorn & Islands General Hospital with regards to waits against the four hour national target. The data notes an average of 90 % across all four quarters, remaining just below the 95% target. The date trend is relatively flat across the year with data for FQ4 remaining 5% below target

3.8 Finance

Reduce the cost of hospital stays as a result of a Delayed Discharge

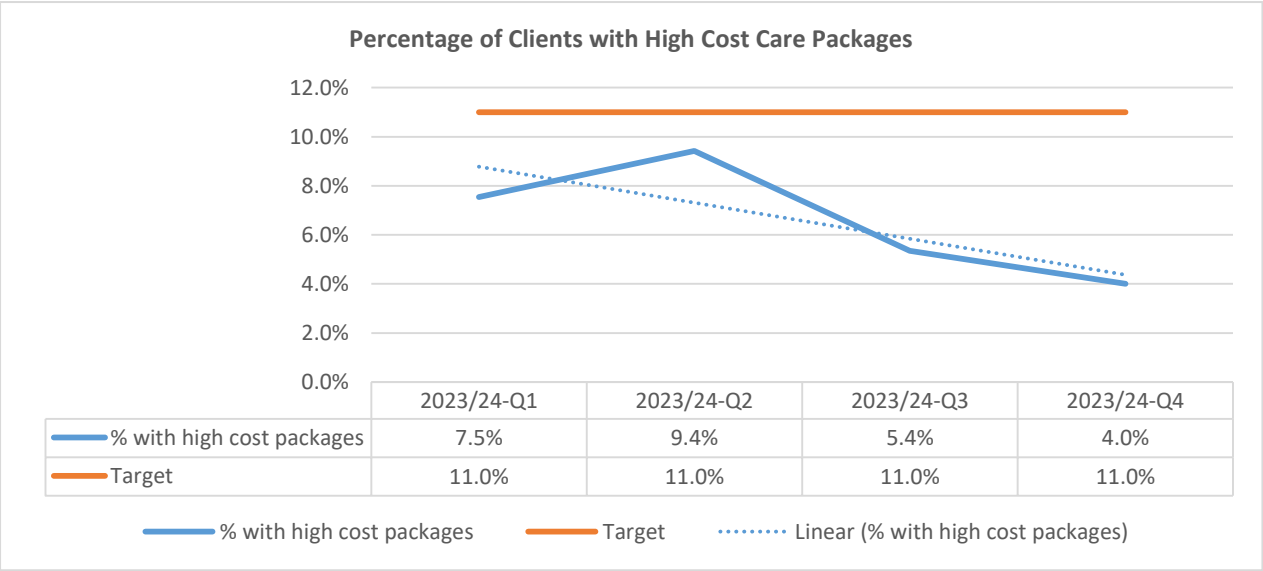


	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
Delayed Discharges Occupied Bed Days Indicative Cost	£1,400,500.00	£1,687,500.00	£1,671,500.00	£1,606,000.00
Target	£1,256,850.00	£1,256,850.00	£1,256,850.00	£1,256,850

Reducing the costs of a hospital stay utilises an indicative cost model which is linked to Delayed Discharge performance across the HSCP. The targets set for this year have not been achieved with a consistent 23% increasing trend comparing the average of the four quarters against target. Performance at FQ4 notes a 24% increase against target, this is compared to 11% above target at FQ1.

Reduce the overall percentage of clients with High Cost Packages of Care

The data for the numbers of clients with High Cost Packages notes a reducing trend against target. The low percentage totals for the data set equates to an average reduction of 6.6%. FQ4 notes a 99.3% reduction against the quarterly target

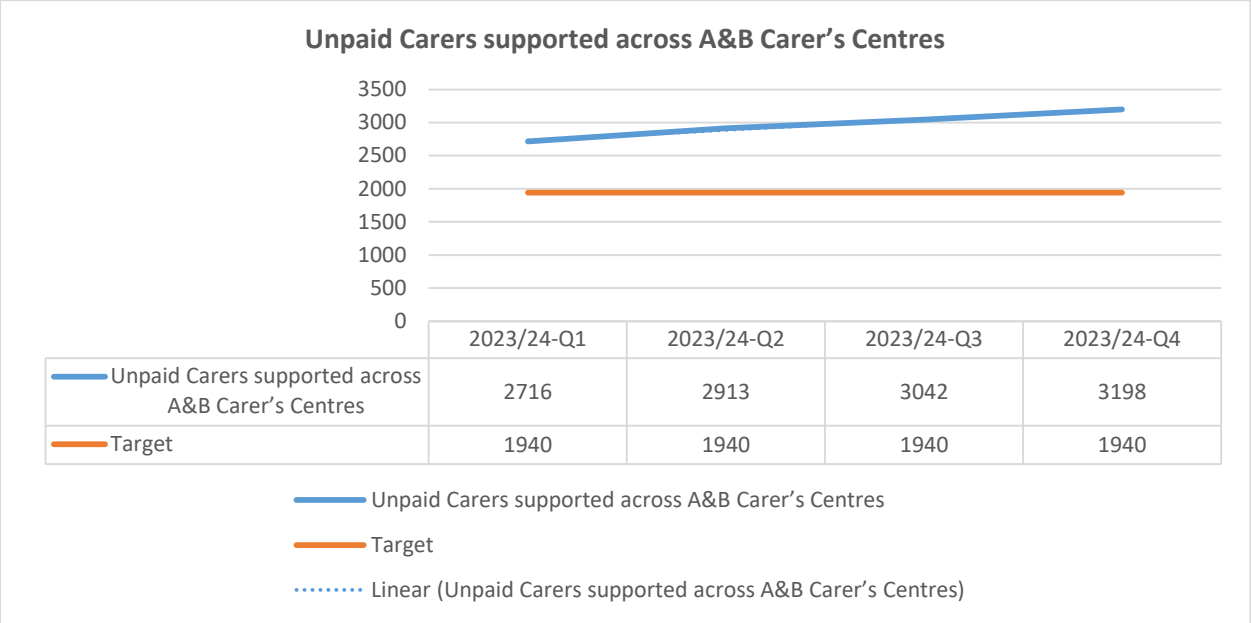


	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
% with high cost packages	7.5%	9.4%	5.4%	4.0%
Target	11.0%	11.0%	11.0%	11.0%

3.9 Carers & Allied Health Professionals

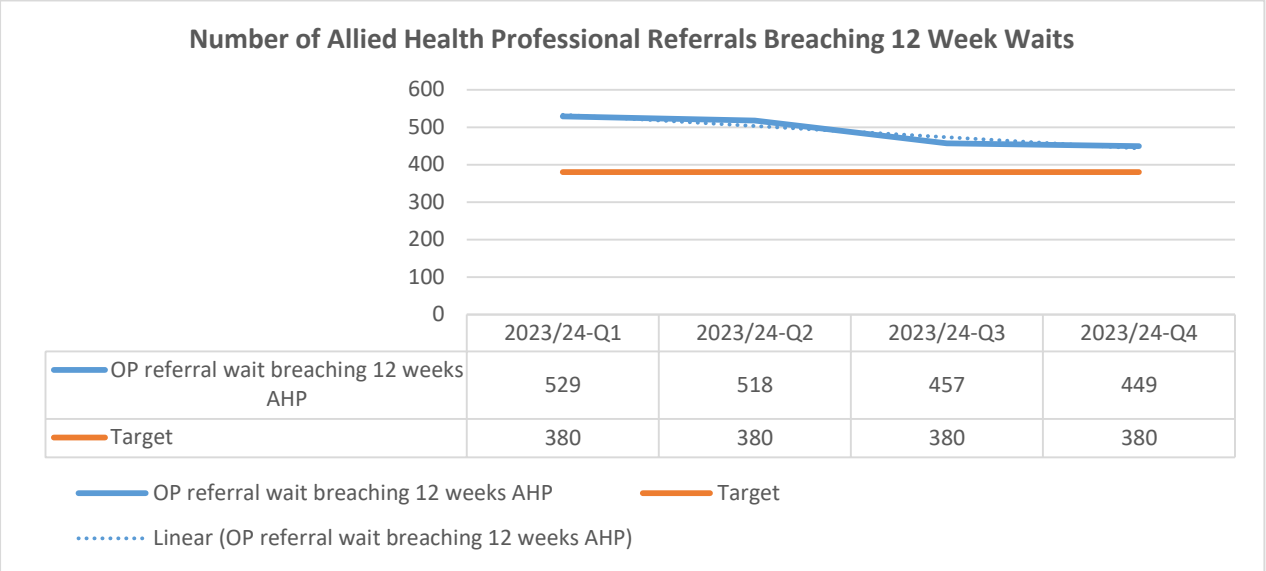
Increase the number of Unpaid Carers supported across A&B Carers Centres

Trend analysis for the number of carers supported across the Carers Centres notes a sustained increasing trend against target with an overall average (2967) carers supported across the year. FQ4 notes a 44% increase above target with (3198) carers supported.



	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
Unpaid Carers supported across A&B Carer's Centres	2716	2913	3042	3198
Target	1940	1940	1940	1940

Reduce New Outpatient Referral waits breaching >12 week waits for AHP services



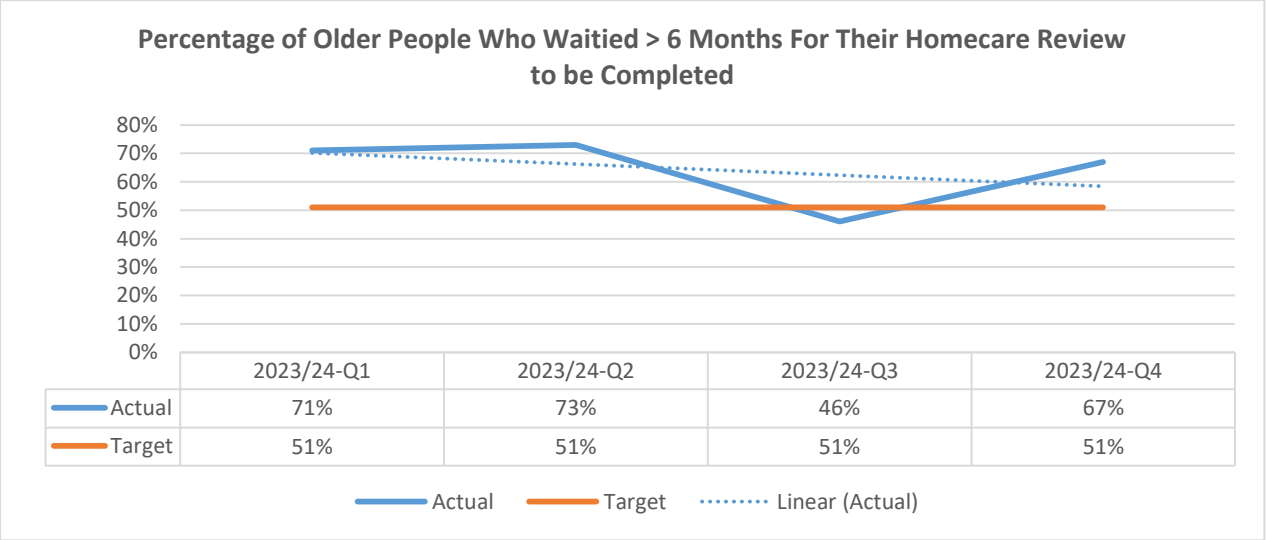
	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
OP referral wait breaching 12 weeks AHP	529	518	457	449
Target	380	380	380	380

The linear trend for those waiting more than 12 weeks for AHP services notes an overall sustained reduction against target, however performance across the year remains above the target. FQ4 notes the lowest number of waits (17%) above target. The average across the year notes (488) waits.

3.10 Care at Home / Care Homes

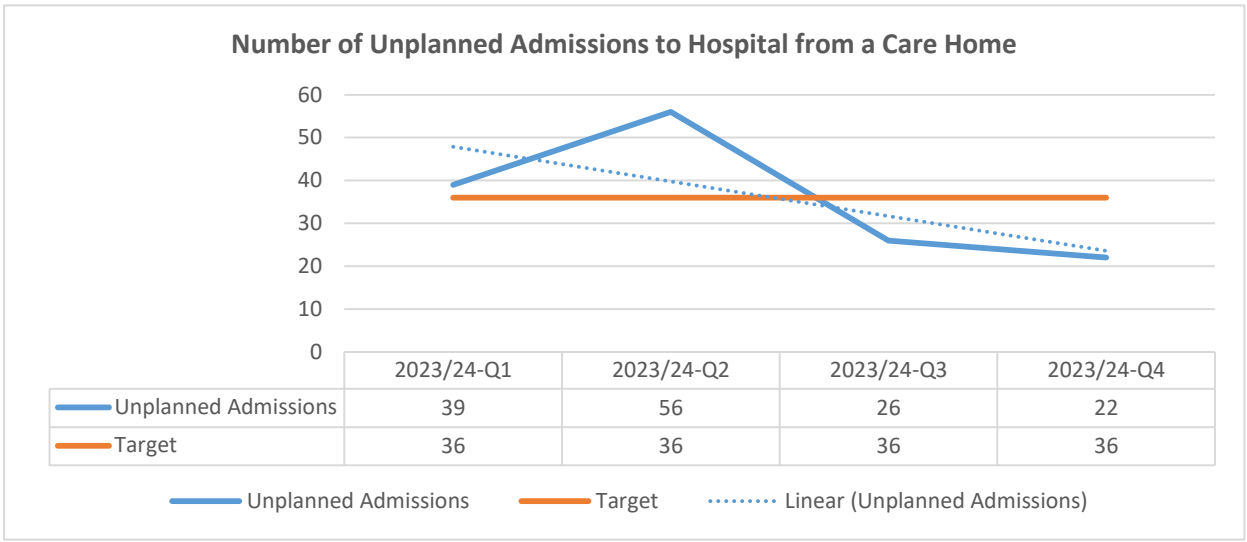
Reduce the Percentage of Older People Who Waited > 6 Months for Their Homecare Monitoring Review to be Completed

Overall trend analysis notes a reduction against target across the year with regards to the number of older people waiting more than 6 months for a review of their homecare. Average waits across the year is 64%, this is 13% above target, this is offset with FQ3 noting 5% below target performance.



Reduce unplanned admissions to A&B Hospitals Directly from a Care Home

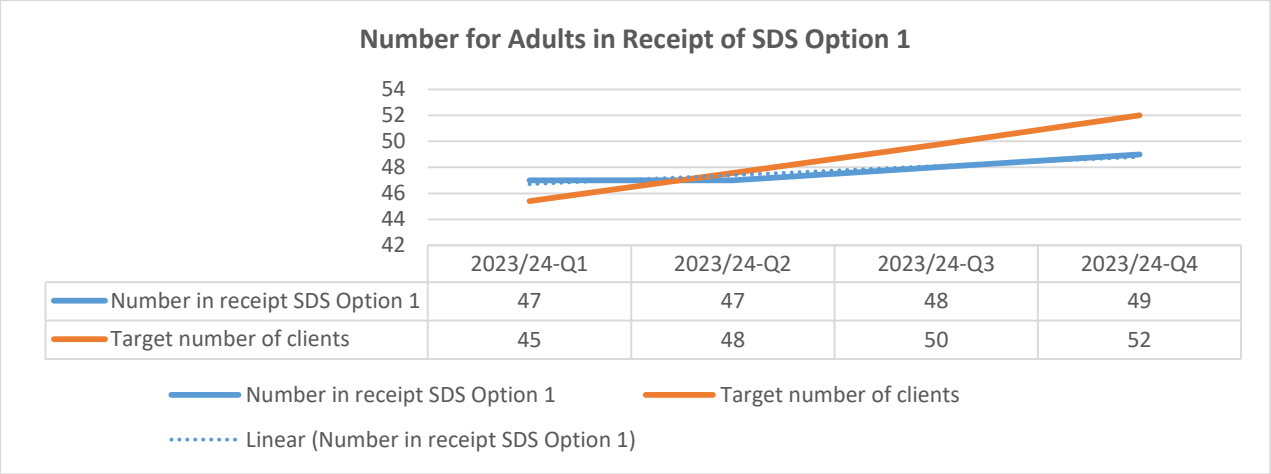
Unplanned admissions to hospital from a Care Home note an overall decreasing trend across the year, remaining above target for the first two quarters with FQ3 reporting a 32% reduction against target. On average across the four quarters there is 36 unplanned admissions from a Care Home.



3.11 Learning Disability & Mental Health

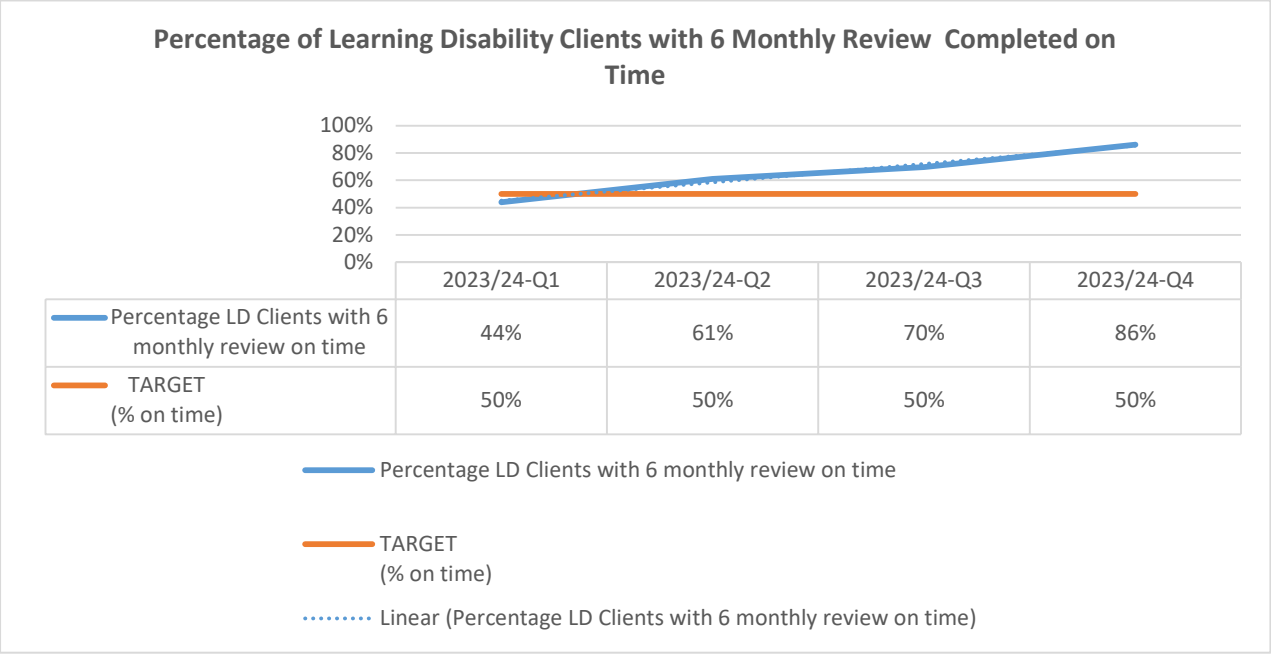
Increase the Percentage of 18-64 Adults Supported and Living in the Community, in Receipt of a Self-Directed Support Option1 - Direct Payment

Data notes an increase trend across the year with regards to the number of clients in receipt of Direct Payments against the projected increasing yearly target. FQ2, FQ3 and FQ4 note performance below target, with FQ4 performance noting a 6% reduction against a quarterly increasing target. FQ1 performance notes a 4% increase against target



	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
Number in receipt SDS Option 1	47	47	48	49
Target number of clients	45	48	50	52

Increase the Percentage of 18-64 adults with a Learning Disability 6 Monthly Care Reviews Completed On Time



	2023/24-Q1	2023/24-Q2	2023/24-Q3	2023/24-Q4
Percentage LD Clients with 6 monthly review on time	44%	61%	70%	86%
TARGET (% on time)	50%	50%	50%	50%

Linear analysis with regards to the data trend for completed reviews notes improving performance across three of the four quarters. Data for FQ2, FQ3 and FQ4 notes a consistent increase in performance with regards to reviews completed at 6 months, culminating in a 36% increase on target at FQ4. Average overall performance is 54% across the year.

4. Financial Performance and Best Value

4.1 Financial Performance

The IJB is committed to the highest standards of financial management and governance. It is required to set a balanced budget and seeks to deliver Health and Social Care Services to the communities it serves within the envelope of resources available to it. Financial performance is reported in detail to the IJB at each of its meetings and to its Finance and Policy Committee. It also publishes its Annual Report and Accounts which are subject to independent external audit.

4.1.1 Financial Performance 2023-24

The IJB is reporting an underspend against its budget and therefore a small increase in the reserves balances it holds. It is therefore in an improving financial position and will carry forward funding in reserve to progress key transformation projects and investments and help fund its budget shortfall in 2024/25. A number of factors contributed to this improved position including effective delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government. Some of the general reserve had to be used during 2023/24 to support spend on social care services which exceeded the funding provided by Argyll & Bute Council. This was primarily driven by higher demand for Older People services including care at home provision and residential care placements.

The revenue outturn for 2023/24 was an underspend of £2.9m against the resources available to the HSCP, which totalled £362m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be used to invest in key projects and to mitigate the financial challenge facing the HSCP in 2024/25. The following table summarises performance against budget analysed between Health and Social Work services:

Service	Total Spend £000	Funding £000	Funds Transfer £000	Surplus / (Deficit) £000
Social Work Services	93,677	77,605	14,455	(1,617)
Health Services	265,718	284,679	(14,455)	4,506
GRAND TOTAL	359,395	340,879	-	2,889

4.1.2 Savings Delivery

The budget for 2023/24 included a savings target of £8.9m. As at the year end, £7.4m or 83% of the target was delivered. The HSCP needs to continue to improve its efficiency and deliver best value. It manages its savings programme rigorously and recognises that this is critical to longer term financial sustainability.

4.1.3 Financial Outlook, Risks and Plans for the Future

The IJB has a responsibility to make decisions and direct service delivery in a way which ensure it operates on a financially sustainable basis within the finite resources available to it. There are significant on-going cost and demand pressures across health and social care services as a consequence of demographic change, new treatments, increasing service expectations and on-going high inflation. Managing these pressures and funding uncertainty is becoming increasingly difficult, the real value of budgets continues to be eroded by price and cost increases. There is on-going requirement to improve efficiency, deliver savings and transformation plans.

The HSCP continually updates its forward financial plans to recognise and plan for the impact of new policy priorities, emerging cost pressures and funding allocations. Additionally,

robust risk management processes are in place which seek to identify and quantify the financial risks facing the HSCP. Key risks currently facing the partnership include the sustainability of service providers, the impact of inflation, staff availability and costs, and increasing demand for services.

The Annual Report and Accounts for the year provide further detail and analysis in respect of financial performance, financial risks and governance arrangements and improvement plans.

4.2 Best Value

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.

The governance framework represents the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity and in line with the principles of public service. The IJB has statutory responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its resources by ensuring that there is an appropriate governance framework in place and by having an appointed Chief Financial Officer who is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board. The IJB is also required to publish audited annual accounts each year.

Best Value underpins the ethos of governance and financial management within the IJB, a summary of performance against the **8 Best Value Themes** below:

- **Vision and Leadership**

  The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the Strategic Plan and Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these documents which set the strategic priorities. The IJB has approved its budget and Savings Plan for the 2024/25 financial year.

- **Governance and Accountability**

  The IJB has an open and transparent governance system in place. It seeks to continually develop and improve in response to emerging good practise and independent audit review. Support for the system of governance is provided by Argyll and Bute Council this ensures that it is properly administered. Comprehensive and clear Board minutes and papers continue to be published and meetings are open to the public.

- **Effective use of resources**

  The Finance & Policy Committee of the Board meets regularly in order to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. Improving financial management and governance has been a priority for a number of years, steps taken have contributed to the much improved financial performance of the HSCP. It continues to seek to identify ways of improving efficiency and has been able to generate funds to enable investment in longer term service transformation while recognising the scale of the challenge facing public finances more widely in the coming years.

- **Partnership and Collaborative Working**

  Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP

works closely with third sector partners and its commissioned service providers by holding regular meetings with strategic partners and stakeholders. This has continued throughout 2023/24 and illustrates the ethos of partnership working. Further examples of effective partnership working during include the purchase of the Kintyre Care Centre, the outcomes from the Coll Collaborative Group, the establishment of the Prevention Transformation Programme, participation in several place based programmes and the re-establishment of the locality planning groups.

❖ Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed into the Strategic Plan. In addition the Engagement Strategy ensures that consultation and engagement is carried out before policy changes are agreed. Most recently this has been demonstrated in the high levels of engagement in the development of the Carer's Strategy, he Coll Collaborative work and the Strategic Plan. A commitment to co-production is an underlying theme and work is now underway to develop new models of responsive service delivery with community based partners.

❖ Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. The HSCP provides a wide range of essential and critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

❖ Sustainability & Carbon Reduction

Carbon reduction is an important strategic objective for all public bodies. There are a number of strands to the IJB approach including:

- The development of opportunities for remote provision of services and remote working to reduce travel for staff and service users. There has been extensive use of Near Me for remote consultations where appropriate, and continued utilisation of Microsoft Teams;
- Piloting the use of drones for transporting items such as laboratory samples from islands and remote areas;
- The installation of electric vehicle charging points and investment in the electrification of the vehicle fleet;
- Investing in management capacity to develop a strategic approach to the HSCP estate to facilitate the development of capital schemes to reduce carbon emissions;
- The commissioning of specialist consultancy services to identify opportunities for carbon reduction across the estate;
- Identification of property fabric related backlog maintenance and improvement issues; and
- The rationalisation of the estate through improved co-location arrangements.

❖ Performance, Outcomes & Improvement

The HSCP continues to report performance in a holistic way and it has implemented its Integrated Performance Management Framework. It continues to work to increase activity to pre-pandemic levels and address the backlog of treatment and diagnosis. Addressing the backlog and long waiting times is a priority for NHS services across Scotland. It reports on progress to the IJB regularly. A further priority remains the management of delayed discharges from the acute sector, both within Argyll & Bute and Greater Glasgow & Clyde. The HSCP continues to perform well by this measure, however the number of delays during the year has increased and become increasingly difficult to manage due to a number of factors, including staffing in community based services.

5. Engagement

HSCP Engagement Strategy

In September 2023 the HSCP published a new Engagement Framework to set out our strategic intentions to effectively engage with staff, partners, carers, people who use services and the wider population. This strategy, which was ratified by the IJB, ensures the HSCP meets the requirements of Healthcare Improvement Scotland's national guidance, Planning with People. Across the organisation, there is recognition that gathering a range of views can help us to deliver more effective health and social care services.

The Engagement Framework was developed by a working group made up of HSCP officers and partners including the Third Sector Interface, Healthcare Improvement Scotland and community representatives. This group has now formally constituted as a subgroup of the Strategic Planning Group and will meet quarterly. Ongoing activity since September has focussed on quality assurance of the Framework in line with national standards on Planning with People.

The Engagement Framework includes the following four quality standards:

- Engagement is planned, proportionate and meaningful and effective
- Representatives are supported in their role
- Engagement of people in service planning
- Positive culture where staff feel valued and engaged

A report on progress against these standards was presented to the IJB and this is available to view here: Argyll and Bute HSCP Engagement Quality Standards (scot.nhs.uk)

The HSCP collated an action plan of engagement activity to be conducted over 2023-2024. This included 48 separate projects where engagement would be carried out. The outputs of this activity are reported within the body of this report.

Full details of the HSCP's approach to engagement can be viewed here: Public engagement | NHS Highland (scot.nhs.uk)

Engagement updates from each service area can be found within Appendix 1: Joint Strategic Plan Monitoring Year Two

A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Email Contact

nhsh.strategicplanning@nhs.scot

Websites

https://argyll-bute.gov.uk/health-and-social-care-partnership

About Argyll & Bute (scot.nhs.uk)

Twitter

https://twitter.com/abhscp

Facebook

https://www.facebook.com/abhscp

Appendix 1: Joint Strategic Plan Monitoring Year Two (2023-2024)

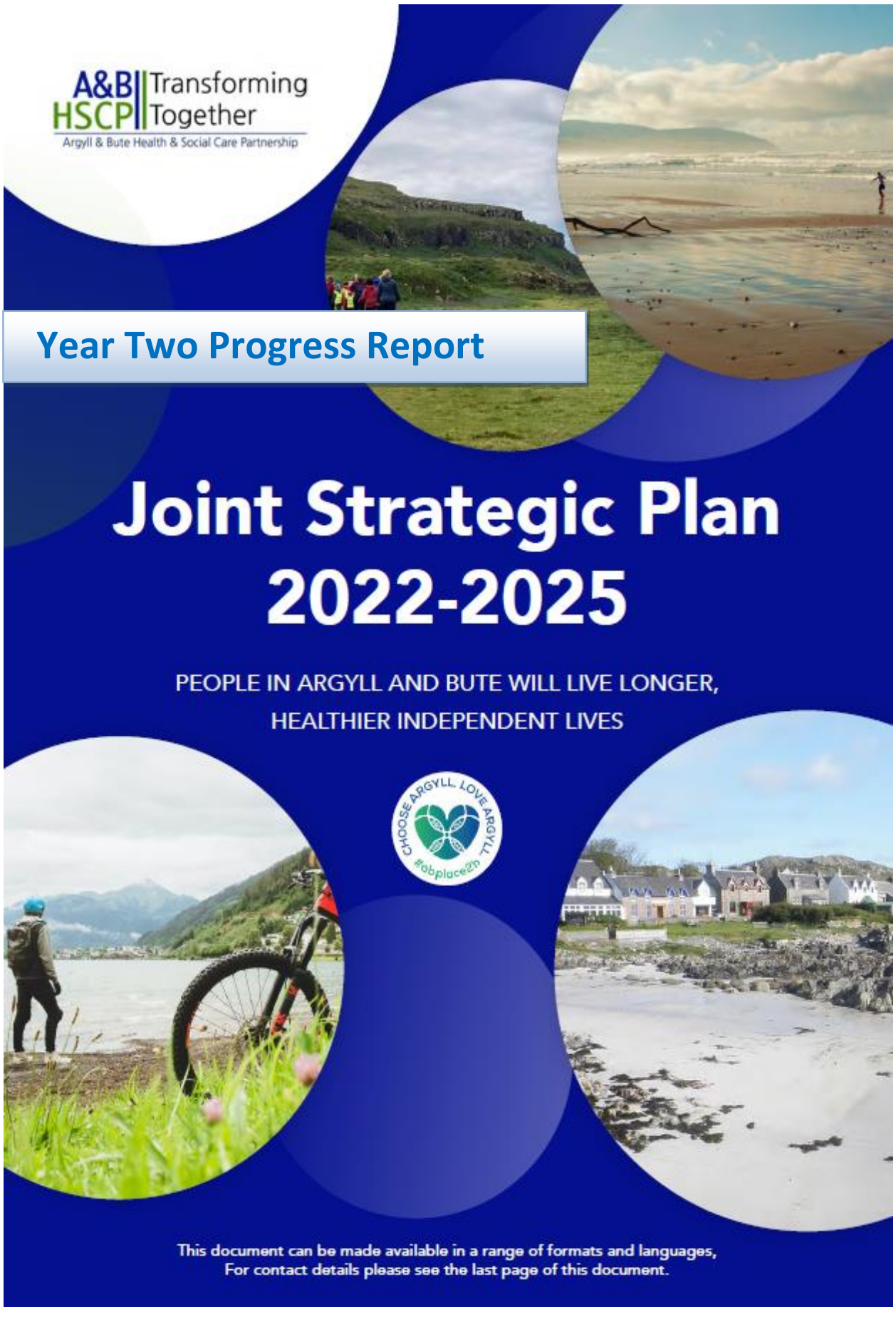


Table of Contents

Children's Services

Priorities Year 2	Progress update
Continue to deliver on the Children and Young Peoples Service Plan (CYPSP).	The Children and Young Peoples Service Plan work continues. The Plan for 2023 – 26 has been published. There has been some restructuring of A&Bs children in order to offer clearer focus and action orientation.
Continue to deliver on the Corporate Parenting Plan.	On track and progress monitored by Corporate Parenting Board (CPB) and reported to Strategic Group. A self-evaluation day has taken place. Promise plan is being updated.
Continue to monitor and evaluate progress in all our service plans.	Progress is monitored through the various plans. This includes Children's Rights, Child Poverty, CYPSP, CPB, Promise. Governance is via Child Protection Committee (CPP) to Chief Officer Group Public Protection (COGPP) or via CPP.
Develop programme of change in relation to the Children's Promise Change programme.	Local actions embedded in Corporate Parenting Plan and CYPSP.
Continue to engage with Children and staff on transformation agenda.	We have established 7 locality care experienced participation forums which meet regularly. Work is continuing to ensure young people are involved in the CYPSP. The participation officer post became vacant in the last year however attempts are being made to identify ongoing funding to allow recruitment.
Evaluate the outcomes of the 2018-2021 Argyll and Bute Equally Safe Implementation Plan.	This work is now aligned with the Community Justice Plan.
Continue to act as a conduit for information and resources on Equally Safe / Train/ National initiatives for managers and staff.	This has been taking place and will continue to do so.
Develop project plan for Transforming Responses to Violence against Women and Girls Project.	Plan developed and updated.

Engagement activities taken place 2023/2024
We have established 7 locality care experienced participation forums which meet regularly The development of the 2023 -26 CYPSP has involved engaging and working with young people. The new Plan will have an animated version designed by young people. Work ongoing to identify funding to allow recruitment of a participation officer.

Child Poverty

Priorities Year 2	Progress Update
Further develop the role and purpose of the Child Poverty Action Group and consider resource issues. (CPAG)	The role of the CPAG has remained largely the same and acts to monitor and coordinate actions to tackle child poverty. Barriers have included availability of member's time and a change in Child Poverty Lead.
Begin to roll out Poverty Awareness Training to staff.	The Poverty Awareness Training, delivered in 2022 was not continued due to budgetary constraints. This was successful delivering to a total of 220 professionals, over 20 occasions, was rated valuable or very valuable by all 81 participants who completed evaluations. This is still a priority.
Review the Child Poverty Action Plan and consider what is required to meet the Scot. Gov. Child poverty reduction targets in 2023.	The Child Poverty Action Plan is reviewed annually and a review published and shared with Scottish Government as required by the 2017 the Child Poverty (Scotland) Act. The Scottish Government is not likely to meet their 2023 targets, nor will many local authorities attain them due to circumstances like the cost of living crisis. Work has been done locally looking at what is required to reduce levels of child poverty. Data analysis is being developed that it is hoped will allow us to better target those in need of additional supports and contribute to a more informed map of child poverty across Argyll and Bute. It is hoped that this will mean in future we will be able to better focus what resources we have. Some key actions include the Strategic Islands Plan and the Employability Partnership employing a Child Poverty Coordinator. A website one-stop-shop information on advice services, housing, debt and benefits etc. has been created and will be developed further. Engagement for the ABOIP and other purposes have identified transport costs and the lack of reliable transport and transport infrastructure as an area of concern.
Use Communications and Engagement Plan to improve community engagement with child poverty work in Argyll and Bute.	A Communications and Engagement Group was created and a plan commenced. This group did begin work on a communications and engagement plan and did valuable work in areas like engagement around the child friendly graphic Plan on a Page and a Challenge Poverty Week media campaign. However the group hasn't met in the last 12 months, largely due to other commitments.
Child Poverty Action Group to continue to meet and develop actions to tackle the three drivers of child poverty.	This is taking place.
Look at impacts of Covid-19 and EU exit; consider what actions are required by the Child Poverty Action Group and its members to address these.	This has been happening with both the CPAG and The Financial Advice and Inclusion Group; coupled with looking at impacts on the cost of living crisis and how to address that.
Produce a formal communications and engagement plan.	Not completed – in incomplete draft form only.
Begin to deliver Money Counts training to staff in Argyll and Bute.	This has been happening on a regular basis and will continue to be the case. Money Counts – virtual training opportunity which is available for any staff and partner organisations across NHS Highland and Argyll and Bute. Aims to raise awareness of poverty, how to raise the issue of money worries, and where to signpost/direct people for additional support. Between April 23-February 24, 16 courses were delivered across Highland & Argyll and Bute with 98 attendees.
Review the Child Poverty Action Plan and assess progress on key areas of work.	See above for note on review of Child Poverty Action Plan.
Begin to develop a Data Base to improve monitoring and focus of resources locally. Begin to use it to improve the work of the	Data development work has been taking place and is going forward with good results. Nationally Argyll and Bute are working with the Improvement Service and SAVI to create and effective model and

Child Poverty Action Group and services locally.	identify legal gateways that will allow for the necessary use of data to meet tackling child poverty objectives.

Engagement activities taken place 2023/2024

Some of the engagement work that took place in 2023-2024 has been related to the engagement around United Nations Convvention on the Rights of the Child (UNCRC) Implementation. £53,000 has been obtained from the UNCRC Innovations fund for a series of engagements to take place in 2024 talking to children and young people about their rights and what is important to them. We are also working with the Poverty Alliance and their Taking Action on Rural Poverty Project (TARP) which will seek to set up a lived experience citizen's panel to talk about poverty and ask what people would like to see happening. Other important engagement work that has taken place related to the new ABOIP. Poverty was identified as a concern by many children and young people. Work is also taking place (2023-2024) to develop engagement with the Youth Voice Group to learn the views of children and young people on issues like poverty and children's rights.

Child Protection

Priorities Year 2	Progress Update
All new Child Protection Committee (CPC) members will receive a CPC induction pack and will meet with Lead Officer to discuss the role of the CP and expectations of CPC members All CPC members will attend CPC development sessions to contribute to the role and function of the CPC members will be required to demonstrate through the delivery of the CPC improvement plan that information is being disseminated within their organisation and that actions attributed to their organisation are progressed and reported to CPC.	Induction pack complete. All new members have met with Lead Officer. This is ongoing as and when new members attend.
Produce and implement a biennial strategic improvement plan which will be monitored by the Performance, Quality and Assurance (PQA) using a RAG system. Red actions will be reviewed by PQA and reported to CPC.	CPC lead officer appointed and plan has been reviewed.
Multi agency training will be delivered using a tiered approach to learning which will include: General contact workforce, Specific contact workforce and Specialist contact workforce.	Training Officer now in post and general contact local in person training now running with calendar dates throughout first half of 24. Specific and Specialist levels will follow in second half of 24 into 25.
Develop and implement training framework which supports practitioner knowledge and confidence in working with Child Sexual Abuse which includes Child Sexual Exploitation and child trafficking.	With appointments of CPC lead Officer and Training Officer roles, plus guidance on updated Child Protection procedures now concluded, training plan for specific and specialist levels now being concluded. Further development and standardisation sessions are being planned to for those leading Initial Referral Discussion (IRD).
Domestic Abuse (DA) Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out.	Has been implemented, and full Child Protection audit undertaken in March included cases chosen because of Domestic Abuse. Findings will inform future auditing focus.
Improved interface between children & adult services particularly where parental mental health substance misuse and domestic abuse are present.	One meeting has taken place, but still significant work to align Children & Families and adult processes Joint session between Adult Protection Committee and Child Protection planned for May 2024.
Advocacy services will engage with children on the Child Protection register to understand their experience and to provide the CPC with recommendations as to how things can be improved.	CPC continues to receive bi-annual reports from the advocacy worker. The reports provide evidence of face to face engagement with children and seeks the views and comments by children and families. CPC find these reports very informative re needs of children on the Child Protection register.

Engagement activities taken place 2023/2024
Engagement took place with workers around the Domestic Abuse protocol, CSE/SA and the development of the updated national Child Protection guidance

Violence Against Women and Girls (VAWG)

Priorities Year 2	Progress Update
Year 2 of the Transforming Responses to Violence Against Women and Girls Project to commence in October 2022.	This happened and steady progress was made in the actions within this project. Research into experiences of lived experience women in domestic abuse was carried out. Safe and Together continued to be rolled out.
Roll out of the Safe and Together Model to continue and this to include 2 in-house Trainers to be trained.	Yes staff have continued to complete the Core Programme and, where appropriate the Supervisors / Managers module. One Trainer has been trained. Developing Equally Safe Fund Budget for Year 3 has been confirmed.
Research Project relating to the transformation project to continue.	This research has been completed
Other training areas to be delivered including: Awareness Raising; Routine Enquiry; Harmful Traditional Practices; The Impact of Domestic Violence on Children and Working with Men.	Between 20th of April 2023 and 27th of March 2024, 1,100 hours of training was delivered to 335 people.
Achieve improvement in services and pathways relating to women and girls with a Learning Disability experiencing or, at risk of experiencing domestic abuse.	Social Work staff and Mangers who work with people with learning disability were put into contact with Women's Aid and Rape Crisis Trainers and joint work took place on improving co-working and referral in relation to domestic abuse.
Review progress of the transformation project and the delivery of the Equally Safe Plan.	This took place via the Equally Safe Annual Return and quarterly / 6 monthly reports to the Developing Equally Safe Fund.
Have in place a Communications and engagement plan.	Whilst there is a Communication process in place that facilitates communication with partnership members and media campaigns during events like the 16 Days of Action, this area requires work. A more formal process involving improved consultation and engagement with lived experience women and children would be a step forward.
Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.	This assessment was carried out but results required to be looked at more closely. This process was impeded by difficulties in convening a Project Board.
Establish working groups to facilitate training and other aspects of the transformation project.	A working group has been established to facilitate the rolling out of Safe and Together. It has not been necessary to establish a working group to facilitate the other training elements as these elements were agreed by the partnership and delivery facilitated by the Chair.
Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.	As the Transforming Responses to Violence Against Women and Girls Project has been extended to a third year, research to assess its overall impact has not yet commenced.
Roll out of the Safe and Together Model to commence.	The roll out of Safe and Together has commenced and a growing number of staff have completed the Core Programme and, where appropriate the Supervisors and Managers module. More staff are currently enrolled and starting their learning journey. One Trainer has completed their programme and will soon commence training other staff.
Roll out of other training to commence including; Awareness Raising; Routine Enquiry; Zero Tolerance and Commercial Sexual Exploitation.	This did commence as planned and will be ongoing over the coming year.
Roll out of DASH training to relevant workers.	Dash training was rolled out as planned and will be ongoing as necessary; there are in house Trainers available for this.
Review the Argyll and Bute Equally Safe Plan.	A review of the Argyll and Bute Equally Safe Plan has not yet taken place; this is due largely to the need to first develop linked Community Justice and Justice Services plans.
Development of Data Base that will assist us	Whilst some data is being collected and scrutinised, this process is not

to monitor trends in Domestic Violence and other gendered violence.	yet at a stage where it is routinely done and the results proving to be helpful in analysing local domestic abuse trends.
Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.	The delivery of the Equally Safe Annual Return took place as planned.

Engagement activities taken place 2023/2024

Some engagement activity did take place during 2023-2024. Sharing of information regarding the VAWGP and tackling domestic abuse and other gendered forms of violence did take place. This was by the sharing of key information through groups such as: Council's Equality Forum; Financial Advice and Inclusion Group; Chief Officers Group Public Protection; Community Safety Partnership; Living Well Networks; National VAWG Network and members own websites and media platforms and communications. There were also specific media events like the 16 Days of Action and International Women's Day. However more consultation and listening to the views of lived experience women and children requires to happen.

Adult Protection

Priorities Year 2	Progress Update
Develop improved data collection based on national dataset activity.	The revised Adult Support and Protection minimum dataset has now been rolled out across Scotland. It includes the terminology changes from the revised Code of Practice and aims to generate more robust, meaningful and comparable data. The Go Live of the Eclipse IT system at the same time inevitably meant additional challenges for data collection in the Partnership however there has been significant improvement with the assistance of the Eclipse and Performance Teams. We continue to work towards developing more meaningful analysis of Adult Support and Protection (ASP) activity throughout the localities. Work is ongoing as new indicators are required for the national return.
Review Significant Case Review (SCR) guidance and Code of Practice changes.	We have developed joint guidance on learning reviews commissioned by both Argyll & Bute Child and Adult Protection Committees. It replaces the previous guidance for Child Protection Committees conducting an Initial or Significant Case Review (2015). It has been locally adapted based on the National Guidance for Child Protection Committees undertaking Learning Reviews (Scottish Government, 2021), and the National Guidance for Adult Protection Committees Undertaking Learning Reviews (Scottish Government 2022). Protecting children, young people and adults is an inter-agency and inter-disciplinary responsibility overseen by Child Protection Committees and Adult protection Committees and our committees are responsible for deciding whether a Learning Review is warranted and, if so, for agreeing how the review is conducted. Both committees keep the Chief Officer Group advised of all cases referred for a potential Learning Review and report their recommendations on these matters to the Chief Officer Group for consideration and ratification. Through 2023/24 we undertook substantial work to revise Argyll and Bute Adult Support and Protection Procedures in line with the Code of Practice guidance and the changes to recording documentation on the Eclipse IT system. Guidance on the revised code of practice changes have been disseminated throughout the workforce via various forums and training sessions.
Continue audit and review rolling programme.	A reflective ASP audit was completed across the four Localities of Argyll and Bute January 2024. The purpose of the audit was to identify the quality of practice and recording in Adult Support and Protection cases after the Joint Inspection of Adult Support and Protection in Argyll and Bute was completed in September 2021. A sample of 40 separate cases which had ASP activity between March 2022 and April 2023 were audited of adults who had been subject to Duty to Inquire, Investigation and Case Conference.

	Ongoing 6 monthly file audits have been established.
Develop protection links with Child Protection, Alcohol and Drug Partnership and Violence to Women.	We continue to develop protection links via joint working with our Child Protection Committee colleagues, culminating in our annual Joint Committee meeting. Throughout 2023/324 we have undertaken joint working on learning reviews, transitions and missing people policy and procedures. We have contributed to the recent Child Protection Committee self-evaluation and the Alcohol and Drug Partnership Action Plan 2023/24. We are members of the Violence Against Women and Girls Partnership and encourage participation from Adult Services in their "safe and together" and wider training opportunities.
Continue staff support and contact programme.	The Council Officer and Adult Support and Protection Forum meets quarterly. The Lead Officer chairs the monthly Multi-Agency Forum with Police Scotland, Fire and Rescue Service and colleagues, both Health and Social Care, from the Partnership. A programme of specific training pertinent to Council Officer and Second Worker roles continues to be prioritised throughout the year.
Meet the Improvement Plan targets arising from Inspection.	We have created a detailed improvement plan itemising 57 specific actions. To date, 23% of actions detailed in the ASP action plan are rated "red"; 38% are rated "amber; and 39% are rated "green". The key improvements are: • All relevant partners should be invited to participate in case conferences and review case conferences. • The 'three-point test' is an essential factor in determining if the adult is at risk of harm. The application of the test should be clearly documented during initial inquiry to show decision making rationale. • All adults at risk of harm should have a risk assessment, which is comprehensive. • There should be a consistent approach to preparing and recording chronologies for all adults at risk of harm who require one. The improvements are being developed through training courses including Chairing Case Conferences, The Role of the Second Worker, Recording and Defensible Decision-Making and Effective Chronologies and Risk Assessments. Development of new chronology and risk assessment documentation has been rolled out across the workforce and improvement activity is an integral part of all meetings, forums etc. with the workforce.
Implement Code of Practice changes.	The Lead Officer and Project Assistant – SDS undertook a significant overhaul of the Argyll and Bute Adult Support and Protection Procedures. This is a substantial document which required lengthy revision and editing in line with the revised Code of Practice. This work has now been completed and the revised procedures have been presented at the Adult Protection Committee (APC) for adoption and implementation.
Implement guidance for Primary Care and GP's.	The development of the second worker training course has enabled promotion and understanding of the role with particular reference to our Health colleagues. The promotion of online training for Health staff and the ability to access both the TURAS models and Policy Hub Scotland are currently being further explored.
Progress audit activity, case files.	A schedule of monthly peer review/ case file audit has been

	established. Set targets for improvement have been implemented. These targets will be reviewed at Council Officer forums. The Lead Officer is now undertaking quarterly monitoring of all Adult Support and Protection Inquiries.
Develop issues arising from Initial Case Reviews, Large Scale Investigation findings.	The Adult Support and Protection Committee continues to work with the Child Protection Committee in developing its policies and procedures in line with the new style of Learning Reviews for both adults and children. The Lead Officer has also been involved in Large Scale Investigations (LSI) in 2023/24. Recommendations resulting from these are noted and the Lead Officer is currently revising the existing local guidance for LSIs having regard for the IRISS LSI Investigation framework and further new IRISS resources to support consistency, transparency, and person-centred practice in investigations.
Develop 'escalation' policy.	The Monthly (MAF/D) meetings with Police and Scottish Fire and Rescue Service and are designed to highlight any high-risk cases and to determine routes for escalation. Complex case escalation continues to be a priority in the wider context of Adult Social Work activity and the Adult Protection Committee recognises the role of Council Officers in supporting vulnerable adults where escalation is required. We are involved in the development of an overarching escalation policy within Adult Services.
Support staff and communities as recovery from Covid regulation emerges.	Challenges such as recovery from the pandemic and the cost-of-living crisis are thought to have contributed to increased referral rates through 2022 and 2023. Self-harm and neglect have been a focus for the Adult Protection Committee particularly since Covid when numbers increased. An Argyll and Bute self-harm and hoarding event is currently being planned for later in 2024.

Engagement activities taken place 2023/2024
Promotion of ASP awareness on social media platforms and contribution made to locality community partnership groups. Level 1 ASP training programme regularly delivered Also programme including specialist subjects i.e. Financial Harm offered within community. Regular attendance and contribution to ASP National Implementation Group and Chronology sub-group.

Community Justice

Priorities Year 2	Progress Update
Implement and monitor our local Community Justice Improvement Plan and performance framework.	The publication of the refreshed national documentation (the last of which was August 2023) has meant a delay in publishing our local plan. We intend to begin consultation on the draft local plan in April 2024, for the period 2023/4 – 2027. Whilst developing our draft local plan, the Community Justice Partnership has implemented a range of multi-agency engagement and activity across the 4 national aims and 13 priority actions contained within the refreshed National Strategy for Community Justice during 2022-2024. Argyll & Bute Community Justice Partnership will report on the national performance framework, including the 10 national outcomes, in September 2024.
Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.	A three year Justice Social Work Service Plan is complete, with focus in Year 2 on • Improvements in Diversion from Prosecution practice • Implementation of new national Justice Social Work report template • Implementation of new national Throughcare and Aftercare Release Licence Reports and protocols. • Continued rollout of Bail Supervision Scheme and use of Structured Deferred Sentences as per national policy direction • All Justice Social Work Staff trained in Schema Therapy and DBT to improve interventions and trauma responsive services • Rollout of Justice Eclipse system • Monthly Audit Programme now in place • Development of Joint work with LAAS to deliver voluntary Throughcare service Justice Social Work improvement activity contributes to every community justice national aim and the majority of the ten outcomes. The Community Justice Partnership will continue to monitor, review and support the development of multi-agency responses to assist the delivery, including national developments that may negatively impact the delivery of Justice Social Work services.
Review the learning from the second phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	The activity related to the first phase of the research is ongoing. The final research submission during 2023 is a significantly wide scoping document with recommendations that require a multi-agency response. The need for a second phase is currently under review and will be progressed through the Community Justice and Violence Against Women Partnership.
Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance.	The Care Inspectorate Community Justice documentation was published in August 2023, later than expected. The Community Justice Partnership has scheduled validated self-evaluation activity during 2024/25
Develop a local Community Justice Outcome Improvement Plan, in line with the priorities of the Scottish Government national Justice and Community Justice Strategies.	The Community Justice Partnership has developed the draft local plan during 2023-2024, consultation and final publication by June 2024.
Develop strategic and operational links with Third Sector and Children's Services (Youth Justice) and other key local partnerships.	As noted in our engagement activity update, developing strategic and operational links activity has been underway. In addition, operational activity within Children, Families and Justice portfolio has been focused

	on creating a baseline in relation to youth justice. This activity will continue to be included in our improvements scoping youth justice approaches and responses across all four national aims.
Implement the prison Custody to Community pathway, including performance reporting and monitoring.	The Community Justice Advocacy service, delivered by third sector partner Lomond Advocacy and Advice Service became operational early 2024 and is funded until December 2024. Performance reporting and monitoring in place.
Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	The extensive range of activity associated with the research requires multi-agency review and responses. The activity associated with this review of the learning and recommendations is ongoing.
Finalise the review of our local Community Justice Partnership.	The Community Justice Partnership, whilst reviewing the requirements of the new national strategy and associated documents, enhanced its membership. The membership will remain open with relevant additions, as required.

Engagement activities taken place 2023/2024

Significant activity was undertaken during 2023/2024 during the development of our local draft plan and at the Community Justice Partnership meetings. The range of organisations and services included national and local public and third sector and was based around the four aims, thirteen priority actions and ten national outcomes for community justice. Engagement with a range of representatives from the following:

Justice Social Work
Addictions
Carr Gomm
Hope Kitchen
Alcohol and Drugs Partnership
Third Sector Interface
Police Scotland
Health & Social Care Partnership
Scottish Government
Scottish Prison Service
Community Planning Area Planning Groups
Children & Families
We Are With You
Housing
Lomond and Argyll Advocacy Service
Blue Triangle
Scottish Fire & Rescue Service
Skills Development Scotland
Community Justice Scotland
Violence Against Women Partnership

The activity focused on reviewing the requirements within the new national documentation, creating baselines for where we are and identifying where there is capacity for improvement within current resources an what requires additional national resources.

Public Health

Priorities Year 2	Progress Update
Continuation of previous year's activity and new activity to be agreed in partnership.	Argyll and Bute HSCP Public Health team continued to work on the below activities, agreed according to national priorities, assessment of local need and through joint working with a range of partners.
Deliver on joint Health Improvement plan between Argyll and Bute and north Highland.	A joint Health Improvement plan has been developed between Argyll and Bute and Highland, with a view to delivering some activity NHS Highland-wide. The aim is to share learning and streamline pieces of work where relevant. In year two of this workplan, the following joint training has been developed and delivered: • Money Counts – virtual training opportunity which is available for any staff and partner organisations across NHS Highland and Argyll and Bute. Aims to raise awareness of poverty, how to raise the issue of money worries, and where to signpost/direct people for additional support. Between April 23-February 24, 16 courses were delivered across NHS Highland with 98 attendees. • MAP of Health Behaviour Change – The aim of this course is to give practitioners skills and confidence to notice, discuss and support opportunities for patients to make and maintain behaviour changes. In 2023/2024, three training courses were delivered to 27 attendees. This course is now delivered quarterly across NHS Highland.
Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support.	The Public Health team have contributed to the NHS Highland Social Mitigation Strategy through a range of projects relating to: • Child Poverty, through the Argyll and Bute Child Poverty Action Group. Delivered Money Counts training to a range of health, social care, and 3rd sector staff. Distributed and promoted Worrying about Money leaflets at community events and with partners. • Promoted children's rights by representing Public Health on the Argyll and Bute United Convention for the Rights of the Child (UNCRC) Group. • Mental health improvement – commissioned training courses on Mental Health First Aid for Children and Young People to two cohorts of learners, delivered to 18 people from a range of public and third sector organisations. • Equalities - continued to support delivery of Equality Impact Assessment statutory duties throughout HSCP. In October 2023 the Public Health Team supported the submission of an Anchor Strategy to Scottish Government. It is anticipated this strategy will take over the intentions of the Social Mitigation Strategy in 2024.
Deliver on the 5-year implementation plan for Living Well strategy: workforce development; self-management; community link working; physical activity; mental wellbeing; suicide prevention; smoking cessation.	The Public Health team have supported the strategic direction and delivery of the Living Well Strategy from 2019-2024. During this final year of the strategy, the following has been achieved: • Evaluation sub-group developed to evaluate the Living Well Strategy • Evolution of Living Well strategy into new Living Well Programme Board. This programme board uses the background of the strategy to inform a 5-year plan of prevention, by focusing on wellness, not illness, empowering and enabling those within Argyll and Bute to live well. • Continued contract management of the Community Link Working in Argyll and Bute Service. During 2023-2024 the service was available in 14 GP practices and received 556 referrals. 90% of

	those who used the service in 23-24 and completed an outcome questionnaire reported an increase in their wellbeing. • Working in partnership with RSPB to bring Nature Prescriptions to Argyll & Bute. RSPB Nature Prescriptions are a free, non-medical approach based on accessible connections to nature that will improve wellbeing by engaging with nature in a personal and meaningful way. • The Public Health team support the delivery of the local suicide prevention action plan working with Argyll and Bute Strategic Suicide Prevention Group. In May 2023, Health Improvement Team co-facilitated a development day which supported the focus and direction of the group. Argyll and Bute Council buildings were lit up with purple lights to highlight World Suicide Prevention Day. Information on support services were also shared during this time and over the Festive Period. • The Smoking Cessation team within Public Health continue to deliver a service across A&B that targets the 40% most deprived communities but is available to all residents. There are 4 smoking cessation advisors within the team and during 23-24, they supported 135 people in their efforts to stop smoking. The team also promoted their service and highlighted the dangers of smoking at a number of community events.
Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.	The Public Health team continued to build capacity for health improvement in partners and our communities. Our Living Well networks held quarterly meetings within their local areas which were well attended by members of the community, Third Sector and Statutory sector. In addition, communications, surveys, consultations etc from various sources (e.g. Public Health team, Locality Planning Groups, Third Sector) were sent out by email and social media via the Networks. The Public Health team regularly attended Area Community Planning Groups, relevant thematic Community Planning groups and Locality Planning groups to build capacity for health improvement and coproduction. The Public Health team arrange webinar sessions open to HSCP staff and Third Sector. These have included webinars on Social Prescribing by Scottish Ballet, suicide prevention services by Breathing Space and four webinars on the Adult and Child Health Profiles delivered in partnership with PH Intelligence and Community Learning and Development, highlighting local statistics for each area. These profiles were also presented to the Area Community Planning Groups, helping to build capacity and knowledge. Further engagement activity is described below.

Engagement activities taken place 2023/2024

The Smoking cessation team conducted engagement and awareness raising events throughout the year. This includes engagement with various professions to raise awareness of the service and increase referrals – including local pharmacies, AHPs, Social Work, Specialist Nurses, Primary Care, Community Link Workers, and Living Well Network Coordinators to ensure referral information reaches island populations. The team also undertake community engagement, attending community events such as the Pain and Wellbeing events held by Versus Arthritis and Living Well Network events, and engaging with Children and Young People during the S3 Drama productions. Every March there is a No Smoking Week, which sees awareness raising events of the service and the benefits of quitting across Argyll and Bute, with displays in hospitals, GP Practices community locations e.g. supermarkets and in partnerships with community pharmacies.

There are four Living Well Networks throughout Argyll and Bute, with a dedicated LWN Coordinator for each Locality funded by the Public Health Team. The purpose of the Networks is to develop local partnership working and planning for health improvement activity. In 2023-2024, the Living Well Networks have continued to promote their work and provide information, network and engage with local communities. In 2024 a series of LWN events have been organised, including four community events being held at Mac Pool, Jura Hall, Islay High school and Kintyre Town Hall. Three events provided information and advice from many sources, including support that is available from charities, NHS and Argyll and Bute Council. In some events taster sessions and activities were provided to promote local health and wellbeing resources.

The Public Health team have regular opportunities to engage with community events such as the pain and wellbeing and Living Well network community events. The Public Health team support and attend these events across Argyll and Bute.

Engagement was undertaken with staff around the Community Link Worker service, as part of the service evaluation. This included a focus group with Community Link Workers to understand operations, challenges, and unique experiences faced by service providers. The focus group served as a qualitative method to garner insights and perspectives from community link workers (CLWs) operating within Argyll and Bute. This also included engagement with Primary Care staff and Living Well Network Coordinators about their use and links with the Community Link Working service, including benefits to patients, challenges, and identification of any service improvements. Feedback from those using the service was gathered via the contract monitoring process with the service provider.

Priorities Year 2	Progress Update
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	Ongoing. Service specifications are currently being developed for all community services, which will aim to identify key service deliverables/role and remit. This process will include criteria (inclusion/exclusion) and models of care delivery, in line with local/national context and relevant evidence base/practice guidance. Work is also underway to develop a ''lead professional'' model to ensure more effective care coordination and oversight. This approach, in turn, seeks to reduce duplication and maximise opportunities to re-able and promote independence. This approach will also ensure a focus on early assessment, early supported discharge and care review.
Plan and progress spend on the recurring funding from Scottish Government.	Ongoing monitoring of spend as part of governance processes.
Established working groups with capacity to progress change and support localities	Ongoing. A comprehensive piece of work has been undertaken to review all working groups and their respective terms of reference. This has been aligned with the IPMF and duplication has been reduced where possible. The established working groups will be aligned with/will take responsibility for key pieces of work which have identified as part of the Older Adult Strategy. Decision making structures have been clarified and all sub-groups will now be accountable in the first instance to the Older Adult Operational and Governance meeting. Programme Boards have existing governance/accountability relationships and will not be changed unless necessary.
Enhancing multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a re-abling and rehabilitation ethos and high quality end of life care with the skills to provide simple care that currently involves a hospital admission.	Ongoing. A focus on integration of community services is a key focus under the 8 high impact changes, and has also been identified as priority area for further development as part of the Older Adult Strategy. Prevention, rehabilitation, Re-ablement, and promoting independence are key focusses. MDT structures, including those which exist around specialist service areas (i.e. EoL Care) are being reviewed as part of specially commissioned working groups and/or as part of Community Standards. This approach will be informed by available data, and will ensure appropriate alignment/interface with relevant local and national policy. This work also links closely with the below. Trade union and HR will be involved with any conversations which touch on proposed service change.
Enhance clinical education for all staff, develop skill mix, apprenticeships and health care support worker skilled roles	Ongoing. Staff skill mix, education and training is a priority focus for the HSCPs Community Standards working group, which aims to ensure that roles and responsibilities are both aligned with job descriptions and responsive to the needs of the settings in which they exist. There will be a particular focus on standardised skills and training standards across the HSCP, including the development of a framework which identifies developmental need, flexibility across settings and unique/generic staffing skills. Governance and decision making will take place via the Older Adult Operational and Governance

	Meeting. Trade union and HR will be involved with any conversations which touch on proposed service change.
Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need.	Ongoing. This work is being captured via the development of the Care at Home Strategy. The Care at Home new tender is live.
Performance metrics regular reported on.	Complete. An urgent and unscheduled care data dashboard has been developed which encompasses all aspects of system flow. Quarterly Integrated Performance Management Framework (IPMF) Framework assurance is in place. Whole system discharge planning submissions are submitted at national level on a quarterly basis. The actions from these are fed into relevant development frameworks. The HSCP is closely linked with the Centre for Sustainable Delivery (CfSD) and has now identified key ''leverage points'' which are being worked up through relevant development frameworks. Quarterly reporting will be expected.

Engagement activities taken place 2023/2024

Cowal Community Hospital-paused due to external circumstances (pause on capital funding)
A full engagement plan was developed and as part of this drop in open sessions were in place for the public to view plans and discuss the project. The project was unfortunately put on hold when the pause in NHS capital funding was implemented.

Tigh-a Rhuda Care Home Redesign-ongoing
Engagement specification was developed. Workshops with local stakeholders. Engagement remains on going with the community, staff and public in terms of redesign and build at the care home. The work is likely to conclude in September 24.

Palliative and End of Life Care
Presentation to the IJB then a face-to-face workshop took place with key staff to develop action plan. Will be incorporated into the older adult strategy.

Care Homes and Housing-ongoing.
Short term work on repairs within care homes Hub North work was developed which included visits to care homes, involvement of families, staff and a final stakeholder session. This will be further developed in 2024.

Older Adult Strategy-ongoing
Engagement strategy developed in early 2024.

Care at Home
Survey to all those in receipt of care at home

Adult Care –Older Adults/Adults and Hospitals

Priorities Year 2	Progress Update
Extend the Community Hospitals into the community and provide a greater range of health related skills and services at home.	Ongoing. Hospital at Home pilot in Oban has now finalised recruitment and has developed ambulatory care service, which continues to facilitate saved bed days, admission avoidance and early supported discharge. Service development is managed via the Hospital at Home steering group and Operational Delivery Group. Governance is currently via the Urgent and Unscheduled Care Programme Board. HIS are involved. Principles of interface care are being revisited, having been identified as a priority focus/future model of care in support of ''home first'' approaches. Intermediate care is being developed to focus on ability to facilitate rapid urgent care and assessment, avoid discharge and facilitate early supported discharge. Technology Enabled Care (TEC) is also being developed at pace to support a digital first approach. Development is currently managed via respective steering/development groups. Governance and decision making is via the Older Adult Operational and Governance Meeting in the first instance.
Develop a community assets approach and identify a way in which people can be supported as much as possible within their own community before needing statutory services.	Ongoing. Community assets and community wealth building approaches are being developed as part of the Living Well strategy (with a clear focus on prevention). The HSCP has recently received a request to review frailty guidelines/models, which will establish a baseline and inform the prevention models from a clinical/social work service approach, as well as informing needs around community asset development. This work and approach is multi-agency and involves collaboration with private/third sector.
Developing a meaningful conversation with islands around our health and care services.	Ongoing. Island Strategy is in development to scope and deliver future models of care, which are appropriate to serve our island populations. A comprehensive engagement specification has been developed alongside this work. In addition to this, focussed engagement has taken place with specific island populations (i.e. Mull and Tiree) around Care Home and Care at home developments involving Community Councils. Future models of care in relation to these areas will be clarified further as part of the Older Adult Strategy, which is in development.
Carry out market testing of care at home by reviewing views on the quality of service	This was completed prior to the new tender for care at home, results analysed and presented to the care at home strategy group.
Set up an Self-Directed Support Steering Group in order to embed Self-Directed Support Improvement Standards	Ongoing. Self-directed support has been identified as a priority area of focus for transformation, and is now featured prominently as part of the Older Adult Strategy. The HSCP has an identified lead for self-directed support, and a plan for implementing improvement standards is currently being developed – this planning framework will include a close interface with other, key areas of strategy development (i.e. Care At Home and Island Strategies). Standards are being reviewed as part of the Adult Social Work SLWG.

Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Ongoing. See above and below – this work will form a core part of standard winter planning and the development of the Care at Home strategy.
Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.	Ongoing. A strategy to support the development and future delivery of the Care at Home is in development. This work is being supported by a Service Improvement Officer and is being overseen by the Senior Manager for Resources. Sits within the Care at Home Strategy Group.
Develop an Older Adult Strategy.	Ongoing. The Older Adult Strategy is now completed in first draft format. This has been shared with the Strategic Planning Group for the HSCP, and is now undergoing extensive engagement (March 2023-June 2024). A clear engagement specification and engagement framework has been developed and finalised to support this work. Sessions have been scheduled in mid-June to progress next steps. Careful interface with the JSP will be ensured. Governance is via the Older Adult Operational and Governance meeting and SPG.
Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact on each other.	Ongoing. A whole system winter plan was developed and shared widely in the approach to winter 2023/24. This plan encompassed engagement and feedback from all care groups within the HSCP. The process included a revised resource bid/approval standard operating procedure, and was supported by a revised urgent and unscheduled care data dashboard. Next steps will focus on a comprehensive planning framework to ensure effective planning and delivery each year. Governance is via the Urgent and Unscheduled Care Programme Board.
Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.	Completed as part of the recruitment pilot-need to evaluate.
Review the use of Extended Community Care Teams and link them to other community services.	Ongoing. A comprehensive review of ECCT teams (role, remit and integration) has been identified as a priority element within the Older Adult Strategy. This work will be undertaken and managed as part of community standards. Governance and decision making is via the Older Adult Operational and Governance meeting. Trade union representation will be ensured. All appropriate people and culture processes will be adhered to.
Complete a building appraisal for internal care homes and develop an overarching care home and housing strategy. This will include the position of intermediate care within Argyll and Bute.	Working with Hub North on a strategic assessment to develop a capital plan. Intermediate care models will be part of this development. Significant stakeholder engagement took place as part of the strategic assessment.
Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches.	Health and Well Being plan complete and HSCP links into the subgroup.

Engagement activities taken place 2023/2024

Health and Community Care-Annual Engagement Plan 2023-2024

Cowal Community Hospital-paused due to external circumstances (pause on capital funding)

A full engagement plan was developed and as part of this drop in open sessions were in place for the public to view plans and discuss the project. The project was unfortunately put on hold when the pause in NHS capital funding was

implemented.

Care at Home
Comprehensive survey of those in receipt of care at home.
Tigh-a Rhuda Care Home Redesign-ongoing
Engagement specification was developed. Workshops with local stakeholders. Engagement remains on going with the community, staff and public in terms of redesign and build at the care home. The work is likely to conclude in September 24.

Palliative and End of Life Care
Presentation to the IJB then a face-to-face workshop took place with key staff to develop action plan. Will be incorporated into the older adult strategy.

Care Homes and Housing-ongoing.
Short term work on repairs within care homes Hub North work was developed which included visits to care homes, involvement of families, staff and a final stakeholder session. This will be further developed in 2024.

Older Adult Strategy-ongoing
Engagement strategy developed in early 2024. Presentations and development sessions.

Learning Disabilities

Priorities Year 2	Progress Update
Development of short, medium and long term housing strategy to ensure appropriate accommodation models for services users and affordable housing for H&SC staff.	No formal strategy has been developed during this period specifically for LD. Analysis of this area should be undertaken as part of the development of the LD/Neurodevelopmental Strategies. Additionally this area should feed in to an A&B wide Housing Strategy for Health and Social Care. Short/Medium Term – HSCP have recently commissioned an external provider/consultant to undertake a review of all out of area placements in line with the Coming Home Implementation Report recommendations. Part of this work will help to inform current and future need of specialist housing for this area. An opportunity for a Supported Living development has been identified within the Helensburgh & Lomond locality (Medium Term) alongside A&B Council Commercial services.
Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision (both internal and external).	Due to the backlog in inspections following COVID and many of the LD registered services being considered low risk, the frequency of inspections have reduced during this period compared to previous years. Some of the internal registered day support services have not received an inspection for 6+ years therefore, this priority will be carried over to Year 3. The large majority of registered Supported Living Services in A&B (internal and external) have undergone an inspection during this period, with all care providers receiving grades of 4 (Good) of 5 (Very Good) under the new Care Inspectorate Quality Inspection Framework. It's anticipated that 2 of the internal day services will be inspected imminently.
Reduce stigma in relation to learning disability and autism through delivery of joint training and/or awareness raising for staff across the HSCP.	Ongoing priority that will continue to Year 3 and beyond. Links to development of A&B LD/Neurodevelopmental Strategies. Indication that LD/Neurodevelopmental Awareness training will become mandatory for all Health and Social Care staff nationally however, no confirmation of roll out of available training resources and timescales attached.
Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.	Work has commenced to develop neurodevelopmental strategy (full lifespan), aligned with national guidance and outcome of LDAND bill. This work is in early stages. A&B specific LD Strategy still to be developed.
Review and redesign of LD Day Services across A&B, working in partnership with H&SC staff, care providers, service users, carers and wider communities to develop future models of support.	Review and Restructure of internal day service provision complete. New management structure implemented with better oversight, equity and consistency across the localities. Service currently working to a 3 year action plan to continually improve and further develop services to the changing needs of the population
Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.	Ongoing action. Further work required to increase engagement and understanding of available technology and telecare to assist with increasing independence whilst ensuring the safety and wellbeing of service users

Engagement activities taken place 2023/2024

- Routine engagement with service users and/or carers as part of the Assessment and Care Management Process
- Initial engagement around the development of Neurodevelopmental Strategy
- Staff consultation for waking night rota – Greenwood
- Engagement with Supported Living providers regarding the potential supported living development site in Helensburgh & Lomond

Mental Health

Priorities Year 2	Progress Update
Establish clear pathways to keep patients in local hospitals before transferring to acute units and further develop community supports and strategies.	Pathways for inpatient dementia assessment and IPCU beds remain a concern. The HSCP are working hard to look at solutions and to support our residents to remain in the local hospitals. Crisis teams in situ in Oban Lorn & Isles, Mid Argyll Kintyre & Islay and Cowal & Bute to support more timeous mental health assessment prior to any requirement for transfer to the acute unit. This service is available to local hospitals 7 days per week between 10 am and 8pm. Helensburgh and Lochside are served via an Service Level Agreement to Greater Glasgow & for crisis interventions
Urgent and emergency teams embedded in Oban Lorn and Isles.	Completed, all teams in situ across Argyll & Bute, vacancies have arisen in Oban and Dunoon, however the team are able to cross cover
Progress planned developments associated with Transforming Together agenda for mental health.	Core and cluster has not progressed for mental health services, this needs dedicated project support and commissioning to progress
Community Mental Health Services review and outcomes.	The review had 22 outcomes, this has been progressed well with many complete; however will be revisited in Year 3 to ascertain where we are now as part of the community short life working group.
Psychological Therapies – we are working with the Scottish government to develop a business case to enhance and develop our PT services across Argyll and Bute and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an Argyll and Bute wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4.	The realignment of teams to create an Argyll and Bute wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4 is complete. A Business Case has been developed which was submitted to Scottish Government. The service will continue to work alongside Scottish Government to develop our service in line with allocated funding and to improve our wait times. Work to complete care reviews is ongoing.
The primary care mental health team have also realigned to work across GP surgeries and to support those presenting with mild and moderate mental health concerns. This team have a Multidisciplinary Team approach and have a wellbeing nurse, Occupational Therapy , guided self-help worker and primary mental health worker in each locality.	Work to realign the care mental health team to work across GP surgeries and to support those presenting with mild and moderate mental health concerns via a MDT approach is complete. A pathway refresh is underway and a pilot of self-referral is planned to commence this year with a PDSA cycle and soft launch.
Care Reviews.	Work to complete care reviews is ongoing.
Inpatient services – addition of a consultant psychiatrist for the inpatient unit 3 days per week. Recruitment of Registered Mental Health Nurses remains fragile due to the national shortage and the inpatient environment holds large vacancies, support around recruitment and retention is well under way across NHS Highland.	There are ongoing issues here; sector consultants are in reaching to the inpatient unit to allow consistency of care in community and transition from acute care. RMN recruitment, second year of earn to learn (new pathway developed in A&B, being piloted in NHS Lothian and has national interest), major recruitment drive, career fayres, advertising on ferries, social media. Retention and recruitment premium secured for inpatient band 5 nurses to attract new applicants until 2025.
Standardisation of processes; roles and responsibilities; care and support coordination and utilisation of effective training and delivery models (i.e., specialist / generic), as appropriate to support mental health and dementia services locally	• The community group are exploring variation across teams this year, with an aim to minimise variation across the directorate. This will extend out across all under the Mental Health umbrella. The associate lead nurse for Mental Health is developing a skills framework in which base skills and training needs are recorded and updated and further needs assessment

	will develop from there. • Dementia services have moved to the mental health directorate and there are early plans to develop a training package to assist both care homes and local hospitals in caring for those presenting living with dementia. • The community group as above have a remit to explore variation and to standardise practises across the localities. This will encompass the community review outstanding actions, ending exclusion and promote integrated service delivery. • Silvercloud platform has replaced Beating The Blues and is part of our developing and growing digital Mental Health strategy and delivery pathway.

Engagement activities taken place 2023/2024
We continue to work with Acumen to strengthen our relationships with 3rd sector colleagues. Our perinatal agenda and developments have lived people with lived experience and carer involvement in the heart of the pathway

Primary Care

Priorities Year 2	Progress Update
Ensure that locality-based vaccination teams and campaign planning are sufficiently robust to deliver Vaccination & Immunisations and Childhood Vaccination in line with their removal from GP practices from 1 April 2022.	The HSCP Primary Care Nursing Team delivers Adult and Childhood vaccinations to the patients of 23 of the 29 practices in Argyll and Bute.
Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitionary service arrangements (including additional payment arrangements).	The 6 remaining practices attained rural flexibility status and retained their vaccination/immunisation commitments.
Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.	Hub model working will be part of wider participation of the pharmacotherapy service in the HIS Primary Care Improvement Collaborative which will support using data collection to demonstrate the impact of service redesign and inform future improvements. This will include the use of QI tools and shared learning with other health boards as well as the demonstrator sites included in the Phased Investment Programme.
Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.	The Service Planning Manager post for developing sustainable and equitable models of island health and social care provision has been appointed to. Work will commence on this strategy once the model for delivery of the Jura out of hours service is agreed.
Agree, finalise and deliver a midwifery model for pertussis delivery across Argyll and Bute.	Midwifery model in place for delivery of pertussis.
Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.	The Jura out of hours options appraisal is under consideration by the Jura OOH Working Group and will be subject to further scrutiny by the Clinical Care and Governance Group before progressing to implementation.
Develop an HSCP model for travel health and travel vaccinations.	Travel health and vaccinations are delivered by community pharmacists in Argyll and Bute.
Recruit to primary care nursing posts as agreed in the Primary Care Modernisation Implementation Plan to support community treatment and care and some aspects of urgent care.	Recruitment of nursing posts is complete with a small number of vacancies within the PCIF funding envelope. Delivery of some aspects of Urgent Care has been possible through replacement of a direct payment to Dr McLachlan and Partners by NHSH employing a trainee ANP using the TUPE process. Similarly, TUPE arrangements were made for 3 ANPs in Helensburgh and Lomond practices which are now under 2c arrangements.
Implement transitional arrangements where practices continue to provide some services.	Transitional payment arrangements were developed and agreed with the Argyll and Bute Local Medical Committee (LMC) for 2023-24. There is no provision in the primary care improvement fund to extend these payments to future years.
Contribute to review of sustainable services on the island of Coll.	Progress will be part of the wider health and social care strategy for islands now supported by the new service planning manager. Scoping work to support a business case for renovations and upgrade to the doctor's house in Arinagour was undertaken and funding has been allocated from the Strategic Housing Fund in addition to reserves.
Co-location of Cowal Medical Practice and Church St Surgery in the Cowal Community Hospital, Dunoon.	Progress has been placed on hold following capital funding restrictions.

Engagement activities taken place 2023/2024

For delivery of sustainable out of hours arrangements for Jura, a collaborative working group was formed. This includes representatives from the community council, local councillors, local GPs, the Scottish Ambulance Service, Coastguard, the council ferry service and HSCP operational and planning managers. This group meets monthly.

The Coll Collaborative Group comprising key stakeholders and community representatives has been constituted to co-design healthcare approaches on the island.

2023/2024 saw completion of recruitment to nursing teams. Engagement was mainly with the Argyll and Bute Local Medical Committee (LMC) and individual GP practices. The vaccination campaigns used social media platforms and notice boards in GP surgeries and other public spaces.

The CTAC and Pharmacotherapy teams are taking part in the Primary Care Improvement Collaborative which will include measuring the impact of changes to service delivery. This will include service user feedback.

Dentistry

Priorities Year 2	Progress Update
Identification of service needs and associated development.	Service need identified: Kintyre, Mid Argyll and Oban area. There is limited provision for PDS services in these areas. Redesign of service provision to allow flexibility and greater provision of dental care in this region for priority groups. Senior Dental Officer post advertised to increase priority patient group access and contact in these locations. NDIP provision, which is mandated by SG is challenging. Successful recruitment of DHT for 2023/24 diet. Further move to embed as core DHT role, further freeing Dental Officer clinical availability.
Development of current services for Island communities and priority groups.	Scoping Mobile dental service (limited provision) and in collaboration with Coll and Colonsay Communities. Currently capital bid preparation underway. Tiree: Dental Officer and DHT (Dental Hygienist Therapist) visiting regularly throughout each calendar month. Fabric of building has been identified as below standard and requires evaluation by means of SLWG to establish upgrade priorities. Mull clinic remains extremely busy. Over 3000 patients registered. Long waiting list. Only service provider on the island. Again, fabric of building identified as sub standard. This is reducing capacity for clinical provision. Critical upgrade required. This includes clinical equipment failure, xray unit replacement, admin areas, connectivity and staff changing and kitchen facilities. Work underway to replace dental chairs and xray units. Following assessment, hoist facility required for accessibility. One enhanced General Dental Practitioner located on Bute. Poor national uptake of SG scheme. Advanced care options for priority groups' patients – GA or IV sedation services for complex care cases/anxiety cases: Currently no provision for this within A&B staffing cohort. External referral to NHSH North or GGC is only route for these patients. SLA and boundaries are unclear. Discussion and informal agreement with NHSH North, who will provide this service for Oban and will accept referrals to Inverness. Discussion with GGC on a case by case basis. Will accept from geographical area near to GGC but boundaries not set and SLA is unclear. Board input required to determine SLA with GGC and NHSH North. Collaboration with NHSH N SCP staff to upskill A&B SDO and DO in Oban to assist with these cases and provide solid referral pathway. Orthodontics: service is maintained within Primary Care, unlike other board areas where this service is delivered in secondary setting. Currently supported by two Consultants (one GG&C and one Highland) on a rolling 6-monthly commitment basis. Service development includes upskilling of SDO to move into orthodontic care. Appropriate PG course currently being identified. Upskilling of one Dental nurse to Orthodontic Therapist underway and expected completion Spring 2026, via NES.
Increasing access for patients in assisted and looked after accommodation settings.	Domiciliary dental care has resumed. Caring for Smiles Programme for Care Home staff has resumed. Oral health care shop to provide oral healthcare items at cost price to care homes piloted and successful and set to continue into year 3.

Increase skill mix in association with in-house training and also NES partners.	AWI training offered to all dentists. Inhalation sedation training to Helensburgh, Dunoon and Oban: we have seen the successful completion of two Dental Officers in this remit. Further associated support staff identified for training with two having completed NES examination process and one having remaining competencies to complete prior to full certification. Clinicians peer review group meetings – CPD. One SDO identified for PG cert ibnSpecial Care Dentistry to further enhance service provision. MAP behaviour change and OH improvement training for all PDS sites.
Team building.	Regular team meetings and 1 to 1 meetings as standard. Now establishing connections with other Argyll and Bute services and teams.
Standardising processes.	Single point of referral now via SCI gateway. SOPS being developed and reviewed with expert partners to ensure compliant with current peer-reviewed evidence and legislation. Health and safety processes, assurance reporting and monitoring continues to be developed and embedded at senior level and cascaded to all teams. Considerable upskilling and awareness rising with line manager to achieve current placement. Local team resistance in some areas but continuation to build rapport and aware of current and best practice and information sharing between teams.
Fixed term recruitment in Orthodontic services.	Unable to recruit. Please see above planning underway. Accessing Consultant services on temp contract (weekends currently). Looking at agreement with NHSH North for permanent solution for weekday clinics.
In- house development of SDO for Orthodontic services.	SDO development underway, as per above. Mentoring by Consultant in NHSH North
Move to baseline funding	Work underway to align SDS and CDS pays templates to reflect current staffing compliment. Historical cross-over between both permitted. Realignment begins to facilitate best use of clinical and preventative budgets.
Capital funding application for service improvements.	Mobile Dental unit underway.
Co-located sites, increase communication with corporate bodies and GDP services.	Lines of communication open to facilitate good working relationships.

Engagement activities taken place 2023/2024
Discussion with Island communities via Living well Coordinator has begun. Collaborative working with Corporate body GDS in Kintyre and Oban to provide assistance with dental access pressures. Engagement with Naval Families Federation to ensure emergency care pathway for non-serving personnel and preventative measures in place both community and clinically. Resulting in a Public Service Award 2024 for innovation.

Alcohol and Drug Partnership (ADP)

Priorities Year 2	Progress Update
Develop the ADP strategy.	The ADP Strategy Refresh was completed for 2023 to 2024 following engagement with a wide range of partners at the strategy refresh day in February 2023. Forty attendees from a range of partner organisations, including people with lived experience, met for the full day. Presentations and focus group discussion were undertaken to review the achievements, priorities, strategy progress and identify the key priorities for the remaining year of the strategy. In the following months an action plan, agreed by the ADP, was developed to complement the Strategy Refresh. The ADP agreed to focus on the four pillars of work which closely align with the Argyll and Bute Joint Strategic Plan 2022-2025, these are: • Prevention and early intervention • Developing Recovery Oriented Systems of Care (ROSC) • Getting it Right for Everybody • Public Health Approach to Justice It was agreed these four pillars of work should be taken forward through sub groups. At the ADP committee meetings some sub groups working on the above strands from the Action Plan have reported their progress. The ADP agreed to revise this structure when developing the new strategy and action plan which will commence in May 2024.
Develop community hubs throughout Argyll and Bute.	<u>Dunoon and Cowal</u> After much planning, including funding and resources from the ADP support team in 2022 to 2023, the Cowal Hub and Recovery Café launched in April 2023. Obtaining charity status the Cowal Hub has continued to develop and attract funding from other sources and provide a wide range of resources, training and support including specific groups for women, families, men, and the LGBT community. A case study on the Cowal Hub and Recovery Café was also submitted within the Medically Assisted Treatment (MAT) Standards annual reporting. <u>Helensburgh and Lomond</u> The Helensburgh and Lomond Hub, Welcome In, was relaunched in August 2023 providing support and a safe space for people with lived experience of substance use to access support, information and engage in activities. The Scottish Drugs Forum have also linked with the hub to support people with living experience as part of their national programme. <u>Bute</u> The ADP agreed to contribute £50K to support with the renovations and rental of the hub premises on Bute, the building work is almost complete and anticipated to open before the summer of 2024. The Bute Hub project, led by commissioned third sector providers, WeAreWithYou (WAWY), will help and support recovery in Bute and include all partners to ensure ROSC principles are upheld. Partners will be encouraged to utilise the space within the premises: • To facilitate groups and host external support groups. • To create a safe space for people to go where they can get the support and help they need.

	● To provide one to one support and structured interventions in addition to scheduled drop in sessions ● To ensure recovery opportunities are visible and promoted in the community of Bute. The ROSC sub group allows a space where representatives of the hubs across Argyll and Bute can meet and network as well as help inform the priorities for the ADP and ensure those with lived experience have a voice.
Expand on the whole families approach.	A Whole Families Group was established in Cowal with a longer term plan to roll out to other parts of Argyll and Bute and be supported by Scottish Families Affected By Alcohol and Drugs (SFAD). The group, supported by the national MAT Standards Implementation Support Team (MIST) identified areas to improve partnership working and agreed a resource booklet for Cowal people affected by alcohol and drugs and their families. The group also agreed to commission work to support a whole families approach in other areas of Argyll and Bute. This proposal was agreed by the ADP Committee and following a procurement process, SFAD were contracted to undertake the work. The specification includes a co-productive approach and support to communities to provide family support and develop standards across Argyll and Bute. This work, commissioned until the end of March 2025 is in the early stages and being monitored by the ADP Support Team to embed in 2024.
Continue to deliver to the requirements of the National Mission.	The ADP continues to work towards delivering the requirements of the National Mission, primarily through a range of sub groups identified to take forward the ADP action plan and progress MAT standards. <u>Small Grant Funding</u> The Prevention and Early Intervention sub group supported investment in communities by awarding 12 local organisations with grants to deliver prevention activity. Seven of those grants were targeted to support people with lived experience of alcohol and or drugs problems, two were to support families affected by alcohol and or drugs, five were aimed at young people and all involved partnership working. <u>WeAreWithYou</u> The We Are With You (WAWY) commissioned work continues to deliver a wide range of outreach, training, support and services throughout Argyll and Bute. WAWY contribute to prevention, recovery, supporting those preparing, going through and coming out of residential rehabilitation accommodation, as well as the delivery of MAT services. This year saw the introduction of a further dedication online support option, giving added access to those with low levels of need and particularly accessible for more remote communities. The online workers provide interventions and support to lower-level cases in remote and rural areas for a pilot period. The online service provides live contact and uses secure video access, which complements the existing face to face support already delivered and national Webchat service. WAWY continued to offer a wide range of valued support. In Argyll and Bute, 5-10% (between 9 and 16 people) of their overall caseload has consistently engaged for over two years. <u>Drug Death Reviews</u> A review of the Drug Death Review Meetings was undertaken and a

new pathway was developed to ensure governance and utilisation of existing structures, the review had identified existing good practise and areas requiring improvement. The new pathway will address some of the findings from the review and the review of the meetings terms of reference is underway in 2024.

Drug Alerts and Harm Reduction

A local multi-agency and multi-disciplinary group for Local Early Warning Systems has been developed for partnership communication of live drug harm issues. This group links with Public Health Scotland's Rapid Action and Drug Alerts Response (RADAR) team to develop local processes for drug alerts. increased Naloxone supplies were purchased as part of a plan to mitigate against potential overdoses from drugs containing nitazenes.

Planet Youth

The ADP agreed to support the Planet Youth Icelandic programme with five secondary schools currently involved in the pilot. S3 and S4 pupils have completed a questionnaire and the results have been sent back for the local coalition groups to review and discuss how to make this a community wide programme. This work is supported by a full time health improvement officer.

S3 Drama Productions Programmes

The ADP continues to contribute funding to the S3 Drama programme "You Are Not Alone" which is delivered across seven secondary schools. Following the pandemic, performances for 2023 to 2024 returned to live school shows. The performances provide an opportunity for young people to engage in questions, understand support that is available and connect with other services.

A group of stakeholders have been established to review the drama programme and identify how best to move forward so it remains relevant and complements Planet Youth and other educational initiatives. The group decided to move the production from S3 to S2 pupils as the schools have feedback the issues raised in the drama are being experienced by the younger people.

Alcohol Licencing

The Licencing Board has discussions how to produce an over-provision statement in Argyll and Bute to place further guidance and limits on access to alcohol off-sale and on-sale premises. Engagement with stakeholders will take place over 2024.

Alcohol Brief Interventions

Recordings of Alcohol Brief Interventions (ABIs) have increased in Argyll and Bute over recent months following progress to improve data collection in Argyll and Bute. Data is now being collected from the wider settings, including Community Link Workers, Midwives, Physiotherapists, Occupational Health, District Nurses, Mental Health Nurses, Dietetics and Speech and Language. A total of 101 ABIs were recorded in quarter 3 of 2023/24. Health Improvement bank staff were also trained to deliver ABI training to increase training provision.

Developing Recovery Communities

The Scottish Recovery Consortium (SRC) supported Argyll and Bute communities develop recovery hubs. In addition to their national offer, the ADP commissioned SRC to further develop the recovery communities in Argyll and Bute by offering a suite of training. SRC will

	continue to deliver a suite of training in ROSC and rights based recovery into 2024 to 2025. Following the delivery of a SRC training course in Campbeltown, the community identified the desire to celebrate recovery and held a local Recovery Walk. The event was supported with a small amount of funding from the ADP which enabled organisers to hold a Recovery Walk and a wide range of activities including cold water swimming, a remembrance ceremony at the beach and a party. The day was very well attended, with around 20 locals joining in as well as attracting attendance from outwith the local area. <u>Recovery Communities Grants</u> £86,244 was provided in grants to further develop ROSC, including recovery hubs and lived experience panels throughout Argyll and Bute, including islands. The ADP invited bids to the maximum of £15K to develop lived experience forums and involving people affected by alcohol and drugs in the planning, development and delivery of services to deliver shared outcomes. The grant specification included development of networks and Community Groups to support people affected by alcohol and drugs and applying the principles of Rights, Respect and Recovery. <u>Residential Rehabilitation</u> For the period of 2023 to 2024, 12 placements for drugs and alcohol were funded by the multi-agency and multi-disciplinary Residential Rehab Steering Group totalling £80K. One of these placements was direct from prison to residential rehabilitation. Pre, during and post residential rehab support was offered by WAWY and the individuals' key workers remain in touch with the service throughout their recovery journey.
Implement the revised approach to children and families.	A review of the School Support Services was undertaken in the summer of 2023. This included questionnaires to young people and engagement with school staff and services, more detail of this engagement is within the Engagement section of this report. A new specification was developed which includes information for parents and working with existing services and school initiatives. The contract procurement processes took longer than expected and are ongoing.
Initiate MAT standards.	Progress towards MAT Standards 1 to 10 continued in 2023-2024. The MAT Standards Steering Group had oversight of this progress and fed into monthly reporting as well as the 2023-2024 annual reporting to Scottish Government. A range of working groups progressed the MAT standards. A multi agency MAT 8 Group has been established to take forward the requirements within this standard and is working towards their 2023 to 2025 action plan. A new MAT 7 group has been established to take forward developments in primary care. A survey was sent to GP practises as part of scoping drug and alcohol services in primary care. The MAT6 and10 group have produced draft guidance for Primary Care Mental Health Operating Procedures these services provide access to tier 1 and tier 2 psychological therapies.

	Remote and rural issues and sufficient resourcing to meet all the standards remains a challenge. The ADP attained the maximum score achievable for their Numerical and Experiential annual reports to Public Health Scotland for the year 2023 to 2024.

Engagement activities taken place 2023/2024

The Argyll and Bute ADP MAT Standards Experiential Programme resulted in 46 interviews across Argyll and Bute from people with lived experience of services delivering Medically Assisted Treatment for substance use. Seven families and eight staff members from statutory and third sector services also engaged, and were offered to attend an in person, telephone or online interview or complete a questionnaire. The Scottish Drugs Forum was commissioned to undertake aspects of the experiential programme, allowing dedicated expertise and a marked improvement from the engagement in the previous year. Two case studies were also submitted as part of the reporting which involved engagement from people with lived and living experience utilising the Cowal Hub. Argyll and Bute ADP were scored 16/16, and awarded status Green for the experiential report.

As part of the review of the ADP school support services, in the summer of 2023, prior to school summer holidays, 226 young people in secondary school responded to a survey, some of which was completed during class time. The young people's survey together with feedback from school staff and services providers formed the review. Representatives from senior management in each secondary school and third sector service providers for each school engaged in semi structured interviews. Additionally, several meetings were held with school staff who held a remit of wellbeing.

A review of the Drug Related Death Meetings was undertaken. This included conducting semi structured interviews with five members of the group and reviewing the reporting process to ensure alignment with existing NHS processes.

The ADP ROSC sub group became established which will be a further avenue for engagement with people with lived experience of alcohol and/or drugs. Two people with lived experience are members of the ADP Committee and provide a conduit between the community and the ADP.

Allied Health Professionals (AHP)

Priorities Year 2	Progress Update
Agree service specifications for all AHP Services and roll-out Job planning within teams.	Service templates drafted. Work planning tool (previously known as Job Planning) developed by colleague Associate Director for AHP's in north. This includes a staff wellbeing tool and will be rolled out across all staff in the next year.
Address long waits-all over 52 weeks become priority 1. Establish rigorous triage in all AHP teams.	ACRT and PIR rolling out across services with reduction in long and unnecessary waits. Piloting of musculoskeletal triage App underway. Still some long waits in Occupational Therapy and Speech and Language Therapy for lower priority referrals.
Aim to have all practices offering First Contact physio (FCP)	Either offering FCP, remote advice or have use of the PHIO App. Muscle and Joint Pain - Circle Integrated Care (circlehealthgroup.co.uk) Funding not available to fully roll-out to all practices.
Build in capacity for universal and targeted intervention with groups e.g. Aging adults, nursery children – whole population approaches to healthy living.	New post created to support multi-disciplinary early intervention in children & young people services. Living Well programme being implemented offering tier 1 community rehab and tier 2 wellbeing programme.
Delivery of actions e.g. Guest lecturing, increase in student placement offers, progress of therapy apprenticeships.	All services currently offering increased number of placement offers. Not all taken up and this is being monitored by our Practice Education Leads. Therapy apprenticeship schemes being discussed at national level.
Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.	Unable to progress until agreement of Health & Care Staffing programme board that AHP's will carry out cycles. Consider light-touch yearly cycles if not formally agreed.
Develop a dashboard for visible demand and activity data for AHP teams.	This has progressed well. AHP dashboard in place and reporting into IPMF. Detailed work required to develop higher level of data quality and standardisation of ECLIPSE.
All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.	A small number have attended training, training has been offered but limited by system pressures.
Review of recruitment within AHP professions and enhance skill set opportunities g. Increase number of advanced practice roles, therapy assistant support to qualify as an AHP.	Unable to progress therapy assistant work-based apprenticeships as sitting at national level. Early Intervention Advanced Practice role developed in year.

Engagement activities taken place 2023/2024
FCP user feedback survey demonstrated high levels of user satisfaction
Co-production engagement events around Living Well programme

Carers

Priorities Year 2	Progress Update
We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond.	Carried into next year
In collaboration with Carers, develop a plan to ensure that feedback and input from Carers are included in all appropriate planning and decision making and within the Carers' participation and engagement statement.	Carer's strategy now completed through collaboration and feedback from Carers.
Review of the current Eligibility Criteria for Adults and Young People.	Carried to next year
There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.	Educational input and training available on LEON.
We will increase Communication and engagement; ensuring carer's voices are heard. Produce an Engagement framework.	Carer's strategy completed. 4 Carer focus groups identified to support HSCP learning. Continued growth in the number of Carers being supported
Review and update of our Caring together strategic plan.	Carers Strategy drafted, reviewed, and finalised. Action plan now in place for the next three years.

Engagement activities taken place 2023/2024
333 Carers provided information during the Carers Strategy Consultation which enabled the strategy to be completed. 198 Carers responded to an on-line questionnaire. 6 in- person events were held with the support of Carer Centres across A&B.

Prevention Programme

Priorities Year 2	Progress Update
Continue Health Behaviour Training and consider workforce development of prevention /public health agenda.	Training has been offered across the HSCP Tier 1 & 2 model will be implemented in the next year with a competency framework for new staff in terms of training. A wider communication and engagement strategy will be required to educate on the service and how to access.
Continue work outlined in three tiers	Tier 1 (Community rehab) & 2(wellbeing programme) model established and ready for implementation. Develop sustainable business model alongside service implementation Community Assets – workplan under development
Communication & engagement plan developed and rolled-out. Changed to Co-production of Community assets (Strand 2 of programme)	Planned now we are ready to implement Community assets (tier 3) group established with clear plans and links to Community Planning Partnership.
Collate ideas to increase prevention and early intervention in preparation for National Care Service roll-out.	Ongoing as part of Living Well programme, broaden to acknowledge all aspects of prevention work underway in the HSCP

Engagement activities taken place 2023/2024
Co-production event and training Updates to LPG's and Living Well networks

Priorities Year 2	Progress Update
Progress the National Care Service Implementation programme once primary legislation is in place from June 2022. Implement when defined single integrated digital services for health and social care staff as part of new Community Health and Social Care Boards.	Awaiting an update Nationally as to the implementation of a National Care Service. The HSCP continues to engage nationally in forums and looks forward to further plans.
Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.	A suite if flexible working Once for Scotland' policies were launched in November 2023 covering. Flexible Work Location, Flexible Work Pattern, Retirement Career Break, Special Leave, Maternity, New Parent Support, Shared Maternity and Shared Adoption Parental Leave, Breastfeeding, Adoption, Fostering and Kinship. Parent support was also updated to reflect the recent statutory changes to paternity leave. The council family leave policies have also been updated to reflect the recent statutory changes to paternity leave. The council's hybrid working policy was launched in November 2022 We have a well developed and mature remote IT working solution across the HSCP and NHSH.
Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care.	Work towards phase 2 of Eclipse project commencing in progress.
Contribute towards the achievement of net zero carbon emissions across HSCP services, working in partnership with Argyll & Bute Council and NHS Highland.	NHS Scotland are actively developing a national strategy to move greater number of IT systems to hosted cloud services. NHSH will also be moving more services to a data centre. A new project has been establish for 2024/25 which will target the development of key areas with regards to Fleet and Zero Net Carbon Emissions: • Transformation • Estates & Infrastructure • HR savings • Commissioning • Finance • Performance • Digital
Complete our digital transformation where more is accomplished with less because of new ways of working by enhancing the Digital literacy and skills of our workforce - "Our people will need to train in new skills and adopt working in different ways- collaboration".	The HSCP digital transformation is an ongoing process to support and enhance delivery of services that will Improve productivity and reduce the burden of work on staff. Skills development across HSCP will continues to maximise the operational business benefits of new productivity tools that are included in MS365.
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.	Federation phase 1 is complete. Providing improving communication across the HSCP and other public services. In the form of instance messaging, audio and video calling.
Complete the final phase of our "Drone" beta service for clinical logistics in the West of Argyll leading national innovation in the use of this technology in the Scottish Health service.	Work is ongoing with Skyports, who are doing more test flights to support the Civil Aviation Authority framework for further flying in Argyll and Bute. There is an exciting pilot planned for late July 2024 where the Regulatory Pioneering Fund is funding flights of medial goods, including pharmacy from Islay to Jura which could support Out of hours care.

Engagement activities taken place 2023/2024
Review & Modernisation of Transformation Board 2024/25 Eclipse Staff Forum- Phase 1 Ongoing review and management of Eclipse via Change Control Group with wide service presentation and service leads across health and social care Extensive engagement with Community Health Team regarding feedback to OLM Phase 2 Discovery Report and local process mapping including new form development.

Technology Enabled Care (TEC)

Priorities Year 2	Progress Update
Expand digital solution across Argyll and Bute.	We are currently sitting at 46% of all Telecare clients in receipt of a digitally capable Telecare device. This is on track to be complete by December 2025
Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute.	Information sessions on the TEC offering continue to be held both virtually and in person across Argyll and Bute. The Connect Me platform has a range of methods for people to upload their results, ensuring no digital exclusion.
Ensure TEC is a core service embedded in all aspects of delivery of care.	We have worked hard to ensure that TEC features within all core strategies e.g. Care at Home, Islands Strategy, Women's Health and that TEC is considered routinely in all hospital discharges.
Supporting colleagues to feel more comfortable using TEC available as a resource to support their delivery of care and free up time for direct patient care.	Information sessions on the TEC offering continue to be held both virtually and in person across Argyll and Bute to all HSCP colleagues. TEC team representation at key locality meetings to build working relationships with key departments.
Continue to develop NHS Near Me clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel.	The number of people attending Near Me clinics has increased alongside the number of clinics being available for Near Me. Refresher training has been offered to all staff currently signed up on Near Me.

Engagement activities taken place 2023/2024

- Kintyre Show
- Living Well Network
- Buddi roadshows in Oban, Campbeltown, Inveraray and Helensburgh
- TEC awareness sessions in each locality, both in-person and virtually
- Telecare awareness session to ACHA sheltered accommodation residents in the west of Argyll

Corporate Services

Priorities Year 2	Progress Update
Progress the National Care Service Implementation programme once primary legislation is approved. Support when defined single integrated corporate services for health and social care staff as part of new Community Health and Social Care Boards.	Awaiting an update Nationally as to the implementation of a National Care Service. The HSCP continues to engage nationally in forums and looks forward to further plans.
Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.	A suite if flexible working Once for Scotland' policies were launched in November 2023 covering. Flexible Work Location, Flexible Work Pattern, Retirement Career Break, Special Leave, Maternity, New Parent Support, Shared Maternity and Shared Adoption Parental Leave, Breastfeeding, Adoption, Fostering and Kinship. Parent support was also updated to reflect the recent statutory changes to paternity leave. The council family leave policies have also been updated to reflect the recent statutory changes to paternity leave. The council's hybrid working policy was launched in November 2022 We have a well developed and mature remote IT working solution across the HSCP and NHSH.
Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll & Bute Council and NHS Highland.	A new project has been establish for 2024/25 which will target the development of key areas with regards to Fleet and Zero Net Carbon Emissions: • Transformation • Estates & Infrastructure • HR savings • Commissioning • Finance • Performance • Digital
Complete our digital transformation where more is accomplished with less because new ways of working with or without technology. Digital transformation is not about technology only – Our people will need to train and adopt working in different ways- collaboration.	The progress of the Medical records centralisation project has seen the HSCP benefit from less locality based administration to centralised booking, appointing and management of patient pathways. Further improvements to the TrackCare system would allow this work to develop further.
Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.	Phase 1 Eclipse project Implemented- June 2023, work ongoing to finalise partnership agreement with OLM for Phase 2 which will focus on the development of the four community health teams; 1. Community Nursing 2. Allied Health Professionals 3. Child Health 4. Community Mental Health A Change Control Group has been established to support the embedding and local change to support Phase 1 post go-live.
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.	Federation phase 1 is complete. Providing improving communication across the HSCP and other public services. In the form of instance messaging, audio and video calling.
Complete the final phase of our "Drone service" beta	Work is ongoing with Skyports, who are doing more test flights

service for clinical logistics in the West of Argyll leading national innovation in the Scottish Health service.	to support the Civil Aviation Authority framework for further flying in Argyll and Bute. There is an exciting pilot planned for late July 2024 where the Regulatory Pioneering Fund is funding flights of medial goods, including pharmacy from Islay to Jura which could support Out of hours care.

Engagement activities taken place 2023/2024
Review & Modernisation of Transformation Board 2024/25 Eclipse Staff Forum- Phase 1 Ongoing review and management of Eclipse via Change Control Group with wide service presentation and service leads across health and social care Extensive engagement with Community Health Team regarding feedback to OLM Phase 2 Discovery Report and local process mapping including new form development.

Appendix 2 Health & Wellbeing Outcome Indicators (HWBOI's) & Ministerial Steering Group Indicators (MSG)

The National Health and Wellbeing Outcome Indicators continue to provide a performance framework for the planning and delivery of health and social care services. These indicators, alongside the Ministerial Steering Group Integration Indicators, focus on the experiences and quality of services for people using those services, carers and their families.

Currently there are 20 indicators of National Health and Wellbeing Outcomes (NHWBO), and 6 MSG Integrations indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland

The data used for both the HWBOI's and MSG is the most recent for 2023/24 (or latest available) and is split to identify the outcome and performance indicators within the dataset. Latest overall performance noted below.

HWBOI-Outcomes

Data notes 55.5% (5 of 9) HWBOI Outcomes measures reporting as above the national Scotland Rate. It is worth noting that performance will be influenced and vary in line with the total number of respondents participating in this voluntary survey. As such, caution should be noted with regards to previous comparison and trends. Benchmarking performance against 7 comparator HSCPs is noted below.

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Scotland
1 - Percentage of adults able to look after their health very well or quite well	93.0%	93.2%	93.2%	90.8%	90.8%	*92.0%*	*90.7%*
2 - Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79.0%	79.9%	79.9%	75.0%	75.0%	*73.0%*	*72.4%*
3 - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	72.5%	72.5%	66.9%	66.9%	*53.0%*	*59.6%*
4 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.0%	73.7%	73.7%	66.0%	66.0%	*59.0%*	*61.4%*
5 - Total % of adults receiving any care or support who rated it as excellent or good	79.9%	78.3%	78.3%	68.6%	68.6%	*74.0%*	*70.0%*
6 - Percentage of people with positive experience of the care provided by their GP practice	84.8%	84.5%	84.5%	77.6%	77.6%	*84.0%*	*68.5%*
7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74.2%	76.5%	76.5%	76.7%	76.7%	*67.0%*	*69.8%*
8 - Total combined % carers who feel supported to continue in their caring role	32.7%	35.0%	35.0%	38.0%	38.0%	*38.0%*	*31.2%*
9 - Percentage of adults supported at home who agreed they felt safe	82.9%	78.7%	78.7%	76.4%	76.4%	*67.0%*	*72.7%*

HWBOI – Outcomes - Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	92.0%	91.1%	92.0%	93.0%	92.5%	92.2%	93.5%	90.8%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as	73.0%	74.1%	74.7%	71.9%	76.5%	71.9%	77.4%	67.2%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	53.0%	62.4%	63.9%	60.5%	61.9%	59.5%	63.4%	57.9%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	59.0%	55.6%	67.1%	65.9%	74.4%	65.7%	62.1%	56.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	74.0%	65.2%	76.3%	75.7%	65.6%	68.7%	72.6%	64.8%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84.0%	62.1%	71.1%	80.4%	67.9%	68.6%	73.7%	72.3%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	67.0%	70.1%	76.1%	73.6%	76.0%	69.3%	76.2%	66.1%	69.8%
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	33.7%	35.8%	32.0%	34.6%	28.2%	28.0%	32.8%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	67.0%	63.7%	79.6%	78.2%	79.9%	70.0%	71.9%	66.8%	72.7%

HWBOI- Performance Data

Data notes 55.5% (5 of 9) HWBOI Performance measures reporting as above the national Scotland Rate. *Indicators 12, 13, 14, 15, 16, 18 Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2023 should improve the consistency of reporting between Health and Social Care Partnerships. Benchmarking performance against 7 comparator HSCPs is noted below.

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Scotland
11 - Premature mortality rate per 100,000 persons*	393	403	398	386	*398*		442
12 - Emergency admission rate (per 100,000 population)*	12,938	12,402	10,702	12,004	11,968	*12,204*	*11,707*
13 - Emergency bed day rate (per 100,000 population)	112,235	108,088	91,065	106,155	118,552	*120,888*	*112,883*
14 - Readmission to hospital within 28 days (per 1,000 population)*	83	80	96	89	84	*85*	*104*
15 - Proportion of last 6 months of life spent at home or in a community setting*	90.0%	90.8	92.4	90.8%	89.6%	*89.7%*	*89.1%*
16 - Falls rate per 1,000 population aged 65+*	26.2	26.0	24.3	29.2	27.6	*28.4*	*23.0*
17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74.2%	85.0%	87.0%	80.0%	79.0%	*77.3%*	*77.0%*
18 - Percentage of adults with intensive care needs receiving care at home*	68.4%	70.8.0%	72.3%	72.1%	72.2%	*68.3%*	*64.8%*
19 - Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	540	343	570	804	*912*	*902*
20 - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.0%	22.0%	N/A	N/A	N/A	*N/A*	*N/A*

HWBOI- Performance Data – Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 11	Premature mortality rate per 100,000 persons	398	390	357	400	428	330	358	407	442
NI - 12	Emergency admission rate (per 100,000 population)	12,204	12,560	9,710	9,214	10,438	8,338	9,981	13,127	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	120,888	94,390	104,376	102,850	105,962	87,123	125,062	110,293	112,883
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	85	119	91	116	95	77	120	122	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89.7%	92.2%	89.1%	90.3%	87.9%	91.1%	88.2%	89.2%	89.1%
NI - 16	Falls rate per 1,000 population aged 65+	28.4	25.4	23.0	14.6	23.8	17.7	16.3	23.6	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77.3%	71.3%	82.5%	84.8%	76.4%	81.1%	70.6%	84.6%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68.3%	63.1%	62.0%	54.8%	70.3%	60.6%	59.5%	70.4%	64.8%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	912	166	238	1,876	639	980	1,605	814	902
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ministerial Steering Group Indicators

MSG Indicators data notes that all MSG measures have increased in the last reporting year. Activity around Emergency Admissions, Unplanned Bed Days, A&E attendances and Delayed Discharge Bed Days all noted performance exceeding pre –Covid levels. This highlights the necessity to consider approaches to alleviate systems pressures around Urgent and Unscheduled Care and expedite hospital flow.

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
MSG 1.1 - Number of emergency admissions	8,374	8,231	6,917	7,820	7,928	*8,933*
MSG 1.2 - Number of Admissions from A&E	5,244	4,945	3,668	5,040	4,957	*5,097*
MSG 2.1 - Number of unplanned bed days acute specialties	65,794	64,008	53,390	67,255	77,094	*77,882*
MSG 2.2 - Number of unplanned bed days MH specialties	13,747	13,204	11,208	9,049	9,212	*11,575*
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,646	16,774	*17,740*
MSG 3.2 - % A&E attendances seen within 4 hours	93.4%	91.7%	93.1%	88.9%	83.9%	*83.0%*
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,929	*12,757*
* MSG 5.1 - % of last six months of life by setting community & hospital	90.0%	89.6	90.80%	90.8%	*89.6%*	
* MSG 6.1 - % of 65+ population at Home (unsupported)	92.1%	92.1%	92.5%	92.6%	*93.2%*	

Agenda Item 9

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**26 November 2024**
Title:	**NHS Highland Board Risk Register**
Responsible Executive/Non-Executive:	**Dr. Boyd Peters, Board Medical Director**
Report Author:	**Dr. Boyd Peters, Board Medical Director**

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 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 meeting, this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

2.2 Background

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

2.3 Assessment

The following section is presented to Board for consideration of the updates to the risks contained within the NHS Highland Board Risk Register. The following risks are aligned to the governance committee in which they fall within, and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

The following changes were made to the risk register, per agreement at the September 2024 Board meeting:

Risk Description	**Agreed Action**
Risk 715: Impact of COVID on health outcomes	Moved from Board risk register to public health directorate risk register.
Risk 712: Fire compartmentation	Pending approval from Health & Safety Committee to be removed from the Board risk register; Has been left in this report due to compliance with NHS Highland's risk de-escalation governance processes.
Risk 1279: Financial balance – adult social care	Amendment in executive leadership from Director of Finance to Chief Officer of HHSCP.

Finance, Resources and Performance Risks

Risk Number	1254	**Theme**	Financial Position

Risk Level	High	**Score**	16
Target Risk Level	High	**Target Score**	12
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative

There is a risk that NHS Highland will not deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:

1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care

2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise

3. Inability to realise 3% reduction in spend in line with value & efficiency plans.

NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set

Mitigating Action	**Due Date**
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.	Ongoing
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs	Ongoing
Limited assurance regarding the delivery of the Adult Social Care financial position	Ongoing
Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance	
Monthly monitoring, feedback and dialogue with services on financial position.	
Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	
Finance plan needed to identify the actions required to deliver financial balance for ASC and agreed position with THC - HHSCP team have been tasked with setting out a detailed plan to progress towards financial balance.	Ongoing
Discussion ongoing with SG around a plan that can be agreed from a perspective of deliverability and monitoring, which will minimise the impact of not delivering a break-even position through brokerage.	Ongoing

Risk Number	666	**Theme**	Cyber Security
Risk Level	High	**Score**	16
Target Risk Level	High	**Target Score**	15
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business-as-usual arrangements entailed with resilience.

Mitigating Action	**Due Date**
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the course of the audit.	October 2024
NHS Highland are in the process of rolling out Trend Deep Security Tool. This tool mitigates disclosed vulnerabilities in out of support operating systems.	December 2024
Implement new eHealth Major incident plan aligned to NHSH Major incident plan	December 2024
Deploy Microsoft for cloud applications to NHSH mobile devices	March 2025
Deploy Microsoft defender for identity	June 2025
Refresh the NHSH Information Security Management System documentation set using the national information Security Policy pack.	December 2025

Risk Number	712 – **Proposed for <u>de-escalation and removal</u> from Board Risk Register**	**Theme**	Fire Compartmentation
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	8
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.			
Mitigating Action		**Due Date**	
Contracts in place awaiting Raigmore to facilitate decant to allow work to commence – decant plan submitted and approved, works underway with estimated completion due end of December 2024.		December 2024	
Further fire compartmentation work project plan for the remainder of the building to be developed as part of this work.		March 2025	

Risk Number	1097	**Theme**	Strategic Transformation
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	6
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
NHS Highland will need to redesign to systematically and robustly respond to challenges faced. If transformation is not achieved this may limit the Board's options in the future regarding what it can and cannot do for our population. The ability to achieve financial balance and the focus on the current operational challenges may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the health and care needs of our population in a safe & sustained manner and the ability to achieve financial balance.			
Mitigating Action		**Due Date**	
Implementation of NHS Highland's Decision-Making Framework.		Complete	
Refresh and implementation of Performance Management Framework (alignment of IPQR with ADP, performance reviews and EDG performance dashboard) to monitor implementation of strategic design and change programmes.		Complete	

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 – approach to strategic transformation priorities in development through Strategic Transformation Assurance Group (STAG).
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 and will be reviewed in line with transformation programmes quarterly.
Strategic change priorities will be assessed by a Professional Reference Group to ensure appropriate involvement to ensure change is clinically led.	Ongoing
Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond	Complete

Risk Number	1255	**Theme**	ADP 24-25 Delivery
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	8
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to fragility of services and reliance on additional / unfunded resource to cope with current levels of demand and activity, there is a risk that ADP 24-25 will fail to deliver the outcomes being pursued to improve patient quality, care delivery and efficiency.			
Mitigating Action		**Due Date**	
Value & Efficiency Accountability Group (VEAG) established to monitor efficiency opportunities across system against agree priorities		Meeting fortnightly	
Integrated service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability being incorporated into annual planning cycle governance.		Annual planning cycle governance to be established Autumn 2024.	
Review associated governance of ADP deliverables across SLTs, STAG and VEAG underway.		Ongoing through STAG.	

Risk Number	1279	**Theme**	Financial Balance – Adult Social Care
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2024/25 due to: 1. Current underlying financial position represents a significant overspend against the allocation received with an opening deficit of £16.252m 2. Further reduction in Quantum of £7m 3. Inability to realise 3% reduction in spend in line with value & efficiency plans of £5.71m			
Mitigating Action		**Due Date**	
ASC team to establish a cost reduction plan that delivers a 3% efficiency saving and highlights deliverable options to reduce the remaining gap.		October 2024	

Risk Number	714	**Theme**	Backlog Maintenance
Risk Level	High	**Score**	12
Target Risk Level	Medium	**Target Score**	8
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.			
Mitigating Action		**Due Date**	
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.		March 2025	
Preparing a Whole System plan (Business Continuity Plan) collating and prioritising all backlog maintenance for submission to Scottish Government to inform future funding levels - Planned Submission Date January 2025		January 2025	

Risk Number	1182	**Theme**	New Craigs PFI Transfer
Risk Level	Medium	**Score**	9
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			

There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.	
Mitigating Action	**Due Date**
PFI hand-back Programme Board in place	Established and meeting bi-monthly
Development sessions being progressed to model the future estate utilisation and service delivery model	In progress through the Programme and will be ongoing until hand-back date
Working with Scottish Futures Trust	Ongoing
Programme Management commissioned from independent intelligence	
Programme structure in place	
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register	Ad-hoc

Staff Governance Risks

Risk Number	706	**Theme**	Workforce Availability
Risk Level	Very High	**Score**	20
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative

There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.

Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well'

New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs

International recruitment team and processes developed in partnership with North of Scotland Boards

Mitigating Action	Due Date
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled **September 2023**	Recruitment improvement project plan developed and project team in place Work is ongoing to improve recruiting managers knowledge and understanding of their role and responsibilities and reduce delays in completing key tasks. It has been agreed that further work is required to review the service model as ongoing work to improve performance is having little impact. Further data analysis will be completed to review where delays are occurring and if this is related to capacity of managers to use the self-service model. Update to November staff governance committee. Further data analysis has identified that 75% of new starts are within the national target time to hire with outliers impacting on the average that is reported currently. Suggests focus now

	needs to be on the outliers and not the service model. **Next update March 2025**
Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc **November 2023**	Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place – Formal update will be provided to EDG in January 2024 – This work has been delayed and will be tied into the proposal to review the models for recruitment we currently use. Further work will now be completed on strengthening existing self-service model and offering bulk recruitment where there are clear workforce plans developed and in place for services and/or job families. **Next update March 2025**
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships **January 2024**	Employability working group being established and project charter agreed Work ongoing and will be reported through people and culture portfolio board. Workshops planned to progress these discussions. Work progressing well with initial workshops complete. Draft framework complete, work to finalise ongoing. **Next update March 2025**
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care **November 2023**	Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024 Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week. This will be picked up through establishing workforce planning groups in each operational area to feed into strategic workforce

	planning group. **Next update March 2025**
Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce **November 2023**	Integrated service planning approach agreed and first cycle to be completed by end of March 2024 e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme Work is underway to complete our first cycle of integrated service planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out Effective rostering programme agreed by Health and Care Staffing Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs. First cycle of integrated service planning complete and proposal agreed for second cycle of integrated service planning for 2024-2025. We are gaining better insights from this process into workforce challenges and potential solutions and it is anticipated this will improve further through the second cycle with a more robust and detailed workforce plan developed during 2024-2025. Next cycle currently being planned. **Next update March 2025**
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle **March 2024**	Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024. HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self assessment 1st Quarterly report produced for staff governance committee and board Work ongoing. **Next update March 2025**

Risk Number	1056	**Theme**	Statutory & Mandatory Training Compliance
Risk Level	Very High	**Score**	20
Target Risk Level	Medium	**Target Score**	8
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative

There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.

The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

Mitigating Action	Due Date
I Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes. **September 2024**	Short life working group now established and 6-month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to the area partnership forum and will be considered by staff governance committee in July 2024 Some progress made but more required. Data on compliance now dis-aggregated to operational areas for further scrutiny by staff governance committee

	Progress still limited, considering alternative approach to scheduling a module each month for all staff to complete. In addition, protected learning time programme will implement recommendations from the national group. **Next update March 2025**

Risk Number	632	**Theme**	Culture
Risk Level	High	**Score**	12
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Our People	
Governance Committee		Staff Governance	

Risk Narrative

There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.

Mitigating Action	Due Date
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – **October 2023**	Refreshed leadership and management development programme now in place. Phase two of the culture and leadership framework and programme ongoing with a focus on development of the learning system and consideration of cohort training for key groups of managers. **Next update March 2025**
Further development of staff engagement approach including board wide 'living our values' project – **December 2023**	Staff engagement approach presented and approved by COG in December 2023 – detailed plan reviewed by COG in February 2024 and further work required to refine which will be reviewed at the March meeting COG and APF approved the staff engagement approach currently being delivered/tested with result due at end of the year to evaluate this approach. **Next update March 2025**
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers **– September 2023**	Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and

	ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to the area partnership forum and will be considered by staff governance committee in July 2024. Some progress made but more required. Data on compliance now dis-aggregated to operational areas for further scrutiny by staff governance committee. Progress still limited, considering alternative approach to scheduling a module each month for all staff to complete. In addition protected learning time programme will implement recommendations from the national group. **Next update March 2025**
Appraisal (personal development review - PDR) and PDP improvement plan approved in March 2024 to ensure all managers have PDR and PDP completed in 2024-2025	Short life working group in place to finalise details of PDR and PDP improvement plan including supporting materials, actions required and timelines. Plan launched with reports issued to managers and requirements to agree plans and trajectories for their areas. 1st two levels of management below director to be completed by December 2024. **Next update January 2025**

Clinical and Care Governance Risks

Vaccination uptake and delivery remain risks for NHS Highland. Adult vaccination uptake is close to national levels, but childhood uptake has fallen within Highland HSCP. Considerable work continues to be undertaken to improve the service and uptake including that relating to SG escalation and implementation of the recommendations of the PHS peer review. Action plan implementation is overseen by the Vaccination Improvement Group.

Risk Number	959	**Theme**	COVID and Influenza Vaccines
Risk Level	High	**Score**	12
Target Risk Level	Medium	**Target Score**	6
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	

Risk Narrative
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Care home uptake for COVID vaccination was higher than the national average. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Quality and staff issues have been highlighted especially within Highland HSCP and include clinic cancellation and access. Uptake of some other vaccinations has declined and work to tackle this is being undertaken. There are some specific actions as well as others in line with those for COVID and influenza.

Mitigating Action	**Due Date**
Actions to increase uptake rate and other measures of performance and quality improvement are in place	October 2024
Effective delivery model in place across Highland HSCP - Peer review has been undertaken and implementation group with action plan is in place	October 2024
Implementation of autumn/winter 2024 COVID and influenza vaccinations - Details of delivery will depend on agreed delivery model	January 2025

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

3.2 Workforce

A robust risk management process will enable risks relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Staff Governance Committee.

3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

3.4 Risk Assessment/Management

This is outlined in this paper.

3.5 Data Protection

The risk register does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in in line with our strategic objectives and outcomes once strategy is approved.

3.9 Route to the Meeting

Through EDG, FRPC, SGC, CGC and Board.

4 Recommendation

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

4.1 List of appendices

None as summary has been provided for ease of reading

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26h November 2024**
Title:	**Quarter 2 Whistleblowing Report**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Gareth Adkins, Director of People & Culture**

1 Purpose

This is presented to the committee for:

- Assurance

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is for Quarter 2 covering the period 1st July – 30th September 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

Summary of Q2 Whistleblowing reporting covering the period 1st July – 30th September 2024

- No new cases have been raised.
- 1 case remains open and under investigation.
- 1 concern remains under discussion with the individual to agree best way forwards
- 3 cases were closed.

One new case raised in quarter 1 in relation to issues that are known to the board has been formally responded to and closed. The concerns related to the challenges associated with delivering a service sustainably including long waiting lists. The outcome the individuals were seeking was assurance that actions were underway or would be progressed to address these challenges. The response outlined the actions the board are taking including ‘relaunching’ the programme board to engage wider stakeholders and move actions forwards in partnership.

One new concern remains under discussion in relation to whether a whistleblowing investigation is required as there have been two separate reviews of the service that have acknowledged the concerns raised. Work has been underway associated with these reviews to explore with other NHS boards sustainable options for delivering the service. These discussions continue at a national level and the individual is involved in these discussions. The concerns relate to the pace of change and progress towards finding a solution and we continue to engage with the individual to provide assurance that this issue is being addressed.

2 further cases were closed both with partially upheld outcomes in relation to the concerns raised. In one case we have had confirmation that the individual is content with the outcome. The other case the report has been provided to the individual and they have indicated they are considering whether to refer to INWO.

1 case remains under investigation at the end of the quarter.

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

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

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

Following discussion at the last staff governance committee it was agreed that consideration would be given to how to provide feedback through governance mechanisms on the recommendations from concluded cases.

The table in appendix 1 summarises the cases with recommendations that are still in progress and the governance arrangements. It is worth noting that recommendations are dependent on the specific context and circumstances and the associated governance arrangements will vary. However, a review date has been set for the whistleblowing function to check with those tasked with the recommendations on progress to date. This will include considering whether the work requires a further review date set.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

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

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

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

3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included.

3.5 Data Protection

The standards require additional vigilance on protecting confidentiality

3.6 Equality and Diversity, including health inequalities

No issues identified currently

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

N/A

3.9 Route to the Meeting

Staff Governance Committee meeting 5 November 2024A

4 Recommendation

The Board is invited to take Moderate Assurance and take confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

4.1 List of appendices

Appendix 1 – Case Recommendations and Governance Summary:

Appendix 1 – Case Recommendations and Governance Summary

Case ID	Summary	Recommendations	Actions	Governance Arrangements	Review date
WB02 2022-23	INWO review	• improve our concern handling • to apologise to complainant • carry out a review of specific patient feedback.	• Improvements progressed as part of speaking up action plan • Apology issued • Review of patient feedback being progressed	• Whistleblowing • Clinical Governance	• Complete • Complete • End of October 2024
WB09 2023-24	Concerns raised in relation to contractor use and procurement practices in a service	• Review process for approving and engaging contractors to cover workforce shortages in specialist non-clinical roles • Review procurement processes in service area	• SLWG setup to review contractor processes including senior sign off • Review of procurement processes by procurement team	• Whistleblowing/Staff Governance	• End of February 2025
WB11 2023-24	Concerns raised in relation to: • organisational change policy implementation • Clinical practice and supervision	• Undertake a review of service provision and produce recommendations on any changes required • Review training and competency framework • Adopt new organisational professional assurance framework • Undertake organisational development with teams to rebuild trust and promote psychologically safe workplace	• SLWG to be set up to progress all actions • Organisational development support commissioned	• Clinical Governance	• End of February 2025
WB12 2023-24	Concerns raised in relation to: • Service sustainability • Waiting lists • Staffing levels	• Provide confirmation of actions underway and planned to address concerns • Include whistleblowers in stakeholder engagement and/or programme board/governance	• Programme board relaunched • Whistleblowers invited to participate	• Clinical Governance	• Complete

WB13 2023-24	Concerns raised in relation to a community hospital: • Raising concerns through clinical governance • Effective management of concerns raised through clinical governance • Communication and engagement of staff in clinical governance	• Review and strengthen clinical governance arrangements within the hospital including raising concerns and involving staff in clinical governance activities locally • Improve communication to staff on clinical governance improvement plans • Strengthen multi-disciplinary working including MDT meetings, ward rounds and note keeping • Improve senior nursing staff visibility • Review opportunities to link with community dementia team and provide inreach to hospital	• SLWG set up to progress actions including senior nursing leadership	• Clinical Governance	• End of January 2025

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 November 2024**
Title:	**Appointment of Board Vice Chair**
Responsible Executive/Non-Executive:	**Sarah Compton Bishop, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report sets out the rationale for appointing a new Vice Chair to the Board from 1 April 2025, outlines the process undertaken to recruit to the position, and invites the Board to agree to appoint to the position.

2.2 Background

Ann Clark was appointed to the position of Vice Chair on 3 September 2019. Since Ann will leave the Board on 31 March 2025, the Board Chair initiated an early process to recruit to fill the Vice Chair position to allow time for a full handover before Ann's Board membership term concludes.

2.3 Assessment

The Blueprint for Good Governance and Board Standing Orders set out the process to be followed to recruit and appoint to the position of Board Vice Chair.

To ensure robustness and transparency, all publicly appointed Non-Executive Board Members were invited to put themselves forward for the imminent vacancy. This excluded the Whistleblowing Champion, as per the Blueprint for Good Governance, to avoid potential conflict should they have to deputise for the Chair.

Following an open selection process, two expressions of interest were received, and interviews held. Confirmation has now been received from the Cabinet Secretary to appoint Gerry O'Brien to the position, based on evidence of effective performance, skills, knowledge and experience needed for the position.

The Board is now invited to appoint Gerry O'Brien as Vice-Chair with a start date of 1 April 2025 and agree that his term of office will until the end of his Board membership tenure – 31 December 2028.

The issue of additional remuneration is a matter for each Board. NHS Highland Board has previously agreed to remunerate the Board Vice Chair with four additional days per month.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper. However, it is hoped that the proposals will enable a diverse range of skills and experience are directed to our Board governance.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Non-Executive Board members involved.

3.9 Route to the Meeting

The subject of this report has been shared with the relevant Non-Executive Board members.

4 Recommendation

The Board is asked to **agree** to appoint Gerry O'Brien to the position of Board Vice Chair, with effect from 1 April 2025 until 31 December 2028.

4.1 List of appendices

There are no appendices to this report.

NHS Highland

Meeting: NHS Highland Board

Meeting date: 26 November 2024

Title: Review of Committee Memberships

Responsible Executive/Non-Executive: Sarah Compton Bishop, Board Chair

Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report outlines changes to Governance Committee memberships for the Board's approval.

2.2 Background

At the Board meeting in July 2024, agreement was given to a series of revised Governance Committee memberships. This report addresses further imminent changes to the Board's non-executive membership and changes to Governance Committee chair positions.

2.3 Assessment

Audit Committee

At the meeting in July 2024, it was confirmed that Susan Ringwood would take over the position of Committee Chair until the end of her membership tenure at the end of 2024, with Emily Austin assuming full membership status and the Vice Chair role from 1 October 2024.

It is now proposed that from 1 January 2025 **Emily Austin** take over the role of Audit Committee Chair. The role also includes acting as the Board's Counter Fraud Champion.

Clinical Governance Committee
Alasdair Christie has chaired the Clinical Governance Committee since November 2022, having previously chaired the Board's Audit Committee. Alasdair has intimated his intention to stand down from the position of Chair as he enters his final year on the Board. He will remain a member of the Committee and support a new Chair throughout the remainder of his Board membership tenure.

It is proposed that **Karen Leach** take over the position of Clinical Governance Committee Chair following the 9 January 2025 Committee meeting. This position attracts an enhanced remuneration as described in the appendix considering the additional time commitment required.

Appendix 1 highlights the changes to Committee memberships listed in this report and indicates when they will take effect.

It is also acknowledged that reports will be brought to the Board throughout 2025 to address further anticipated vacancies and changes to governance committee and Argyll and Bute IJB memberships.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper. However, it is hoped that the proposals will enable a more diverse range of skills and experience are directed to our Governance Committees.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Non-Executive Board members involved.

3.9 Route to the Meeting

The subject of this report has been shared with the relevant Non-Executive Board members.

4 Recommendation

The Board is asked to **agree** to appoint Emily Austin as Audit Committee Chair and Counter Fraud Champion with effect from 1 January 2025 and Karen Leach as Clinical Governance Chair with effect from 10 January 2025.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 Committee membership changes shown highlighted
- Appendix 2 All other agreed committee and HSCP memberships.

Appendix 1

Names added	Names removed

Changes to Committee Memberships

With effect from 1 January 2025

Audit Committee **Five non-Executives**	• Emily Austin Chair • Alasdair Christie • Alex Anderson • Bert Donald • Vacancy

With effect from 10 January 2025

Clinical Governance Committee **Four non-Executives** ***And*** **Chair ACF**	• Karen Leach - Chair • Alasdair Christie ~~– Chair~~ • Joanne McCoy – V Chair • Muriel Cockburn • Catriona Sinclair, ACF Chair

Appendix 2

All other memberships as agreed

Committee	Membership
Finance, Performance and Resources Committee **Five non-Executives**	• Alex Anderson - Chair • Graham Bell - V Chair • Gerry O'Brien • Garrett Corner • Steve Walsh
Endowment Funds Committee **Five non-Executives**	• Philip MacRae - Chair • Elspeth Caithness (Employee Director) • Joanne McCoy • Alasdair Christie • Garret Corner
Pharmacy Practices Committee **At least two trained Non-Executives**	• Ann Clark (Chair) • Susan Ringwood • Joane McCoy • Garret Corner • Karen Leach
HHSCC **Five non-Executives** ***including*** **The Highland Council nominated appointee to the Board**	• Gerry O'Brien - Chair • Philip MacRae - V Chair • Ann Clark • Joanne McCoy • Muriel Cockburn
Staff Governance Committee **Four non-Executives** ***And*** **Employee Director**	• Ann Clark – Chair • Philip MacRae – V Chair • Bert Donald • Steve Walsh • Elspeth Caithness (Employee Director)
Remuneration Committee **Five non-Executives** ***including*** **Board Chair, Vice Chair and Employee Director**	• Ann Clark - Chair • Bert Donald - V Chair • Sarah Compton Bishop • Gerry O'Brien • Elspeth Caithness (Employee Director)

Highland Health and Social Care Partnership Joint Monitoring Committee

• Four Non-Executive Directors	• Sarah Compton Bishop (Co-Chair) • Ann Clark • Gerry O'Brien • Alex Anderson
• **Director of Finance**	• Heledd Cooper
• **A registered medical practitioner** whose name is included in the list of primary medical services performers prepared by the Health Board**;**	• Tim Allison
• **A registered nurse** who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;	• Louise Bussell
• **A registered medical practitioner** employed by the Health Board **and not providing primary medical services;**	• Tim Allison
• **Staff representative**	• Elspeth Caithness • Fiona Davies

• **Chief Executive** • **Chief Officer**	• Pam Cremin

Community Planning Partnership Board

Highland Community Planning Board	Sarah Compton Bishop

Memberships of other Groups etc.

The Highland Council Health, Social Care and Wellbeing Committee	• Tim Allison • Louise Bussell

Highland Community Planning Partnership Core membership as described in the ToR: One Non-Executive Board Member, Chief Executive, Director of Public Health **Public Protection Chief Officers Group** Chief Executive of NHS Highland Director of Nursing	 • Ann Clark • Fiona Davies • Tim Allison • Fiona Davies • Louise Bussell

Mid Ross Local Community Partnership	• Philip MacRae
Badenoch & Strathspey Local Cty Partnership	• Boyd Peters
Argyll and Bute Community Planning Board **A&B Public Protection Chief Officers Group**	• Evan Beswick as CO IJB • Alison McGrory, Public Health • Graham Bell • Evan Beswick • Liz Higgins Assoc Nurse Director • Jillian Torrens, Head Adult Services • John Owen Public Health

Operational Groups

Caithness Redesign Project Board	• Alex Anderson • Ann Clark
Lochaber Redesign Project Board	• Gerry O'Brien • Graham Bell

The Board has previously agreed the following additional payments:

Position	**Additional payment**
Board Vice Chair	4 extra days per month
Chair Highland Health & Social Care Committee Chair/Vice Chair of Argyll and Bute IJB	3 extra days per month 3 extra days per month
Chairs of the following Governance Committees: • Audit • Clinical Governance • Staff Governance	1 extra day per month each

• Finance, Resources and Performance	

Where a Non-Executive Director undertakes more than one role, only one additional payment would be made, however the payment would be at the higher rate if there was any discrepancy.

Membership of Committees of Argyll and Bute IJB

Board members also sit on several Groups and Committees associated with the IJB.

The Argyll and Bute IJB holds development sessions on alternate months to their formal business meetings, and Board Non-Executives hold the following positions on IJB Committees:

	Audit and Risk Committee	**Strategic Planning Group**	**Clinical & Care Governance Committee**	**Finance and Policy Committee**	**Argyll and Bute Community Planning Partnership**
Graham Bell			Chair	Member	Representative of the IJB
Susan Ringwood	Vice Chair				
Karen Leach		Member	Member	Member	
Emily Austin	Member				

NHS Chief Executive's Update

November 2024

Fiona Davies,
Chief Executive NHS Highland

The past two months have once again been eventful and included a number of visits and meetings across the NHS Highland area and Scotland. Just last week, we held our annual review in Lochgilphead. This was a valuable opportunity for Board members and executives to visit some of our teams in the area, as well as engage with the public and answer their questions.

Social care

Unsurprisingly, social care was one of the topics raised. We know that providing sustainable care for people at home or close to home is hugely important to them and their loved ones, so I am delighted to be able to share the good news that we have a decision in principle to run Moss Park Care Home in Lochaber, with plans for The Highland Council to purchase the building. This positive move took an enormous amount of work with the current operator and partners behind the scenes as we had to explore all possible avenues and negotiate commercial sensitivities, and I would like to thank the residents, staff and community for their patience and support.

We have good news too in Mallaig, where the Mackintosh Centre has reopened. This care home had closed temporarily as we were unable to staff it, but a focussed recruitment campaign has shown results and we now have a team back on site. Recognising social care as an invaluable part of our workforce, and recognising the need to support and invest in the skills of this group, are essential to the recipe for success in our service delivery.

In Argyll and Bute, too, Argyll and Bute Council secured funding from the Scottish Government's Islands Programme to increase capacity at Thomson Court Care Home on Rothesay, enabling the Health and Social Care Partnership to care for more people there.

Experience throughout my career tells me that the best outcomes are achieved when we look and work beyond our organisational boundaries and see the outcomes for our patients, service users or communities as the heart of our practice, and these projects demonstrate what we can achieve together.

The root causes of potential care home closures are replicated across the Highlands and this means that scenarios such as that in Lochaber could recur elsewhere. To mitigate this risk we need to review and change the model of Integrated Health and Social Care in the community across Highland. Planning is now underway to develop housing-based solutions, meaning that within the next two-three years, there will be a change in the balance of care. Some nursing and residential care will remain and a greater proportion of care will be offered in people's home, which we know is the preference of most older people.

Sustainable services

Sustainability is often at the forefront of our work, with a number of national working groups looking at the issues of fragile services. Recent examples relevant to NHS Highland include some of our oncology services, which were on the agenda when I met last month with the Northern Cancer Alliance. Vascular services, too, increasingly require specialist expertise and has been recognised for some time as a vulnerable service, due to our population size and the national shortage of surgeons and interventional radiologists. National planning is developing solutions to this and other fragile services as part of the wider reform agenda. In the short term, we are working with other boards, including the Scottish Ambulance Service, to manage provision.

There are also locally-delivered services which we need to ensure are delivered safely and consistently, taking into account our remote and rural geography. Urgent care and maternity services have been in the news lately, and we continue to try to expand the number of services we can provide as close to home as possible, while ensuring higher-risk and more specialist needs are met safely.

We have been working, too, on improving delivery of vaccination in the Highland HSCP area. Since my last update to the Board, we have submitted our Options Appraisal to the Scottish Government General Practice Programme Board. We are requesting agreement in principle to local flexibility, which could include local commissioning of GPs. It is important to note that any shift towards GP commissioning would be optional for practices to opt in. If Scottish Government agree, further work would be needed with GPs and vaccination teams on detailed proposals. Some improvement has been seen in the uptake data for vaccinations within the Highland HSCP area, however, NHS Highland wish to see the optimal use of all staff able to vaccinate to offer greatest protection to our population.

Relevant to all of these issues is the economic development and wellbeing of our region, which can help to attract and retain a qualified and skilled workforce. I attended the Convention of the Highlands and Islands in Shetland last month, which was an opportunity to engage with Scottish Government and other partners and explore the part health and social care can play in challenging depopulation in rural areas

Congratulations

We can and do punch above our weight in providing quality services. I'd like to congratulate our endoscopy team, who have become the first acute unit in Scotland to be awarded JAG accreditation, demonstrating their commitment to being patient-centred. The virtual ward at Mid Argyll Community Hospital and Integrated Care Centre and Held In Our Hearts/NHS Highland Hospital To Home Partnership Team were both shortlisted for the Integrated Care Award in Scotland's Health Awards, attesting to the importance of partnership in our approach. Chelsey Main was shortlisted in the Support Worker category of the same event, while Argyll and Bute Alcohol and Drug Partnership Team made the shortlist for Top Team.

Best of luck goes to the team behind our new solar powered electric vehicle charger in Raigmore Hospital car park. This was the first of its kind to be installed in Scotland and has been nominated in the HFMA National Healthcare Finance Awards with the award ceremony to be held in December.

A tribute

Finally, I would like to pay tribute to two people who provided support, inspiration and vital challenge to NHS Highland. Betty Rhodick, a Service User Representative on the Argyll and Bute Integration Joint Board since 2016, and Ross Cowie, a community representative from Skye known for his work with Lucky2BHere, both sadly passed away in recent weeks. They contributed a wealth of local knowledge and lived experience and will be much missed.

Fiona Davies, Chief Executive NHS Highland

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/
MINUTE	**07 November 2024 – 9.00am (via MS Teams)**

Present
Alasdair Christie, In the Chair
Tim Allison, Director of Public Health
Emily Austin, Non-Executive Board Director
Ann Clark, Board Vice Chair (Substitute)
Muriel Cockburn, Non-Executive Board Director
Sarah Compton-Bishop, Board Chair (from 10.05am)
Fiona Davies, Chief Executive (from 10.05am)
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director/Lead Officer

In attendance
Gareth Adkins, Director of People and Culture (from 10.55am)
Isla Barton, Director of Midwifery
Evan Beswick, Chief Officer, Argyll and Bute HSCP (from 9.05am)
Sarah Buchan, Director of Pharmacy
Claire Copeland, Deputy Medical Director (Community)
Pamela Cremin, Chief Officer (North)/Director of Community Services
Ruth Daly, Board Secretary
Alison Felce, Senior Business Manager
Drew Ferguson, Audiology Manager (Argyll and Bute)
Alison Fraser, Discharge Flow Manager (from 11.15am)
Allan Graham, Head of Audiology (Acute)
Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP (from 9.25am)
Elaine Henry, Deputy Medical Director (Acute)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Leah Smith, Complaints Manager
Catherine Stokoe, Infection Control Manager (from 10.40am)
Katherine Sutton, Chief Officer Acute Services (from 10.40am)

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from Committee members L Bussell and L Henderson.

1.2 DECLARATIONS OF INTEREST

The Chair advised that being Chief Executive of the Inverness 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 THURSDAY 5 SEPTEMBER 2024, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 5 September and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling basis.

The Committee:

- **Approved** the draft Minute.
- **Approved** the updated Committee Action and Work Plans.

1.4 MATTERS ARISING

There were no matters discussed in relation to this Item.

2 SERVICE UPDATES

2.1 Audiology Services Formal Updates (Independent Review of Scotland Audiology Services 2023)

Argyll and Bute

The Audiology Manager for Argyll and Bute spoke to the circulated report providing an assessment of the National Review findings insofar as these applied to Argyll and Bute with an outline of the review recommendations requiring implementation to ensure any relevant improvements identified in the local service. He outlined a number of key elements relating to staff travel requirements; increasing patient complexity; service capacity to meet Scottish Audiology Standards; cessation of associated research and development activity; hearing aids cost burden; and additional administrative support requirements. The report detailed a number of actions and associated recommendations with a view to fulfilling the Independent Review of Scotland Audiology Services 2023 and proposed the Committee take **Moderate** assurance.

North Highland

The Head of Audiology spoke to the circulated report, advising as to the actions being taken forward against a list of 52 recommended actions from the associated National Review and Local Board Assurance Framework issued to all NHS Boards in Scotland, requesting that this either be in place or ensure plans to implement the recommendations were in place. He highlighted a series of key matters relating to staff training; increased service and associated reporting visibility; and engagement with external services and forming links for peer review to help improve patient care/pathways. The report proposed the Committee take **Moderate** assurance.

General Discussion

The Board Medical Director emphasised there were issues being faced by Audiology Services across Scotland, requiring a renewed Service focus and improved clinical governance oversight in relation to ensuring an appropriate associated improvement journey aligned to the National Review recommendations. The reports previously considered were a step in that direction. There was need to assess existing training, resource and governance aspects to provide a clear understanding of where improvement was required. It was reported this activity formed part of a wider strategic review and assessment of a range of Services across Scotland by the Chief Healthcare Scientist.

Members took the opportunity to acknowledge the impact on service delivery in Argyll and Bute, of the need for provision of travelling services, and recognise the range of service improvement activity in area and the innovative solutions involved. It was stated there would be associated learning for

other service areas. The ability to introduce improvements in an autonomous manner had been a key aspect of recent successes. There was a request that future updates to the Committee include an update on the structure of Audiology Services for Children across North Highland.

After discussion, the Committee:

- **Noted** the reported position, individual assessments and associated recommendations.
- **Agreed** to recognise the improvement work progress to date, and associated staff dedication.
- **Agreed** a formal update be provided to the May 2025 Committee meeting.
- **Agreed** to take **Moderate** assurance.

2.2 Future of Vascular Services in NHS Highland

The Board Medical Director spoke to the circulated report advising Vascular services in Highland were no longer sustainable and could not provide all of the specialised care which would be available in an "arterial centre" as defined by British Vascular Society. To achieve best possible care for the Highland population, on a sustainable basis, change was required. NHS Highland had relied on Consultant led care 24/7, locally provided by three substantive Consultants until 2023. One colleague had retired from practice in 2023, and with recruitment having been unsuccessful this meant the service in its current form was unsustainable, relying on two substantive surgeons plus one locum. Locum recruitment had also been challenging with periods where no locum cover had been available. Providing 24/7 cover with only two substantive consultants was not an acceptable situation. Formal mutual aid requests had been made to other NHS Boards and these requests continued to be made. The Stonebridge report in November 2023 had indicated the future for the Raigmore service was to cease to be an 'arterial centre' within 1-2 years and move to providing some local services while more complex or major procedures were conducted in a larger centre which had the full suite of vascular services, facilities and specialist workforce. A year on from the Stonebridge report substantive change had not been achieved. The report provided an update on developments in national discussions and on the urgent need for change. The report proposed the Committee take **Limited** assurance.

The Deputy Medical Director (Acute) took the opportunity to advise active support was being provided to the existing team on daily basis and to the wider associated service functions and staff teams. The wider impact of a loss of Vascular Services was in the process of being evaluated. It was emphasised the national position also remained challenging, impacting the ability to cover areas. The provision of Government and Executive level support to date had been welcomed. A key element moving forward was the ability to continue to support relevant staff and patients.

The following was raised in discussion:

- Position on National Model. Advised model agreed by Operational Medical Directors, with a large degree of clinical support. A network model had been proposed for North Scotland, and whilst patients may be required to travel further for treatment, they would have greater access to the full range of modern care available. This mirrored the position in England, adopted roughly a decade ago'. The new model was expected to be based on minimised levels of travel. The North Network arterial services remained under active consideration.
- Acute Services. Asked if liaison with Scottish Ambulance Service etc part of considerations. Confirmed regular meetings continued to be held, including with the Air Ambulance team.
- Current Emergency Cover. Advised provision of mutual aid currently enabling services to continue, with surgical procedures for high tariff cases being undertaken in Glasgow. Active discussions were underway with a number of NHS Boards.
- Future Proofing the New Service Model. Advised complex area to consider given the pace of change. Formal specialist advice had been taken on required change processes and relevant horizon scanning elements. It had been recognised there would be continuing need for physical direct patient contact for procedures such as stent insertion activity. The level of involvement by specialist technologists was likely to increase.

- Lead In time for Agreement and Implementation of New Service Model. Suggested this represented a potential long-term risk for NHS Highland that required to be appropriately managed. Requested an update on these aspects, and the provision of support for colleagues, for the next meeting. It was stated Committee, NHS Board and Executive level support was recognised and welcomed.

After discussion, the Committee:

- **Agreed** to **Recognise** the Raigmore Vascular Service required urgent support, including the provision of more complex investigations and procedures by a larger unit.
- **Agreed** to **Consider** and enact the recommendations made by the expert reviewers and the National Task and Finish Group, including no longer being considered an arterial centre.
- **Agreed** to **Support** ongoing national discussion.
- **Agreed** a formal update on associated risk management (patient access, service sustainability etc) and colleague support arrangements be brought to the next meeting.
- **Agreed** to convey the gratitude of the Committee to all staff members involved in seeking a solution to the current position.
- **Agreed** relevant issues and challenges raised in discussion be escalated to the NHS Board.
- **Agreed** to take **Limited** assurance.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 IT Issues Affecting NHS Highland and Staff Using Own Devices

The Board Medical Director advised recent changes to IT equipment and software had led to difficulty for a number of clinical staff members, in particular those using their own electronic devices. National security changes, not expected by relevant clinical staff, had led to a range of issues. It was advised eHealth had worked through a number of the specific instances encountered. The need for change implementation in this area had been recognised in light of issues elsewhere in Scotland.

The Committee Noted the position.

3.2 Suggested Changes to Committee Membership

Members were advised the Board Nurse Director had asked that consideration be given to the inclusion of the Director of Midwifery and Director (Allied Health Professionals) within the formal Committee membership. It had been further suggested consideration also be given in relation to inclusion of Clinical and Associate Directors of Nursing and Midwifery as 'In Attendance' and be invited to attend all meetings.

The Board Secretary advised there were no barriers to the Committee agreeing changes to its formal Terms of Reference and associated membership, subject to subsequent ratification by the NHS Board. Terms of Reference for Governance Committee were scheduled for review in early course.

The Committee:

- **Agreed** the Director of Midwifery and Director (Allied Health Professionals) be included with the Committee formal membership.
- **Agreed** wider membership arrangements be further considered and discussed, including the balance between Executive and Non-Executive representation.

3.3 Introduction of InPhase System within NHS Highland

The Board Medical Director advised a report would be submitted to the next meeting of the Executive Directors' Group in relation to challenges that had arisen in relation to introduction of the InPhase system within NHS Highland, as a direct replacement for the existing Datix system. As a result, the Datix system would continue to remain live at additional cost while the InPhase was eventually introduced on a more phased basis.

The Committee:

- **Noted** the reported position.
- **Noted** a formal update would be brought to the next meeting.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** to take **Moderate** assurance.

5.1 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data; associated commentary; and an indication of key risks and mitigations around Complaints activity; Scottish Public Services Ombudsman activity; Maternity/Midwifery and Neonatal feedback; Adverse Events; Hospital Inpatient Falls, and Tissue Viability. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated performance against the 20-day working target for Complaints had decreased, with the main themes relating to CAMHS/NDAS appointment waiting times, communication between staff and care/treatment. There had been a significant increase in the number of stage 2 complaints received in August 2024; SPSO activity remained steady, with spotlight services provided being relation to Maternity/Midwifery and neonatal care. The status of SAER open actions had been discussed with Professional Leads, with review plans having been developed. There was a focus on those areas with the highest rate of falls. Action was being undertaken to increase the uptake of training relating to pressure ulcers and an action was in place to address an increase in C.diff cases over recent months. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** the next formal update include a focus on activity required to drive improved performance, including any support and actions required from this Committee.
- **Agreed** to take **Moderate** assurance.

6 INTEGRATED PERFORMANCE AND QUALITY REPORT PLUS ANNUAL DELIVERY PLAN 2024/2025 (Q1) – OUTCOMES/GENERAL UPDATE

There was no discussion in relation to this Item. An update would be brought to the next meeting.

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

7.1 Argyll and Bute

L Smith spoke to the circulated report, summarising key clinical governance topics from each service area within the Argyll and Bute Health and Social Care Partnership and providing assurance of effective clinical governance frameworks being in place. Specific updates were provided in relation to Health and Community Care; Primary Care, including updates on Sexual Health Services and the Public Dental Service; Children, Families and Justice; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Adverse Events and Significant Adverse Events activity, and SPSO Investigations. It was reported that a response had been provided in relation to a formal enquiry from the Mental Welfare Commission. The report proposed the Committee take **Moderate** assurance.

The Director of Public Health took the opportunity to reference the challenging position relating to Sexual Health service provision in Argyll and Bute, advising if this was not to be provided by NHS Greater Glasgow and Clyde then further formal detailed consideration would be required.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** a formal update would be provided to the next meeting on Sexual Health Services.
- **Noted** an update in relation to a CAMHS service internal service review would be provided to the next meeting.
- **Noted** an update would be provided on falls work and improvements within the Lorn & Islands would be 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 continuing. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. Detail was provided in relation to relevant Statutory and Mandatory training activity, with all areas reporting on issues relating to recruitment and retention and being taken forward by the Director of People and Culture through relevant management structures. Sickness levels were at 6.27% as at September 2024. Complaints activity and performance for the previous three months was outlined. A complaints process mapping session had been the subject of a followed-up development session, with several actions identified to improve performance and the quality of responses. Work would be taken forward by the Clinical Governance Development Manager. One SPSO case had been re-opened during the reporting period, six had been closed, and with 8 Compliments having been received over the previous three months. There continued to be a weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. An overview of SAER activity was provided. Current issues being highlighted were in relation to the Care Home sector, with daily care home bed vacancy meetings being trialled in Inverness to support the progress, review and monitoring care home placement requests. Other issues included Primary Care, Community Nursing, submission of an options appraisal around GP flexibility relating to vaccination activity, Chronic Pain Service and Pharmacy. Further discussion was to be held in relation to national IT concerns relating to access to ‘orphaned’ documents within the Docman system. Areas of positivity included the adoption of a new governance framework by the Board Managed Practice Group in relation to Primary Care, and the shortlisting of a Mental Health Support Worker from Forensic Services for the National Health Care Worker of the Year Award. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 8 October 2024. The report proposed the Committee take **Moderate** assurance.

The following was then discussed:

- Areas for Future Reporting. Suggested a detailed update in relation to complaints activity, and feedback and assurance on the sift and sort process outlined in the report. Other areas suggested related to QPS interface structure arrangements, embedding of learning activity and Community Services governance arrangements.

After further discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agree** to receive a detailed update in relation to the Chronic Pain Service at the next meeting.
- **Agreed** to receive a formal report relating to Docman activity at a future meeting.
- **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. Updates in relation to Hospital Acquired Infection (HAI) and emergency access were also provided, noting the latter continued to be challenging, with capacity being impacted by delayed discharges. It was reported a Short Life Working Group had been established to review concerns relating to the Medical Retinal Pathway at the National treatment Centre. Other aspects relating to quality and patient care were also highlighted, including updates on Vascular Services, cancer performance, operational performance, adverse events, tissue viability, a reduction in medication errors, workforce matters, and an Acute financial performance summary for 2024/25 to date. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee on 17 September 2024, a report on capacity and flow, Scottish Hip Fracture Audit Report and Scottish Arthroplasty Project National Report. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Urgent and Unscheduled Care. Questioned the associated RAG ratings. Advised the rating was against the nationally set target of 95%, with NHS Highland performing well against the 4-hour target nationally. Work continued in relation to improving overall performance aspects.
- Delayed Discharges. Noted at consistent level since September 2023. Questioned what support the Committee could provide in this area.
- Inpatient Falls. Questioned whether the numbers highlighted related to individual patients or incidents. Advised a range of targeted preventative activity being taken forward including in relation to place of care etc.
- Vacancy Data. Questioned current timescale for posts to remain vacant. Advised weekly whole system vacancy meetings held to look at all relevant aspects.
- Infection Control (C.diff). Confirmed whole system approach across all operational areas, including Community Hospitals. Advised more detail would be included in future reports.

After further discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Agreed** a formal update on Urgent and Unscheduled Care improvement activity be provided at the next meeting.
- **Agreed** to take **Moderate** assurance.

7.4 Infants, Children and Young People's Clinical Governance Group

The Director of Midwifery spoke to the circulated report, advising the child death review process had indicated greater support was needed to deliver end of life care to children in remote and rural areas, coordinated with national centres and specialist expertise. The joint child protection/CDR review

found that a focus on Sudden Unexpected Death in Infancy would support staff to understand the particular vulnerabilities of babies living in conditions of greater deprivation and the challenges of patent alcohol and drug use. Information sharing and IT services to support child protection was also raised as an issue. The Joint Officer Group had acknowledged responsibilities in respect of children not delegated and had asked for further assessment to be made of what service was required in terms of therapeutic support and recovery. The Infants, Children's and Young People's Clinical Governance Group (ICYPCGG)had raised concerns over the forensic provision and would be monitoring progress in this area. The lack of a clinical lead post in the forensic service had been escalated via relevant Acute Services QPS routes. The Board Nurse Director was working with the Child Health Commissioner to understand different governance models and was looking to seek wider views before proposing revised child health structures, meetings or Terms of Reference. The work remained underway and was progressing. Further matters were highlighted in relation to quality and patient care, workforce and financial aspects. There had been circulated Minutes of meetings of the ICYPCGG held on 16 September and 16 October 2024, plus two Child Death Review Reports. The report proposed the Committee take **Moderate Assurance.**

On the point raised in relation to Paediatric Forensic and Advocacy Services, members were advised activity was underway in relation to aspects around physical examinations, absence of a Forensic Lead, 24-hour paediatric cover and specialist services. Overall numbers were low. A Service Level Agreement was in place with NHS Greater Glasgow and Clyde, there was continuing involvement from within the Third Sector and further consideration was being given as to services for under 13's.

The Committee:

- **Noted** the report content.
- **Agreed** to receive a report on developing associated governance structures at a future meeting.
- **Agreed** to take **Moderate** assurance.

The Committee adjourned at 10.45am and reconvened at 10.55am.

8 Infection Prevention and Control Report

The Infection Control Manager spoke to the circulated report and advised the report was in a different format to highlight more local data. The validated data covered from April until June and showed that NHS Highland were within the predicted level of reduction, with provided for other Boards for comparison. Communication continued with all Boards to identify any ways of working that could be adopted to reduce infection rates. It was expected the base line targets would change as the data was based on 2018 figures which were pre pandemic. A meeting to discuss changing the base line figure had been held but there was no further update at that time. There had been challenges with recruitment, but an Infection Control Nurse had now been appointed to post.

M Cockburn queried the level of assurance citing NHS Highland had been sitting with a RAG status of red for some time which was a concern. She queried whether more public education would resolve this. The Infection Control Manager stated there were conversations being held at a national level regarding some of the data explaining that conversations were ongoing regarding the baseline data with ARHAI. Population surges happened throughout the year, but this was not accounted for within the current data. Definition of healthcare infections was also being looked at as often some infections were out with the control of the hospital or infection control team. She agreed further education would be helpful citing that education on preventative measures would involve education within the community. Work was ongoing regarding E Coli prevention and in residential homes looking at any conditions that could have been prevented to identify further education and training.

A Clark highlighted the work ongoing across all the Governance Committees in respect of the definitions of the assurance that was given in the reports. Giving more information within the reports as to what the assurance level related to would help the Committees decide whether the level of assurance offered was accurate. She went on to give examples of how this would reflect in the reports going forward. The Chair agreed this would be helpful, citing if there were different themes

within a report then there could be different levels of assurance provided. Further guidance to report writers to advise them would be helpful going forward.

After discussion, the Committee:

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

9 Health and Safety Committee – 6 Monthly Update

The Director of People and Culture spoke to the circulated report providing a 6 monthly update, including on aspects relating to Health and Safety Strategy and Corporate Plans and ongoing Health and Safety Executive Enforcement activity. It was reported officers were working towards finalising an NHS Highland Health and Safety Strategy for the coming three years, including an Improvement Plan detailing each year's activity. There was continued improvement in Health and Safety across the organisation, including an increase in relevant assurance reporting. There had been strong clinical engagement with all relevant processes to date. The report proposed the Committee take **Moderate** assurance.

The Committee:

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

10 Public Health – Screening Services Update

The Director of Public Health spoke to the circulated report, providing an overview of the effectiveness of the screening programmes across NHS Highland. The report updated on findings over the previous 12-month period in terms of uptake and general running of the provision of safe, effective, and person-centred care and treatment. The report also provided an overview of the cross-cutting theme of inequalities and provided a detailed summary assessment of each of individual screening programme elements in relation to Abdominal Aortic Aneurysm; Bowel Cancer; Diabetic Eye Screening; Cervical Cancer; Breast Cancer; and Pregnancy and Newborn Screening. More detailed information concerning the individual programmes had been included within respective appendices. Detail of relevant highs, lows and priorities were also provided. The report proposed the Committee take **Moderate** assurance.

During discussion, the Chair sought an update on providing outreach services for deprived communities and any associated learning to be taken from elsewhere. It was advised separate funding was available for action on inequalities however there was no definitive agreed direction to be taken in that regard. A range of communication activity and local initiatives were being taken forward within NHS Highland.

The Committee:

- **Noted** the relevant reporting detail.
- **Agreed** to take **Moderate** assurance.

11 Maternity and Neonatal Services – 6 Monthly Update

The Director of Midwifery spoke the circulated report providing an update on the current national strategic priorities and how these were being translated into local governance and operational priorities. Future reports would be extended to include Women's Services from an Acute perspective and would include Gynaecology and the Women's Health Plan. It was noted there had been an ask for a report to include Health Visiting update, with these services sitting within Highland Council and

Argyll and Bute IJB. The governance and reporting structures for children's services were under review by the Infant, Children and Young People Committee supported by the Child Health Commissioner and led by the Board Nurse Director. The outcome of the reporting for these services would be shared with the committee indue course. It was reported there was significant national focus from Scottish Government and Healthcare Improvement Scotland on Perinatal (Maternity and Neonatal) services. The level of scrutiny for the services over the would be unprecedented. Maternity and Neonatal Services required to be able to provide evidence of assurance both locally and nationally and be able to respond to the scrutiny and changing demands. All NHS Boards were working to enhance their current position, with national workstreams supporting activity. The improvement programmes provided for a focus on quality, with a strong emphasis on safety within Maternity and Neonatal services. From an NHS Highland perspective, there was positive engagement across the National and local workstreams. The Committee is being asked to note the priorities for the services and support the work being taken forward.

Specific detailed updates were provided in relation to national neonatal redesign activity, collaboration with NHS Grampian, unannounced inspections, national standards for Perinatal Services, midwifery workforce, and the work of the Quality and Care Assurance Board for Maternity and Neonatal Services. Further information was also provided on the essentials of safe care, quality and risk; Bereavement Forum; Communication, Engagement and Lived Experience Forum; training and development activity, Midwifery Led Care Forum, Neonatal activity; digital and data aspects; clinical guidance and pathways; and public health and health inequalities.

During discussion, the Chair welcomed the separate levels of assurance provided on a number of specific areas of activity. On the point raised, it was noted there was a review underway in relation to community maternity provision across North Highland and Argyll and Bute to ensure equity of service and with the aim of enhancing care at the local level. Strong working relationships were in place with both Staffside and wider partner organisations, with regular meetings held to discuss and address services for women and ensure effective public engagement. The Deputy Medical Director advised she had also met with the Skye Recruitment Group and had noted recent successes. The report proposed the Committee take varying levels of assurance from **Substantial** to **Moderate** in relation to a number of individual activity areas.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Agreed** to take the recommended levels of assurance contained in the circulated report.

12 Risk Register - Clinical Governance New Risks

The Medical Director spoke to the paper which proposed the addition of two risks to the Board's Strategic Risk Register relating to access and sustainability of services. Of the first risk, on Access, it was noted there was a need to reflect risks which might impact on waiting time standards for instance TTG, Out-patients, diagnostics, CAMHS, NDAS and cancer patients as well as non-MMI waiting lists and other community and mental health referral pathways which could lead to delay in diagnosis and a poorer experience for the population. It was noted access was part of the Together We Care Strategic Objectives, particularly 'treat well', 'thrive well' and 'stay well'. The challenges to services were expressed as being due to local and national workforce challenges, and changes to achievable standards for specialties, informed by research evidence and advances in technology. Therefore, there were uncertainties to be managed in services with high sustainability challenges and the need to have an overall strategic view with mitigating actions and future planning. The overarching risk would be held by Clinical Governance Committee.
The second area of risk related to sustainability of services, with the aforementioned difficulties in recruiting and retaining workforce being one of the commonest factors. High risk for sustainability was noted in services such as vascular surgery, oncology, general practice, and dental services. While each department and division holds relevant risks for these services in their operational Level 2 and Level 3 risk registers, an overarching risk statement held by the clinical governance committee would give good reflection of these various risks in overall strategic terms.

In discussion, the Chair asked if a report could be provided to attempt to forecast areas of service risk in terms of the age profile of staff. The Medical Director suggested this area might be best examined via the Staff Governance Committee; however, it may form part of work to assess clinical risks considered by this Committee.

The wording of the report was then discussed in terms of its active use of language and how this may be misinterpreted. It was commented the potential impact on staff morale and wellbeing of the risks described might form part of the overall risk reporting. It was suggested the risk items presented be considered in relation to other risks on the Risk Register in order to draw out the differences between these and areas such as ADP and Transformation risk items. The Medical Director noted the report was an umbrella high level approach to risk, but it was important such risks be properly accounted for at operational level in wider dialogue regarding governance and executive aspects. It was commented in discussion that staff at Operational level had expressed interest in risk workshops to better understand and record risk. The Chair requested the paper be amended to reflect the issues raised in the discussion.

The Committee:

- **Noted** the report detail.
- **Agreed** to the inclusion of the two risks identified, subject to the amendments agreed in discussion.
- **Agreed** to take **Limited** assurance.

13.1 Public Health Vaccination Update

The Director of Public Health spoke to the circulated report providing an update on vaccination work since the last report had been presented to the Committee in September 2024. Concern about the performance of the vaccination programme within Highland Health and Social Care Partnership (HHSCP) had led to a level 2 escalation in the performance management framework from Scottish Government in November 2023. A plan was in place to move out of level 2 and some progress had been evidenced. Work had also been under way to consider the best delivery model for vaccination in the HHSCP area and this had been accelerated through an options appraisal considered by the Executive Directors Group (EDG) and submitted to Scottish Government for approval with a view to allowing flexibility to bring children's vaccination delivery largely back within GP practices, and further work is carried out to consider adult vaccination delivery routes. It was reported childhood vaccination figures remained a cause for concern especially in the HHSCP area although there were areas of improvement. The most recent adult programme for Respiratory Syncytial Virus vaccine had received a lower uptake across NHS Highland than for the rest of Scotland. It was expected opportunities to change the appointment processes would lead to improvements for the respiratory pathways and other adult programmes in the future. Early performance for COVID and Influenza vaccination had been noted as more positive.

It was noted that moderate or substantial assurance (depending on the impact of finance) could be offered for Argyll and Bute, and that limited assurance was offered for the HHSCP. It was noted that in both areas there was a need to ensure that an effective model for remote and rural areas could be sustained and that staffing challenges could be met. Once an agreed delivery model was in place and there was evidence of its effect on performance, assurance could be increased to moderate for HHSCP. The report proposed the Committee take **Limited** assurance.

In discussion, the reasons for poorer performance of vaccination uptake in the Highland region were considered, which included, the challenge of the wide remote and rural geographic spread, that vaccination transformation work had been introduced late and the Board-led delivery model to bring Highland into line with other boards had been implemented during the COVID pandemic. It was also stated the lead agency model had slightly hindered effective delivery. Issues with communications were noted such as the portal having gone offline for a period, and some discrepancies reported

around invitations and 'Did Not Attend' letters. The dedicated work of the Vaccination Working Group was acknowledged.

The Director of Public Health noted the present position reflected changes in the Vaccination Transformation Programme and there were now additional or expanded vaccination programmes covering a range of areas such as respiratory pathways, childhood vaccinations, and adult shingles. It was acknowledged public confidence would be built from an efficiently designed delivery system with good maintenance of communications. It was confirmed that school vaccinations were not part of the primary care options appraisal and would remain under Board delivery.

The Committee:

- **Noted** the report detail.
- **Agreed** to take **Limited** assurance.

14 Implementing the Blueprint for Good Governance Self-Assessment Findings

The Board Secretary spoke to the report which noted the NHS Board had received its first full year progress report on the Blueprint Improvement Plan in July 2024. There were now only a few remaining longer-range items on the plan to be taken forward. The report provided an overview of progress on the work being undertaken on developing the Board's approach to a quality through a quality framework. The actions had been brought to the committee for informal oversight. A joint session between the Area Clinical Forum and the NHS Board had been held in April 2024, which helped to shape and inform the quality workstream. Work was underway to review how the Board was working in order to introduce a quality framework through a measured and planned approach. Patient feedback and experience would be included in the framework dataset and the work would be benchmarked against approaches taken by other NHS Boards. It was commented that work was ongoing on both elements and would take time to mature. The report proposed the Committee take **Moderate** assurance, for the reasons stated.

The Committee:

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

15 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 9 January 2024 at 9.00 am.

16 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to Vascular Services, and two newly identified Clinical Governance associated risks.

The Committee so Noted.

17 ANY OTHER COMPETENT BUSINESS

There was no discussion for this item.

The meeting closed at 12.00pm