

# NHS Highland



**Meeting:** NHS Highland Board

**Meeting date:** 28 May 2023

**Title:** Governance Committee Annual Reports 2023-24

**Responsible Executive/Non-Executive:** Fiona Davies, Chief Executive

**Report Author:** Ruth Daly, Board Secretary

## 1 Purpose

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

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

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

Safe, Effective and Person Centred

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

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

## 2 Report summary

### 2.1 Situation

All Governance Committees of the Board are required to provide an Annual Statement of Assurance on their activities throughout the financial year to the Audit Committee and Board. This report encloses the Annual Governance Committee Reports for the period 1 April 2023 to 31 March 2024 which have been endorsed by the Audit Committee on 21 May 2024.

### 2.2 Background

Governance Committee Annual Reports are required to demonstrate how Committees discharge their role as defined by their Terms of Reference. They are also expected to comment on how effectively the systems of control within their respective areas are operating. In doing this, the Annual Reports provide an outline of Committee membership, attendance, frequency of meetings, business addressed, outcomes and assurances provided, and risk management.

### 2.3 Assessment

The Annual Reports support the Statement of Internal Control in the Board Annual Report and Accounts. Attached to this report are the Annual Reports from the Board’s Governance Committees, viz:

- Clinical Governance Committee
- Finance, Resources and Performance Committee
- Highland Health and Social Care Committee
- Pharmacy Practices Committee
- Remuneration Committee
- Staff Governance Committee

Governance Committees reviewed their Terms of Reference during November 2023 with agreed documents being endorsed by the Audit Committee in January and March 2024 and incorporated into a refreshed Code of Corporate Governance approved by the Board in March 2024.

The final annual reports for all the above Committees have been agreed throughout the March/April/May cycle of meetings. The final version of the Remuneration Committee annual report was considered by the Committee at their meeting held yesterday on 27 May and was endorsed by Audit Committee subject to no changes being made. All the Governance Committee annual reports have therefore been endorsed by the Audit Committee.

### 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

### 3 Impact Analysis

#### 3.1 Quality/ Patient Care

#### 3.2 Workforce

#### 3.3 Financial

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

#### 3.4 Risk Assessment/Management

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

#### 3.5 Data Protection

This report does not involve personally identifiable information.

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

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

#### 3.7 Other impacts

No other impacts.

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

Other than the consideration given to the Annual Reports by the respective Committees, consultation and engagement is not relevant to this item. The Board's Annual Report and Accounts will be submitted to Scottish Government and made public later in 2023.

#### 3.9 Route to the Meeting

The appendices to this report have been considered by individual governance committees and the Audit Committee on 21 May 2024.

## 4 Recommendation

The Board is invited to:

- (a) **note** that the Governance Committee Annual Reports for financial year 2023- 24 were considered by the Audit Committee on 21 May 2024; and
- (b) **approve** the Annual Reports which form a key part of the evidence in support of the Board's Annual Accounts Governance Statement.

### 4.1 List of appendices

The following appendices are included with this report:

- Appendix A - Clinical Governance Committee
- Appendix B - Finance, Resources and Performance Committee
- Appendix C - Highland Health and Social Care Committee
- Appendix D - Pharmacy Practices Committee
- Appendix E - Remuneration Committee
- Appendix F - Staff Governance Committee

## **Draft NHS Highland Clinical Governance Annual Report**

**To: NHS Highland Audit Committee**

**From: Alasdair Christie, Chair, Clinical Governance Committee**

**Subject: Clinical Governance Committee Report April 2023- March 2024 (to Feb)**

### **1. Background**

In line with sound governance principles, an Annual Report is submitted from the Clinical Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts. The TOR were revised in November 2023 with no changes to be made.

For the 2023/24 financial year the committee chose to focus in on the following areas in addition to its normal business:

- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with complaints in an appropriate and timely way.
- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.
- Continue to identify and oversee the development of Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report.
- Continue to scrutinise and give assurance to NHS Highland Board on Quality and Patient Safety in each of the Operational Areas.
- To review the Annual Delivery Plan Outcomes

### **2. Activity April 2023 to March 2024**

The committee met formally on six occasions during 2023/24 on 27 April 2023, 22 June 2023, 31 August 2023, 2 November 2023, 18 January 2024 and 7 March 2024. Its minutes and assurance reports were submitted to NHS Highland Board at its public meetings during this period. A list of members and their attendance at the committee meetings is shown in Appendix A.

### 3. Committees Reporting to the Clinical Governance Committee

The following groups/committees were requested to report to the Clinical Governance Committee during 2023/24:

- NESH Quality and Patient Safety Groups - every meeting
- Argyll and Bute Clinical & Care Governance Committee – every meeting
- Control of Infection Committee Assurance Report – every meeting
- Area Drug & Therapeutics Committee – 6 Monthly Exception Report
- Transfusion Committee - 6 Monthly Exception Report
- Organ and Tissue Donation Committee - 6 Monthly Exception Report
- Health and Safety Committee - 6 Monthly Exception Report on issues relating to Clinical Governance
- Information Assurance Group - 6 Monthly Exception Report on issues relating to Clinical Governance

### 4. Any relevant Performance Indicators

#### (i) Adverse Events & Duty of Candour

Each Operational Unit has in place a weekly meeting where potential Duty of Candour Adverse Events are assessed. If an adverse event is confirmed as duty of candour, or likely to be duty of candour (but unknown until the case is investigated), an SAER should be commissioned to investigate and the duty of candour status is confirmed when all facts are known.

An Annual Duty of Candour report was prepared and published on the NHS Highland website

<https://www.nhshighland.scot.nhs.uk/media/auhn54q2/nhs-highland-duty-of-candour-annual-report-2022-23.pdf>

#### Adverse Event Figures

A total of 13624 adverse events were reported in 2023/24 (to date). The following table gives a breakdown of the confirmed investigation (DIF2) consequence and operational units.

	Acute Services Division	Argyll and Bute	Highland Health and Social Care Partnership (HHSCP)	Corporate Services	Estates	Highland Council - Children's Services	Pharmacy	Total
Negligible (Category 3)	2670	723	3305	30	4	10	38	6780
Minor (Category 2)	1578	456	1277	11	0	3	9	3334
Moderate (Category 2)	530	145	393	3	0	0	4	1075
Major (Category 1)	14	2	9	0	0	0	0	25
Extreme (Category 1)	11	10	17	0	0	0	0	38
<b>Total</b>	<b>4803</b>	<b>1336</b>	<b>5001</b>	<b>44</b>	<b>4</b>	<b>13</b>	<b>51</b>	<b>11252</b>

\*2372 events do not have a DIF2 consequence recorded

## (ii) Complaints Management

Complaints management and performance continues to be an area of focus and scrutiny. In 2023/2024 (01/04/2023 to 31/12/2023) there has been a decrease in Stage 2 complaints by 28%. The performance compared to 2022/2023 has increased by 22%.

Stage 1 complaint volumes In 2023/2024 (01/04/2023 to 31/01/2024) have followed trend with an increase in volume by 25%, with a consistent performance rate of 61%; showing that the operational units are driving first point resolution where possible; this may also be a reason for the fall in Stage 2 complaints being logged.

Weekly reports are issued to each operational unit to track performance. Towards end of 2023, discussions took place to refine the reporting Dashboard and development work has commenced in 2024 to reflect performance in context of volumes of complaint, and those which are high level or complex to ascertain where operational support is required to drive continuous improvements.

Improvement activity focuses on the training needs of the operational units to draft and deliver a quality complaint response and to audit actions taken by Operational Units to improve areas of service. In addition, activity began in March 2023 to review the end-to-end journey of a complaint within our organisation to streamline and improve the process to achieve better performance results.

### Complaint Performance

#### Stage 1 Complaints

Total number of complaints received	331
% responded to within 5 days	61% (average)

#### Stage 2 Complaints

Total number of complaints received	453
% responded to with 20 working days	46% (average) <i>Caveat, this is total volume of Stage 2, divided by total volume excluding Further Correspondence, SPSO and Withdrawn volumes</i>

## (iii) Quality and Patient Safety Dashboard

Each of the Operational Units has a well-established Quality and Patient Safety Group which meet throughout the year and who are responsible for reviewing the Quality and Patient Safety Dashboard for their area. In December 2023, the Clinical Governance Support Team launched a new PowerBi Dashboard (QPS Dashboard) which is more accessible and allows in-depth interrogation to service specific date held in Datix. Any exceptions identified are reported to the committee through the SBAR exception report.

Information in the dashboard (from Datix) is used to update the Integrated Quality and Performance Report which is tabled and discussed at each committee meeting. The

measures in the report included adverse events, Significant Adverse Events Reviews (SAERs), Falls, Tissue Viability, Infection Control and Complaints

The Integrated Performance and Quality Report have been further developed and will continue to evolve in 2024/25 to support the growth of our Organisation. This will include dashboards for OOHs and Primary Care

#### **(iv) Infection Prevention and control.**

The Board remains committed to reducing to an absolute minimum the chance of acquiring an infection whilst receiving healthcare, and to ensure our hospitals are clean. An Infection Prevention & Control Report is reviewed by the Clinical Governance Committee at each meeting.

### **6. Emerging issues and key issues to address/improve the following year**

The committee will focus on the following areas next financial year:

- Overview of Clinical Governance processes and systems within Acute & Community Services
- Seeking assurance for Social Care and Commissioned Children's Services
- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with Complaints in an appropriate and timely way.
- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.
- Continue to scrutinize the Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report and development of new measures.
- Support the delivery of the NHS Highland Strategy and Annual Delivery Plan

### **7. Conclusion**

The Chair of the Clinical Governance Committee is confident, that through the scrutiny of internal and external reports and minutes, as well as systematic reviews of the reporting mechanism and regular presentations; that the systems of internal control of the delivery of safe clinical care are adequate. However, it will continue to focus on assuring that any identified weaknesses in the system are addressed, and that a culture of continuous improvement in clinical governance is fostered across the Board area. The Chair would recommend that the Board can take a moderate level of assurance from the Clinical Governance Committee's activities in 2023/24.

**Alasdair Christie**  
**Chair**  
**Clinical Governance Committee**  
**March 2024**

NB Reports to be submitted to the  
 May meeting of the Audit Committee  
 each year.

**APPENDIX A**

**Clinical Governance Committee Attendance List – 2023/2024**

<b>Members</b>	<b>27/04/2023</b>	<b>22/06/2023</b>	<b>31/08/2023</b>	<b>02/11/2023</b>	<b>18/01/2024</b>	<b>07/03/2024</b>
Alasdair Christie	Y	Y	Y	Y	Y	Y
Dr Gaener Rodger	Y	Y		Y	Y	A
Joanne McCoy	A Clark	Y	Y	Y	Y	A
Muriel Cockburn	Y	Y	Y	Y	Y	Y
Catriona Sinclair (ACF Chair)	A	A	Y	Y	A	-
Elsbeth Caithness	A	A	A	A	A	-
Liz Henderson (From Jan '24)	N/A	N/A	N/A	N/A	Y	Y
E Woolard (Indep't Member)	Y	Y	Y	A	A	A
Dr Boyd Peters	Y	C Copeland	Y	Y	Y	Y
Dr Tim Allison	Y	Y	Y	Y	Y	Y
Louise Bussell	Y	K P-Quate	Y	Y	Y	Y
S Compton-Bishop (Ex Officio)	A	A Clark	A Clark	A Clark	A Clark	A Clark
P Dudek (Ex Officio)	A	A	A	A	A	-



# Annual Report

## NHS Highland Finance, Resources and Performance Committee Annual Report

**To: NHS Highland Audit Committee**

**From: Alexander Anderson, Chair of Finance, Resources and Performance Committee**

**Subject: Finance, Resources and Performance Committee Report – April 2023 to March 2024**

### 1 Background

In line with sound governance principles, an Annual Report is submitted from the Finance, Resources and Performance Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Finance, Resources and Performance Committee is a formal Committee of the Board with the following remit :

- a) To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:
  - Resource allocation;
  - Performance management;
  - Environmental sustainability;
  - Strategic planning.
- b) To ensure that systems and procedures are in place to monitor, manage and improve performance, across the whole system, and liaise closely with relevant Governance Committees (Staff, Clinical and Audit) to ensure appropriate remedial action takes place.
- c) To consider financial plans, and approve annual budget proposals and business cases for submission to the NHS Board.

The Finance, Resources and Performance Committee met nine (9) times in the reporting period, with Minutes of the Committee being submitted to the NHS Board. Due to the increasing concerns relating to the financial performance, it was agreed to move to monthly meetings of the committee in the September 2023 meeting.

### 2 Activity 1 April 2023 – 31 March 2024

The Finance, Resources and Performance Committee considered the following key items at its meetings throughout the year as shown in Table 1.

Table 1 : Agenda Items discussed at the FRP Committee in 2023/24

Agenda item	Meeting Dates								
	May 5/23	July 7/23	Sept 8/23	Oct 6/23	Nov 3/23	Dec 8/23	Jan 5/24	Feb 9/24	Mar 1/24
Financial Position update	x	x	x	x	x	x	x	x	x
Financial Savings Plan – Govt support		x							
Financial Savings Plan update	x	x	x	x	x	x	x	x	x
NHS Highland Draft Budget Setting Guidance 2024/2025					x	x			
Draft Financial Plan 2024/2025								x	
Draft ADP 2023/24	x								
ADP 2023/23 Update		x	x		x		x	x	x
IPQR	x	x	x		x		x		x
Performance Issues by Exception Report						x			
Minutes of Asset Management Group	x	x	x				x		x
Major Project Summary report	x	x	x				x		x
Corporate Risk Register Update	x	x	x		x		x	x	x
Environmental and Sustainability Report	x	x	x					x	
Digital Health and Care Strategy		x							
Transformation Programme and Governance			x						
Strategic Transformation and Planning Approach								x	
Review of Committee's ToRs				x					
Review of proposed Committee's Workplan				x	x				
NHS Highland Winter Plan 2023/24					x				
Exception Report on Cancer Performance		x							
Procurement Annual Report					x				
Maternity & Neonatal Business Case	x								
Patient Safety Assurance – Letter from the Cab Sec			x						
Implementing the Blueprint for Good Governance Self-Assessment Findings					x				
3 Horizons Plan						x			
Vaccination Activity Escalation Update							x		
Commissioning Framework (Charters etc)							x		
FRP Committee Self Evaluation Report							x	x	x

## Membership from 1 April 2023 – 31 March 2024:

### Committee Members

Alexander Anderson, Non-Executive Board Member (Chair)  
 Graham Bell, Non-Executive Board Member (Vice Chair)  
 Ann Clark, Non-Executive Board Member  
 Gerry O'Brien, Non-Executive Board Member  
 Garrett Corner, Non-Executive Board Member/Stakeholder  
 Pamela Dudek (Chief Executive)  
 David Park, Deputy Chief Executive  
 Heledd Cooper, Director of Finance (Lead Officer)  
 Dr Boyd Peters (Medical Director)  
 Tim Allison (Director of Public Health)  
 Louise Bussell (Board Nurse Director)  
 Alan Wilson, Director of Estates, Facilities and Capital Planning (to December 2023)  
 Richard MacDonald, Director of Estates, Facilities and Capital Planning (from December 2023)

### In Attendance

Katherine Sutton, Chief Operating Officer (Acute Services)  
 Fiona Davies, Chief Officer, Argyll and Bute IJB  
 Pamela Cremin, Chief Officer, Highland HSCP  
 Lorraine Cowie, Head of Strategy and Transformation  
 Elaine Ward, Deputy Director of Finance  
 Ruth Daly, Board Secretary

**Table 2 : Attendance from 1 April 2023 – 31 March 2024:**

Member	5/5 2023	7/7 2023	8/9 2023	6/10 2023	3/11 2023	8/12 2023	5/1 2024	9/2 2024	1/3 2024
Alex Anderson	Y	Y	Y	A	Y	Y	Y	Y	Y
Graham Bell	A	Y	Y	Y	Y	Y	Y	A	Y
Garrett Corner	Y	Y	A	A	Y	Y	Y	Y	Y
Ann Clark	Y	Y	Y	A	Y	Y	Y	Y	Y
Gerry O'Brien	A	Y	Y	Y	Y	Y	Y	Y	Y
Pamela Dudek	Y	A	Y	Y	Y	Y	Y	A	Y
David Park	Y	Y	Y	Y	Y	Y	Y	Y	Y
Heledd Cooper	Y	Y	E Ward	Y	Y	Y	Y	Y	Y
Dr Boyd Peters	A	Y	Y	Y	A	A	Y	A	Y
Tim Allison	Y	Y	Y	Y	Y	Y	Y	Y	Y
Louise Bussell	Y	Y	Y	Y	Y	Jo McBain	Y	K P- Quate	J Gilmore
Alan Wilson	Y	A	Y	Y	Y	Y	N/A	N/A	N/A
Richard McDonald	N/A	Y	N/A	N/A	N/A	N/A	Y	E Green	Y

### **3 Sub Groups**

The Asset Management Group minutes are taken as a standing agenda item at the FRP. In addition, all major projects and programmes are discussed with an update on progress provided by the Director of Estates.

The Financial Recovery Board is accountable to the Finance, Resources and Performance Committee and its remit is to performance manage the delivery of the NHS Highland Cost Improvement Programme.

The Digital Health and Care Group submit a report to the FRP three times per year. This sub group ensures systems are in place and maintained across all digital functions within NHS Highland.

The Environmental and Sustainability Board routinely report to the FRP ensuring that all matters relating to the delivery of the NHS Scotland policy on climate emergency and sustainable development are reported so the FRP Chair can give assurance to the Board.

### **4 External Reviews**

There have been no external reviews of the activity of the Finance, Resources and Performance Committee since its inception in early 2021.

### **5 Any relevant Key Performance Indicators**

The new National Treatment Centre in Inverness received the first patients in April 2023 and has been increasing patient throughput throughout the year. The project was completed to budget and only a few weeks behind schedule which was a remarkable achievement for the project team and the contractors.

Due to a variety of reasons NHS Highland will not meet the financial targets set for 2023/24 and will unfortunately produce an overspend of just under £55m. Slippage on the Cost Improvement Plan was a major factor caused mainly by the operational pressures on NHS Highland. In addition, there were major overspends in the provision of locums and supplementary staff, provision of drugs (including shortages of certain drugs) plus unprecedented inflationary pressures.

NHS Highland provided the Scottish Government with a Financial Recovery Plan with the aim to bring the required brokerage down from the forecasted figure of £68.7m to £55m; currently the forecast year end brokerage requirement will be just under the target figure. NHS Highland is receiving dedicated tailored support to assist in response to the size of the financial challenge in the reporting year and in future years.

As part of the implementation of NHS Highland Strategy, an Annual Delivery Plan (ADP) was developed which includes a number of KPIs and the performance against these KPIs relevant to this committee has been monitored throughout the year.

### **6 Emerging issues and key issues to address/improve the following year**

Financial performance against required spending targets and bringing NHS Highland into financial balance will be exceedingly challenging over the next 5 years or so. The Financial Recovery Board and the EDG will focus on this area throughout the coming years. It is expected that the Scottish Government will introduce brokerage targets much lower than currently forecast which will increase the overall savings pressure. In addition they may require

any brokerage obtained to be repaid over an agreed timescale. This brokerage repayment will exacerbate the timescale required to reach financial balance overall.

In December 2023 the Scottish Government issued a letter to all NHS Boards instructing a cessation to spending on capital projects for at least the next two years. This had an immediate impact on three major projects in NHS Highland: 1) Caithness redesign project; 2) Belford hospital replacement; and 3) Raigmore Maternity redesign/expansion. Design work will continue but no construction work will progress in any of these major projects. Work is ongoing with the local communities concerned.

There is an increasing risk to funding of Adult Social Care through the Integrated Partnership with Highland Council in 2024/25. The situation will be monitored carefully as discussions in the partnership continue.

Risk management is a developing area within the organisation and the Committee was tasked with the overview of several of the Risks within the NHS Board Assurance Framework. This work will continue to be a focus of the Committee in the coming year.

Further development of the Integrated Performance Report and the ADP will also be an area of continued focus as part of the Remit of the Committee.

## **7 Conclusion**

The Finance, Resources and Performance Committee has a clearly defined Role and Remit which has been regularly reviewed. Attendance at the Committee has been satisfactory and Non-Executive Directors have demonstrated the appropriate challenge and scrutiny required.

Alexander Anderson, as Chair of the Finance, Resources and Performance Committee has concluded that the systems of control within the respective areas within the remit of the Finance, Resources and Performance Committee are considered to be operating adequately and effectively.

**Alexander Anderson**  
**Chair**  
**Finance, Resources and Performance Committee**  
**March 2024**

## Highland Health and Social Care Committee

**NHS Highland**

**Highland Health and Social Care Committee Annual Report**

**To: NHS Highland Audit Committee**

**From: Gerry O'Brien, Chair, Highland Health and Social Care Committee**

**Subject: Highland Health and Social Care Committee Report 2023/24**

### 1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

### 2 Activity April 2023 to March 2024

The Highland Health and Social Care Committee met on six occasions during 23/24. Development sessions formed an important element of committee development opportunities and three were held in 23/24. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below. Membership and Attendance from 02 March 2023 to 31 March 2024

<b>MEMBER (Voting)</b>	<b>15/03/23</b>	<b>26/04/23</b>	<b>28/06/23</b>	<b>30/08/23</b>	<b>01/11/23</b>	<b>17/01/23</b>	<b>06/03/23</b>
Gerry O'Brien, Chair 2022	✓	Apols	Apols	✓	✓	✓	✓
Philip Macrae, VC 2023	✓	Chair	Chair	✓	✓	✓	✓
Ann Clark	✓	✓	✓	✓	✓	✓	✓
Joanne McCoy	✓	✓	✓	✓	✓	✓	Apols
Muriel Cockburn	✓	✓	✓	✓	✓	✓	✓
Pam Cremin, CO	✓	✓	✓	✓	✓	✓	✓
Tim Allison, Dir of Public Health	Apol	✓	✓	✓	✓	✓	✓
Claire Copeland, Medical Lead	Apol	✓	✓	✓	✓	Apols	✓
Cllr David Fraser	✓		✓	✓	✓	Apols	✓
Cllr Chris Birt	✓	✓	Apols	✓	✓	Apols	✓
Cllr Ron Gunn	✓	Apols	✓	✓	✓	✓	Apols
Simon Steer, Dir of Adult Social Care	✓	✓	✓	✓	✓	✓	✓
Elaine Ward, Deputy Dir of Finance	✓	✓	Apols	✓	✓	F Gordon	F Gordon
Nurse Lead (rotational: Julie Gilmore & Sara Sears)	Apols			J Gilmore	Apols	S Sears	J Gilmore
<b>IN ATTENDANCE (Stakeholders)</b>							
Michael Simpson, Public/Patient 2023	✓	✓	n/a	n/a	n/a	n/a	n/a

Diane van Ruitenbeek, Public/Patient 2024	n/a	n/a	n/a	n/a	n/a	✓	✓
Michele Stevenson, Public/Patient	✓	✓	✓	✓	Apols	✓	Apols
Wendy Smith, Carer					✓		
Catriona Sinclair, ACF	Apols	Apols	Apols		Apols	X	
Kara McNaught, ACF	✓	✓	✓	✓	✓	✓	
Neil Wright on behalf of Iain Kennedy, Lead Doctor (GP)	✓	✓	✓	✓	✓	✓	✓
Mhairi Wylie, Third Sector	✓	✓	Apols	Apols	Apols	✓	Apols
Kate Dumigan, Staffside	n/a	✓	✓	✓	Apols	Apols	n/a
Kaye Oliver, Staffside	n/a	n/a	✓	✓	✓	✓	✓
Fiona Duncan, Chief Social Work Officer, Highland Council	✓	✓	Apols	Apols	✓	✓	✓
Fiona Malcolm, Head of Integration, Highland Council	✓	✓	Apols	✓	✓	✓	Apols

During the period covered by this report the Committee Chair was Gerry O'Brien. Philip Macrae fulfilled the role of vice-chair for the period covered by this report. During the year Michael Simpson came to the end of his term as a lay member of the committee and the committee thank him for his contributions over his term of appointment. Following a recruitment process Diane Van Ruitenbeek joined the committee as lay member from February 2024.

## 2.1 The Pandemic

The pandemic continued to impact on the business of the Committee and delivery of services with reports regularly describing the long-lasting impact of the pandemic. The Committee has been particularly concerned to understand the impact on users and carers of the changes to services necessitated by measures to control COVID-19.

## 2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across Highland Health and Social Care Partnership including: Commissioned Care at Home services, Care at Home Oversight Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self-Directed Support services for adult social care. Common themes across all of these reports were the impact of the cost-of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Joint Strategic Plan 2024-2027 in January 2024, it is essential that commissioning arrangements are reviewed and revised within that strategic context. The Committee noted on several occasions' issues arising from the utilisation of the National Care Home Contract as a basis for commissioning care home services. The construct of the contract appears to be unsuitable for the majority of care homes across North Highland leading to increased sustainability issues for service providers.

## **2.3 Scrutiny of Performance**

### **2.3.1 Service Delivery**

The Committee has received assurance reports on particular areas of service delivery including mental health services, learning disability services, children's services and a range of reports covering adult social care services and Primary Care Services including Dentistry. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit is now close to being resolved with significant work having been undertaken by Highland Health and Social Care Partnership Quality and Patient Safety forum which is multi professional and now reflects care governance in line with the Vincent Framework. At each meeting the Committee received an exception report from the Chief Officer focusing on current service issues, developments in relation to local care home discussions, the National Care Service, significant capital developments underway, and celebration of team and individual staff awards and achievements and recognition for service delivery.

The Committee received an excellent report from the Director of Dentistry in relation to the provision of NHS Services across North Highland. A series of factors including recruitment, retention and national contractual issues have resulted in a significant proportion of the population being unable to routinely access NHS Dental services and those that can, may have to undertake significant and arduous travel to their nearest location. As well as the impact on dental and oral health, emergency requirements of the population are placing an increased strain upon the Public Dental Services as the provider of last resort.

Although an undoubted success story, the implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

### **2.3.2 Finance**

The Committee received regular reports on the financial position of services within its remit. The 23/24 financial position was extremely challenging with the opening financial plan supported by the utilisation of £9.734m of non-recurring reserves carried forward from financial years 21/22 and 22/23 and the delivery of a savings target of £11.012m. During the year it became apparent that the £11.012m target for recurring savings from transformational redesign of services and efficiencies would not be achieved. Forecast savings sit at £4.633m for the full year. Additional expenditure pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. The forecast outturn position at month 09 sits at £15m and this position assumes a degree of non-recurring support from The Highland Council in relation to the non-delivery of Adult Social Care savings. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Joint Strategic Plan and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

## **3 Corporate Governance**

The committee undertook a self-assessment exercise in December of 2023 and the results and resulting actions will be reflected in our 24/25 work plan and operational methodology. Terms of Reference have been reviewed and no significant changes have been made although there may be changes arising from the self-assessment exercise.

## **4 External Reviews**



None

## **5 Key Performance Indicators**

The agreed workplan for the year attempted to group key service issues together to allow committee members the opportunity to explore areas in more detail at individual meetings. Following implementation in 22/23 we have been able to make use of the Highland Health and Social Care IPQR for all of the year. This report has graphically illustrated the unmet need in our Adult Social Care Services with the report regularly showing a shortfall of 2,600 hours per week in Care at Home services, utilisation of available Care Home beds at 94%-95% and a steadily increasing number of Hospital Delayed Discharges, sitting at 186 at January 2024. These stark figures mask the collective efforts of our staff to deliver health and care services in an extremely challenging environment. On a more positive note, we have seen a steady increase in Self Directed Support Option One, with current performance now at 12.88% of all clients. However, there must be a sense of caution when looking at this figure as it may well be a manifestation of no other options being available. Currently the IPQR concentrates primarily on adult social care indicators, further development work is required in areas such as mental health, primary care and community services and this will be a major thrust of 24/25 work.

Performance against the CAMHS target has been encouraging in the first half of the year with an increase to 80% in those receiving services within the 18-week target. The second half of the year has not been as positive with performance levels now dropping back to 74%. Performance against the NDAS target is significantly below required levels. Waiting lists now sit at 1,336 children, almost 50% of that figure now waiting in excess of 52 weeks. An improvement action plan is expected to be produced shortly following a successful multi agency event in December 2023. Performance in both of these areas will be closely monitored by the committee in the year 24/25.

A report on performance for the 23/24 year will be published in July 2024. The 22/23 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

## **6 Emerging issues for 2024/25**

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of post pandemic service recovery and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service and the extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. As the vaccination programme moves to a locality-based model the committee will closely monitor performance level as well as the more qualitative aspects of patient experience

## **7 Conclusion**

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively.

**Gerry O'Brien, Chair**

**Highland Health and Social Care Committee**

**DATE 6 March 2024**

**NHS Highland  
Pharmacy Practices Committee Annual Report**

**Note: A maximum of approximately 4 sides of A4 should be aimed for. There should be no appendices unless fundamental to the work of the Committee.**

**To: NHS Highland Audit Committee**  
**From: Ann Clark Chair, PPC**  
**Subject: PPC Committee Report – April 2023 to March 2024**

## **1 Background**

In line with sound governance principles, an Annual Report is submitted from the Pharmacy Practices Committee to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

The remit of the Pharmacy Practices Committee is to consider applications to provide pharmaceutical services within the Board area and to determine whether these applications will be granted, or not.

The Committee's consideration of any application is governed by the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 which were amended following the consultation *Review of the Control of Entry Arrangements* and the recommendations made in the subsequent summary report and came into force on 1 April 2011.

Further amendments were introduced as the 2014 Regulations came into force on 28 June, 2014.

In these Regulations there remains, at Regulation 5.10, the framework against which the Committee makes its decision. This is called the "Legal Test".

The Legal Test states that:

*"An application .....shall be granted by the Board, ..... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list."*

Under the Regulations, the manner in which an application is considered, shall be a matter for the Committee to determine. In all circumstances NHS Highland's PPC holds an oral hearing. This ensures that the PPC understands the evidence and that points of clarification can be obtained from both the applicant and any other interested party through listening to evidence and asking questions of those present. The Committee may or may not convene its meetings in accommodation in the area local to the proposed premises and undertakes a site visit to obtain, first-hand, knowledge of the local area and of the suitability of the proposed premises.

The Pharmacy Practices Committee shall consist of seven members unless the application is for premises in a neighbourhood or an adjacent neighbourhood to the location of a dispensing doctor, in which case an additional member will be appointed

by the Board from persons nominated by the Area Medical Committee ensuring wider representation on the committee of whom –

- (a) one of whom shall be the chair appointed as such by the Board; the chair shall be a member of the Board but shall not be an officer of the Board nor shall the chair be, nor previously have been, a doctor, dentist, nurse, ophthalmic optician or pharmacist or the employee of a person who is a doctor, dentist, nurse, ophthalmic optician or pharmacist;
- (b) three shall be pharmacists of whom –
  - i) one shall be a pharmacist whose name is not included in any pharmaceutical list and who is not the employee of a person whose name is so listed; and such pharmacist shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and
  - ii) two shall be pharmacists each of whom is included in a pharmaceutical list or is an employee of a person whose name is so listed; and each shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and
- (c) three shall be persons appointed by the Board otherwise than from the members of the Board but none shall be nor previously have been a doctor, dentist, nurse, ophthalmic optician or a pharmacist, or an employee of a person who is a doctor, dentist, nurse, ophthalmic optician or pharmacist.

The amendments provide that only lay members are now entitled to vote reinforcing the independence of the decisions made. The non-contractor pharmacist is nominated by the Area Pharmaceutical Committee ensuring consistency with appointments to the National Appeal Panel and reinforcing independence.

No business shall be transacted at a meeting of the Pharmacy Practices Committee unless the chair or in the chair's absence, the person acting as chair, one member appointed under each of (b) (i) and (ii) above, and two other members appointed under (c) above are present (a minimum of 5 persons).

The membership of the committee is specified in the Regulations. The current membership of the Committee is made up from:-

Ann Clark, Non-Executive Director, Chairman  
Gaener Rodger, Non-Executive Director  
Ian Gibson, Lay Member  
John (Mark) Sutherland-Fisher, Lay Member  
Grant Stewart, Lay Member  
Susan Ringwood, Lay Member  
Jean Boardman, Lay Member  
Joanne McCoy, Lay Member  
Catriona Sinclair, Area Pharmaceutical Committee contractor representative  
John Mitchell, Area Pharmaceutical Committee contractor representative  
Caroline Morgan, Area Pharmaceutical Committee contractor representative  
Andrew Paterson, Area Pharmaceutical Committee contractor representative  
Fiona Thomson, Area Pharmaceutical Committee non contractor representative  
Catriona Brodie, Area Pharmaceutical Committee non contractor representative  
Dr. Karen Doonan, GP Sub Committee representative

One Joint Consultation commenced on 16<sup>th</sup> March, 2023 and closed on 26<sup>th</sup> July, 2023. However, the Applicant decided not to proceed to PPC and was therefore closed.

One Expression of Interest was received in June 2023 which was not followed through in view of a subsequent Expression of Interest received for the same location with premises secured. The Joint Consultation stage commenced on 29<sup>th</sup> January, 2024 and due to close on 5<sup>th</sup> June, 2024. A decision at that stage will require to be taken by the Applicant whether or not to proceed to Application.

An Expression of Interest was received in November 2023 and a subsequent meeting held to discuss progress. However, this has failed to progress as yet.

A further Expression of Interest was received in January 2024. However, this has not progressed to date in view of issues with the premises. The Health Board is awaiting confirmation from the Applicant whether or not they wish to progress to the discussion stage.

One final Expression of Interest was received in January, 2024. Discussion have still to take place.

### **3 Sub Groups**

The Committee has no sub-groups.

### **4 External Reviews**

There are no specific reviews of the work of the Pharmacy Practices Committee, however, the decisions of this Committee are subject to appeal to the National Appeal Panel (NAP). The external appeal process to the NAP provides a proxy external review. The grounds for appeal are limited to the following circumstances:-

- there has been a procedural defect in the way the application has been considered by the Board
- there has been a failure by the Board to properly narrate the facts or reasons upon which their determination of the application was based
- there has been a failure to explain the application of the Regulations to those facts
- where the Board has erred in law in its application of the provision of these Regulations

If the Chair of the NAP decides there are grounds for appeal they remit the decision back to the PPC for reconsideration, however, the points raised in one appeal may not necessarily readily transfer to a further application unless the points raised are generic and not specific to the particular application.

### **5 Any relevant Key Performance Indicators**

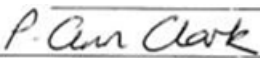
The process, which must be undertaken on receipt of an application, is driven by timescales and requirements set out in Regulations. Similarly, the conduct of the PPC and the reporting of the decision and the appeal process are driven by processes and timescales set out in the Regulations.

### **6 Emerging issues and key issues to address/improve the following year**

In view of changes to the PPC committee, training will be required to allow the new members obtain a full understanding of the purpose of the committee. This has still to be arranged. It is anticipated that a PPC will be held at some point later in the year should the current Joint Consultation progress to a full PPC Hearing.

## **7 Conclusion**

I confirm that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively and adhere to the statutory requirements as set out in the appropriate Regulations.

  
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**Ann Clark**  
**Chair**  
**Pharmacy Practices Committee**  
**6<sup>th</sup> February, 2024**

NB Reports to be submitted to the May meeting of the Audit Committee each year.

## Annual Reports

### NHS Highland Remuneration Committee Annual Report:

**To: NHS Highland Audit Committee**

**From: Ann Clark, Chair, Remuneration Committee**

**Subject: Remuneration Committee Report – April 2023 – March 2024**

#### 1 Background

In line with sound governance principles, an Annual Report is submitted from the Remuneration Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Remuneration Committee is a formal Committee of the Board. The Role of the Remuneration Committee is:

- To consider and agree performance objectives and performance appraisals for staff in the Executive cohort, and to oversee performance arrangements for designated senior managers, and to endorse pay and terms and conditions for the Executive cohort. The Committee will be responsible for applying the remit detailed in NHS: MEL (2000) 25, NHS HDL (2002) 64 and subsequent guidance.
- To direct the appointment process for the Chief Executive and Executive Directors.

The membership of the Committee is limited to the Board Chair, Vice Chair, Employee Director and two other Non-Executive Board members.

The Remuneration Committee has met on four occasions during the financial year: 28 April 2023, 14 July 2023, 27 November 2023, and 26 February 2024.

#### 2 Activity

Throughout the period of this annual review, the Remuneration Committee has provided the Board with assurance regarding the discharge of its remit through regular submission of minutes of meetings to the Board in private.

In April 2023 the Committee took moderate assurance on a suite of **Executive cohort common and individual objectives for 2023-24**. In July the Committee had oversight of a review of the weightings of common and individual objectives and at this stage took substantial assurance on their appropriateness and alignment with the Annual Delivery Plan and individual portfolios.

In terms of performance against Board Level Objectives, the Committee took substantial assurance in relation to **overall board performance** in delivering against the Together We Care five-year strategy and the Annual Delivery Plan for 2022/23. This was reflected in the assessment of Executive and Senior Manager performance and scoring.

The Committee provided assurance to the Board in July 2023 of its approval of the Executive cohort End of Year Reviews for 2022-23. This was reflected in the assessment of Executive and Senior Manager performance and scoring, and the outcomes were submitted to the National Performance Committee. The Committee demonstrated robust challenge of Executive performance ratings and provided additional information on its deliberations and findings to the National Performance Management Committee.

The Committee accepted substantial assurance on the **Mid-Year Reviews** for 2023/24 Executive cohort performance in November 2023.

The Committee discharged its duties to oversee and take assurance on a range of Executive Director appointments throughout the year:

- **April 2023** - the Committee took assurance on the process to appoint a substantive Deputy Chief Executive and endorsed the appointment terms for the Director of People and Culture.
- **July 2023** - the Committee took assurance on the appointment of a substantive Chief Officer, Highland Health and Social Care and the associated salary.
- **November 2023** - the Committee received a report providing an update on plans for appointing to the positions of Chief Executive Officer and Director of Estates, Facilities and Capital Planning within the executive team. An update on the outcome of these recruitment exercises was given to the Committee in February 2024

The recommendations of the Discretionary Points Advisory Committee for the award of discretionary points for consultants were ratified by the Committee in February 2024.

The Committee considered and re-affirmed its Terms of Reference in February 2024.

**Membership from 1 April 2023– 2024:**

Ms Sarah Compton Bishop, Board Chair  
 Ms Ann Clark, Board Vice Chair  
 Ms Elspeth Caithness, Employee Director  
 Mr Gerry O’Brien, Non-Executive Director  
 Mr Albert Donald, Non-Executive Director Committee Vice Chair

**In Attendance:**

Ms Pam Dudek, Chief Executive  
 Ms Fiona Hogg, Director of People and Culture to 30 April 2023.  
 Mr Gareth Adkins, Director of People and Culture from 10 July 2023.

**Attendance from 1 April 2023 – 31 March 2024:**

Meeting date	Sarah Compton Bishop	Ann Clark	Elspeth Caithness	Gerry O’Brien	Albert Donald	Pam Dudek	Fiona Hogg	Gareth Adkins
28 April	✓	✓	✓	Apol	✓	Apol	✓	Not yet in post
14 July	✓	✓	Apol	✓	✓	✓	No longer in post	✓
27 November	✓	✓	✓	✓	✓	✓	No longer in post	✓
26 February	Apol	✓	Apol	✓	✓	✓	No longer in post	✓

**3 Sub Groups**

The Remuneration Sub Committee does not have any Sub Groups.

**4 External Reviews**

The outcomes of the End of Year Reviews for the Executive Cohort were submitted to the National Performance Monitoring Committee and approved.

**5 Any relevant Key Performance Indicators**

There are no Key Performance Indicators for the Remuneration Committee. No External Audits were progressed in year.

**6 Emerging issues and key issues to address/improve the following year**

The Remuneration Committee is well established with a clearly defined Role and Remit and Work Programme, in the main set by national requirements. There has been very good attendance at the Committee and Non-Executive Directors demonstrate the appropriate scrutiny required in delivering assurance to the Board.

**7 Conclusion**

Ann Clark, as Chair of the Remuneration Sub Committee, has concluded that the systems of control within the respective areas within the remit of the Remuneration Committee are considered to be operating adequately and effectively.

**Ann Clark**  
**Chair May 2024**

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## **NHS Highland Staff Governance Committee Annual Report**

**To: NHS Highland Audit Committee**  
**From: Ann Clark Chair, Staff Governance Committee**  
**Subject: Staff Governance Committee Report April 2023 – March 2024**

### **1 Background**

In line with sound governance principles, an Annual Report is submitted from the Staff Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

### **2 Activity April 2023 - March 2024**

There have been some changes to Committee membership and the position of Chair within this financial year. Sarah Compton Bishop, my predecessor, was Committee Chair until the end of May 2023 and I'd like to record my thanks to her for the work she undertook while holding this post. I was appointed to the Committee and assumed the role of Committee Chair on 1 June 2023 and Philip Macrae was also appointed as Vice Chair at this time.

In terms of leadership, Fiona Hogg left her position as Director of People and Culture on 30 April 2023, with Gareth Adkins being appointed to this role from 10 July 2023. The Committee has performed with full membership and with consistent professional, operational and support functions throughout the financial year.

The Staff Governance Committee gives assurance to the Board on the operation of Staff Governance systems within NHS Highland, regarding progress, issues, risks and mitigation and actions being taken, where appropriate. The Committee has met on six occasions throughout the year, with minutes being submitted to the Board for approval and attendance as shown on Appendix 1. The Committee Chair and Director of People & Culture meet ahead of each meeting to finalise the agenda according to an agreed workplan. The business is organised under the following topics: well informed, well trained, involved in decisions, fair and consistent treatment of staff, and safe working environment. The Committee's work is summarised below.

#### **Well Informed**

Committee business has included spotlight sessions at most meetings. The focus this year has been on partnership working, Acute Services, Highland HSCP, Finance, Argyll and Bute HSCP and the People and Culture directorate. These sessions have helped the Committee understand the different operational areas and directorates in terms of their functions, workforce profile, performance, development work, headcount, sickness absence, statutory and mandatory training compliance, and iMatter results, among other things.

The Committee continues to approve the Integrated Performance and Quality Report submission to the Board, and it scrutinises metrics on workforce and culture, which are continually being reviewed.

A Development session was held in January 2024 to enable the Committee to better understand the provisions and implications for NHS Highland of the Health and Care (Staffing) (Scotland) Act 2019 which comes into force from 1 April 2024. The Committee received a report on this at its March 2023 meeting.

#### **Well Trained**

The Annual Medical Education report was received by the Committee in January 2023, focusing on the support, development, delivery, innovation and quality assurance of medical education across NHS Highland and ensuring General Medical Council (GMC) standards are met. There was positive feedback on the report from Committee members and the Employee Director undertook to discuss its content with the Area Partnership Forum to explore ways of improving partnership working with medical staff.

The Committee undertakes frequent scrutiny of compliance rates for statutory and mandatory training throughout the year together with oversight of the associated risks on the Strategic Risk Register. In September 2023 the Committee considered a paper, previously shared with APF, making recommendations to improve compliance with statutory and mandatory training throughout the organisation. Statman challenges and key barriers continued to be monitored through the Statman Oversight Improvement group. The Committee is now

overseeing progress against an agreed Statutory and Mandatory Training Implementation Plan that is being cascaded throughout the organisation.

### **Involved in Decisions**

The Committee has been regularly updated on progress with the Annual Delivery Plan (ADP) throughout the year enabling it to oversee the updates on the Grow, Listen, Nurture and Plan themes of the Together we Care Strategy relating to the workforce.

In November 2023 the Committee took assurance on the good progress being made with the delivery of the plan within the people function. The Committee has considered both in-year and forward-looking ADP updates.

Regular updates have been provided on the development and implementation of the Communication and Engagement Framework for the organisation.

### **Fair and consistent treatment of staff**

The Committee continues to actively scrutinise the quarterly Whistleblowing Standards reports and took assurance from the Whistleblowing Standards Annual Report in September 2023. The Annual Report was considered within the context of the 'pause and reflect' exercise held by the Board on how the organization has upheld the Whistleblowing Standards.

In June 2023 the Committee took assurance from the Guardian Service annual report which describes the organisational learning arising from the service and the support for colleagues in supervisory and managerial roles. The report triangulates with the organisation's iMatter Survey and Listening and Learning survey.

The Committee has continued to maintain oversight of Culture, and in September 2023 approved a refreshed approach to the leadership and culture programme with oversight and governance through the Cultural Oversight Group. A framework was agreed to build on previous development of leadership capability to ensure behaviours are consistent with the values of the organisation. This work was progressed jointly with the Area Partnership Forum and linked directly to the Workforce Plan, Annual Delivery Plan, and Staff Governance Standards. The Committee has a clear overview of cultural change being delivered through performance management, staff governance standards and existing staff governance arrangements, and the organisational performance framework.

In May 2023 the Committee considered the Equality Outcomes and Mainstreaming progress report which was submitted to Scottish Government.

The Committee reviewed and approved the Staff Governance Monitoring report submission to Scottish Government in November 2023. The report had previously been considered by the Area Partnership Forum in an open and transparent fashion.

The Committee considered a review of Workforce Policies in March 2024.

### **Safe Working Environment**

In January 2024 the Committee received an update detailing the relaunch of the Health and Wellbeing Workgroup and the development of a Health and Wellbeing strategy. The report had previously been reviewed by the Area Partnership Forum and some Local Partnership Forums.

The Committee continued to have oversight of NHS Highland's approach to Health and Safety throughout the year. In November 2023, the Committee reviewed and took assurance from the Health and Safety Governance, Risk & Assurance report that highlighted challenges in obtaining consistent assurance and standardised reporting to the Health and Safety Committee. A Short Life Working Group has been established to create a Corporate Improvement Plan to improve governance structures and ensure good practice for Health and Safety. This approach is supported by the Employee Director in her capacity as co-chair of the Health and Safety Committee.

Oversight and Assurance of our **Strategic People and Culture Risks** has also been a key focus for the Committee across the year. The Committee retains close oversight and reviews mitigation as appropriate, with assurance being provided to the Board. The mitigating actions are aligned to the ADP which ensures these are being progressed and monitored as part of day-to-day business. The Committee reviews the relevant Level 2 Risk Registers and each directorate presents these at Spotlight sessions, so the Committee can be assured

the Strategic Risks, where relevant, are translated into Level 2 Risks and are being actively managed and mitigated at that level.

The **Annual Health and Safety** report, first delivered last year, was again put to the Committee in May 2023, with a clear action plan for the year ahead and review of what was achieved last year. This allows the Committee to be sighted on the key areas of focus and to be assured beyond the minutes of the Quarterly Health and Safety Committee and time was also given in a development session for wider discussion and debate.

### **3 Sub Groups**

The **Health and Safety Committee** acts to assure the Staff Governance Committee that effective systems are in place for the management of Health and Safety, to monitor performance in this area and to highlight significant risks where appropriate. It has reported to the Staff Governance Committee for oversight and assurance through minutes of its meetings. The Committee is co-chaired by the Director of People & Culture and Lead Executive for Health and Safety, and the Staffside Lead for Health & Safety. The Committee considered the Health and Safety Annual report in May 2023. The Staff Governance Committee takes assurance and supports policy ratification by the Health and Safety Committee.

The **Cultural Oversight Group** has refreshed its Terms of Reference and reinstated its work. A refreshed culture framework is being driven by the Cultural Oversight Group including proposals to strengthen the approach to leadership development and a learning system to support wider engagement with staff. This work contributes directly to the Board's Blueprint for Good Governance Improvement Plan and supports the affirmation of NHS values and ethos being shared throughout the organisation and evident through delivery of the Staff Governance Standard.

The **Area Partnership Forum (APF)** acts as the operational group of the Staff Governance Committee and considers relevant agenda items prior to submission to the Committee. The Forum meets 6 times per year, typically 3 weeks before the Staff Governance Committee. This year has seen good attendance from Management, HR and Staffside at APF meetings. The meeting is co-chaired by the Employee Director and the Chief Executive. In terms of achieving the Staff Governance Standard, the Staff Governance Committee takes assurance and supports policy ratification by APF.

Reporting to APF are further subgroups: HR, Terms & Conditions, Medical and Dental Bargaining and Organisational Change Oversight. Membership of the subgroups also includes representatives from management, staffside and HR. The APF also receives reports from the Local Partnership Forums and the Argyll and Bute Joint Partnership Forum.

### **4 External Reviews**

The Committee has reviewed internal audits throughout the year as follows:

A People Management audit is in progress to review the processes for raising concerns linked to previous/wider culture issues and Internal Audit work which provides a more independent way to assess/report on arrangements. (Final Report due to go to Audit Committee in March 24)

The Vacancy Management and Monitoring Audit continues to progress, to identify whether there is sufficient management and oversight of vacancies at a service level.

The Board submits an annual return to Scottish Government to provide assurance that NHS Highland is compliant with the Staff Governance Standards. This is fundamental in ensuring NHS Highland achieves and maintains exemplary employer status. The Committee approved the submission for 2022-23 in June 2023 and took assurance and learning from the feedback received on the submission for the previous financial year.

### **5 Any relevant Key Performance Indicators**

The dashboards which have been used for the last year have allowed the committee to review key metrics. Sickness absence rates have remained above the Scottish average of six percent between May 2023 and November 2023. Turnover remained stable and in line with the national average. Issues with recruitment processes, completion rates of appraisals and personal development plans and Stat Man training have been a consistent focus of scrutiny throughout the year.

The Committee reviewed the iMatter 2023 responses in June 2023, with an iMatter engagement report also being considered in September 2023. It was noted that the overall response rate was 50%. There was a

noticeable difference in engagement with questions focussing on the wider organisation compared with staff's personal experience. It is an important role for the Culture Oversight Group to consider how best to engage with staff to understand how to improve in the areas with weaker scores.

## **6 Emerging issues and key issues to address/improve the following year**

In January 2024 the Committee noted that the Health and Wellbeing group had resumed its work and would be focusing on the development of a **Health and Wellbeing Strategy** for the organisation. This will be a living document influenced by national and local initiatives to ensure NHS Highland is a great place to work in line with the Together we Care strategy. The work of the group will link with other workstreams and will be a key focus for the Committee in the coming year. An equality and inclusion strategy will also be considered.

The Committee has received reports throughout the year on the development and implementation of a **Corporate Induction programme**. Corporate Induction is now embedded within the organisation and it will remain a priority for the Committee to be assured of its successful roll-out and to ensure ongoing engagement with partnership colleagues.

The Committee will continue to provide informal oversight of delivery of the Board's Blueprint Improvement Plan relating to areas within its terms of reference. Work is planned in the coming months to build on existing foundations and to engage further with the **Area Partnership Forum**. This work will explore consultation pathways that impact on staff and which require staffside comment and agreement, particularly for major service change and proposals flowing from our strategy. Improvements required to the functioning of the Health and Safety Committee will also be progressed.

All Committee members were invited to complete a **self-assessment** questionnaire during November 2023. Six out of the nine Committee members completed the questionnaire. A summary of responses and key themes for improvement were shared with the Committee in January 2024 and actions agreed in March 2024. Whilst there was considerable agreement that the Committee was working well, a development session is to be held to explore improvements in use of the Board assurance matrix.

A key focus for the year ahead will be on **Workforce**, ensuring we understand what a sustainable affordable workforce looks like and improving our efficiency and prioritisation of recruitment and training. The Committee will need to be assured on the implementation of the requirements of the Health and Care (Staffing) (Scotland) Act 2019 and delivery of our ADP and Workforce Plan.

## **7 Conclusion**

As the Chair of the Staff Governance Committee, I can confirm that the systems of control within the respective areas within the remit of the committee are considered to be operating **adequately and effectively**.

**Ann Clark**  
**Chair**  
**Staff Governance Committee**

## Staff Governance Attendance 2023- 2024

Members	Date of Meeting					
	10/05/23	28/06/23	06/09/23	08/11/23	16/01/24	05/03/24
Sarah Compton- Bishop NED Committee Chair to 1 June 2023 Committee member to 31 January 2024	✓	✓	✓	✓	✓	N/A
Ann Clark, NED, Committee member and Chair from 1 June 2023	✓	✓	✓	✓	✓	✓
Jean Boardman, NED until 30 May 2023	Apol	N/A	N/A	N/A	N/A	N/A
Philip MacRae, NED, and Vice Chair from 1 June 2023	✓	✓	Apol	✓	✓	✓
Bert Donald, NED Whistleblowing Champion	✓	✓	✓	✓	✓	✓
Steve Walsh, NED from 31 January 2024	N/A	N/A	N/A	N/A	✓	✓
Elsbeth Caithness, Employee Director	✓	✓	✓	✓	✓	✓
Kate Dumigan Staff side	✓	✓	Apol	✓	✓	✓
Claire Lawrie Staff Side	✓	✓	✓	Apol	-	✓
Dawn Macdonald Staff Side	✓	-	-	✓	✓	Apol
Pam Dudek Chief Executive	-	✓	-	✓	Apol	✓
<b>Ex Officio</b>						
Sarah Compton Bishop From 31 January 2024	N/A	N/A	N/A	N/A	N/A	-
<b>Attendees</b>						
Director of People & Culture from 10 July 2023	N/A	N/A	✓	✓	✓	✓
Interim Director of People & Culture until 9 June 2023	✓	✓	N/A	N/A	N/A	N/A
Deputy Chief Executive	✓	✓	✓	✓	✓	✓
Nurse Director	Apol	✓	-	✓	✓	✓
Medical Director	-	-	-	Apol	-	-
Director Of Public Health	✓	✓	✓	Apol	-	-
Chief Officer, Acute	✓	✓	✓	✓	✓	✓
Chief Officer, A & B HSCP	Apol	✓	Apol	Apol	✓	✓
Chief Officer, Highland HSCP	Apol	✓	✓	Apol	Apol	-
Director of Estates & Facilities	-	-	-	-	-	-
Director Of Finance	✓	✓	Apol	✓	Apol	-
Director Adult Social Care	-	-	-	✓	✓	-
Deputy Director of People	-	-	✓	✓	✓	✓
Head of OHS	✓	-	Apol	✓	-	✓
Deputy Nurse Director	✓	✓	-		-	-
Head of Comms & Engagement	✓	-	-	✓	-	-
Director Medical Education	✓	-	✓	✓	✓	-
Deputy/Interim Director Estates, Facilities & Capital Planning				✓	✓	-
Head of Service, Highland HSCP				✓	✓	-